

Annual planning process

1. Executive summary

A Trust annual plan for 2022/23 will be prepared to set a sound basis for the next financial year. This paper describes the process which will commence in November and produce a draft plan by March 2022.

The Board will start to develop a small number of priorities beginning with the Joint HMC/Board in November, develop the activity, finance and workforce plans by February 2022, with the anticipation that national planning guidance will be issued in December, and the final plan will be brought for approval to the Board in March. These dates may be subject to change based on national planning guidance which from previous experience is often delayed.

2. Senior leadership

The Chief Strategy and Transformation Officer (CSTO) will lead the planning process with support from Executive colleagues. While the Board will sign off the Trust plan, and the CSTO will ensure consistency between individual parts and the National planning guidance.

Given the focus on Half 2 (H2) planning and the need for pandemic recovery, it is unlikely that national guidance on the planning process will be released before December. It is unclear whether the guidance will ask all Trusts to prepare a one, two or three year plan, however as our system is in System Oversight Framework segment 4 (SOF4) we are already working with the regional and national financial leaders to develop plans for the medium term (2024/25).

As with any forward plan, the first year will have the greatest level of certainty and detail, but we will develop a high level three year plan for discussion in December with Julian Kelly, Chief Financial Officer for NHS England. As part of the Cambridgeshire and Peterborough system, the Trust will set out how we will recover the financial position while delivering increased activity.

3. Annual plan content

In the absence of the national planning guidance, it is assumed that similar templates to those issued for H1 and H2 planning will be used which includes templates for:

- Activity
- Workforce

- Finance
- Narrative

The national narrative template in Excel format will be used to write a Trust narrative accessible for staff and wider stakeholders.

4. **Priorities**

As with previous years, the annual plan will be driven by the Trust strategy, with the Executive team identifying high level priorities underpinning each strategic goal which can be communicated to staff. It is proposed that these are developed by the Board with support from the HMC at the November Joint HMC/Board and then refined by the Executive team over the coming weeks.

Some of the draft priorities discussed at the joint HMC and Board are as below:

- a) Outstanding patient care – **Clear communication within the Trust, with our population and our ICS partners**
- b) Workforce – **Recruit and value our staff**
- c) Anchor for our communities – **Lead services for local communities with health and care partners**
- d) Work with local health and social care partners – **Introduce a single digital system through the shared care record**
- e) Delivering long term sustainability – **Introduce the shared care record**

There is clearly some overlap of these, not least the shared care record, the question would be the role of Divisions in making this a success.

5. **Plan development – Executive Lead CSTO**

An Annual Planning Working Group (APWG) will be formed and chaired by the Deputy Director of Strategy and Transformation. The Group will meet every two weeks to triangulate developments and assumptions between activity, quality and finance. Membership will include:

- Workforce
- Finance including divisional finance business partners
- Ops (Business Development weekly, DLT monthly)
- Strategy and transformation
- Quality team twice during the process
- Estates and facilities twice during the process
- IMT twice during the process

Attendance by each Business Development Team will rotate as follows:

- Week 1 – EMED
- Week 2 – Surgery
- Week 3 – FISS and maternity

Week 4 –All 3 Divisional Leadership Teams to update and sense check the latest plans

6. Planning templates – Lead Deputy Director of Strategy and Transformation (DDS&T)

The planning templates for the Trust plan and the Divisional plan will be agreed at the APWG and finalised by the DDST latest by end of December.

This will be based on last year's template and adjusted if required when the national planning guidance is issued. The narrative will include:

- Trust priorities in the context of the Trust strategy
- High level activity plan including supporting themes for how it will be delivered
- The expected impact of the activity on performance including waiting lists
- Corporate plans on a page for quality, workforce, transformation, digital and infrastructure
- Plans for driving integration in the North ICP
- Finance narrative
- FT membership and Board development

6.1 Divisional planning template

Each Division will prepare an annual plan describing how they will deliver the Trust priorities, their activity, changes in the workforce, and keep within their budget. It will also describe any corporate support required such as digital, Estates and transformation which will require sign off by the corporate teams before the annual plan is completed.

7. Activity planning –Executive Lead Chief Operating Officer (COO)

A high level activity plan based on those previously submitted in the Medium Term Plan will be included in the Trust plan and reflected in Divisional plans.

Business Development Teams will be sent SUS activity at specialty level for the current year on which to base next year's activity reflecting the impact of any changes and subject to NHS Planning guidance. They will work with their Division to refine the baseline removing any 'one-off' factors, and include any agreed plans to increase activity such as transformation or investment. They will then assess the anticipated impact on performance such as waiting lists or RTT, cancer waits etc.

Where additional support outside the Division is required e.g. transformation, capital investment, these will only be included when they are agreed through the appropriate channels.

8. Workforce – Executive Lead Chief Peoples Officer (CPO)

During the development of the activity plan, Divisions will consider what workforce is required within the available finance to deliver the activity and describe how this workforce will be sourced including with any action to address shortfalls. The workforce plan will include:

- the pipeline for recruitment
- levels of bank and agency assumed for the year
- any developments in the workforce to extend roles or meet hard to recruit challenges in alternative ways.

The plans will include details of how staff health and wellbeing will improve.

9. Infrastructure – Executive Lead Chief Operating Officer (COO)

Given the longer timeframes over which these project extend, the majority of the infrastructure plan will be led corporately and then incorporated into Divisional plans. It will build on the existing Estates strategy and capital programme as well as the Digital strategy being developed and associated roadmap. It will focus on the Hinchingsbrooke RAAC and theatre replacements. The capital programme will be made up of an internal Trust programme, and externally funded items. The Trust programme will be developed through the following stages, aligned with the regional approach for evaluating capital priority as shared in 2021/22:

- Stage 1 – pre-commitments already approved as latter parts of multi-year projects
- Stage 2 – Items that maintain current levels of patient safety – this will concentrate on areas like safety elements of backlog maintenance, cyber security, replacing broken medical equipment
- Stage 3 – schemes that protect services – this will include elements of the backlog maintenance such as roads and pathways, digital elements such as strengthening infrastructure, and the rolling replacement of old equipment
- Stage 4 – Any further strategic projects, funding permitting

The infrastructure plan will describe the IMT&T strategy deliverables and show how they will support delivery of clinical services.

10. **Transformation – Chief Strategy and Transformation Officer (CSTO)**

We anticipate a significant focus on transformation to deliver many of the service improvements and efficiencies required of the Trust in 2022/23 and beyond. The Trust plan will include how these will be delivered by the corporate team working with the Divisions to address recommendations made in GIRFT and Model Hospital data as well as ideas identified within operational and corporate teams.

11. **Integration and the North ICP – Lead CSTO**

The Trust has set a strategic ambition to lead the North ICP. The narrative plan will identify key areas and outcomes in this area for the year. The plan will align with ICS system priorities described by the North ICP and to some degree by the ICS. The Trust plan will be shared with ICS partners before it is presented to the March Board for approval.

12. **Financial – Lead Chief Finance Officer (CFO)**

The financial plan will be developed alongside the activity and workforce plans. We are anticipating flat cash in 2022/23, in line with the national announcements regarding NHS funding. Any schemes to increase activity will be based either on efficiencies elsewhere in the system or on non-recurrent funding.

The financial plan will include:

- Forecast income and expenditure
- Bridge 2021/22 to 2022/23
- Budget assumptions
- Efficiency savings
- Revenue investments
- Capital plan

13. **Risks to plan**

Risks to delivering the plan based on the Trust risk matrix and summarised in a risk register. The Board will agree which risks are included on the Board Assurance Framework.

A first draft of the Divisional plans will be reviewed at the end of January, which will then be compiled into a single Trust plan with a final version signed off at the March 2019 Board. In the intervening period, there will be continual checking for alignment between the workforce, activity and finance plans.

14. **Membership and elections – Lead Trust Secretary**

As required by statute, the Trust will describe Board development and Governors and how they will be engaged through the year. It will include our membership strategy to build and improve on our engagement with FT members.

15. **Triangulation – Lead Deputy Director Strategy and Transformation**

Throughout the annual plan process, the APWG will cross check assumptions and ensure there is one agreed activity plan with an accompanying workforce and financial plan and that they align.

The final plan will be assessed at Executive Directors to ensure they are joined up and reflect a deliverable position for the Trust. The assumptions and values in the annual plan will be the authoritative version and used in any associated returns outside the Trust.

16. **Timeline**

Proposed timeline:

Date	Forum	Purpose
1 Dec	Executive Directors	Draft process and priorities
8 Dec	Commence weekly APWG	Coordinate development of plans
10 Dec	HMC	Agree process at the HMC
14 Dec	Trust Board	Approve process and priorities
17 Dec	Divisions and corporate teams	Issue planning process and templates
21 Dec	Quality Assurance Committee	Agree Quality priorities 2022/23
23 Dec	Exec directors planning guidance TBC	Review national priorities
20 Dec	Finance and Digital Committee	Agree budget setting process and capital planning approach
25 Jan	People and Culture Committee	Agree workforce objectives 2022/23
26 Jan	Divisions	Submit draft plans
18 Feb	Council of Governors	Share process and priorities
25 Feb	HMC	Present draft divisional plans
28 Feb	Finance and Digital Committee	Draft Financial plan presented
8 Mar	Trust Board	Draft Trust plan for comment
15 Mar	Council of Governors	Draft Trust plan for comment
25 Mar	HMC	Final plan for review
28 Mar	Finance and Digital Committee	Finance and Digital Committee
12 Apr	Trust Board	Final plan for approval
21 Apr	Council of Governors	Final plan for discussion

17. **Recommendations**

The Board is asked to support:

- the approach and timeframes described in the paper including lead roles and responsibilities

- ask the HMC to oversee the process and report to the Board in April '22 with the final plan.
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