Annex B: Guidance on the production of system-led narrative plan submissions for 2020/21

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Contents

1. Introduction

This guidance document outlines the process and required content for the system-led narrative plan submission for 2020/21.

The purpose of this document is to update systems, trusts and Clinical Commissioning Groups (CCGs) on the process for producing and submitting operational plan narratives including the provision of a template to follow.

For 2020/21 onward, we are moving away from requesting plan narratives from every organisation, but instead are requesting a system-led narrative submission which requires Integrated Care Systems (ICSs)/Sustainability and Transformation Partnerships (STPs) to prepare and submit an operational narrative for 2020/21, on behalf of, and in liaison with, CCGs and trusts in their system. This will include information regarding finance, workforce and quality. There is no expectation for information to be included in the narrative on activity specifically as we would expect the waterfall elements of the planning template submissions to be sufficient. The narrative should also include a short system summary, which describes the progress of priority transformation programmes and service reconfigurations articulated in the system plan, identifies any operational risks or variation from the strategic plan and describes the action that system partners will take to manage these during 2020/21.

The operational narrative submission should also demonstrate a continued aligned position across the system for delivery of the 2020/21 elements of the five-year strategic plan. The narrative submitted on 5 March 2020, although 'draft', should represent a full account of all operational plans at that date.

Guidance on the information required for each of the narrative components is set out below, and a suggested template for systems to use to assemble this is included in Appendix 1. We recommend that ICSs/STPs follow this structure as far as possible to help with the consistency of plans. A Word version of this template is available from your NHS England and NHS Improvement regional contact on request.

In addition, Section 8 of this Annex includes guidance to NHS foundation trusts regarding their annual forward plan and how this will be handled by ICS/STPs and NHS England and NHS Improvement.

2. Structure and submission process

Based on the guidance set out in this Annex, the operational plan narrative submission should be as concise as possible, recognising that the number of CCGs and trusts within systems varies. The narrative should not seek to duplicate the system plans already received but should enable NHS England and NHS Improvement to understand each narrative submission as part of the delivery mechanism for 2020/21. It should be easy to reconcile the content in the written narrative with data in the CCG/trust finance, activity and workforce templates for 2020/21 operational planning alongside the equivalent year in the strategic system plan.

The narrative submission should open with a listing of the system name and each NHS organisation aligned with it followed by the other required content as set out in Appendix 1 of this guidance. A table setting out the requirements for ICSs/STPs, CCGs and trusts as part of the submission process is set out below.

	ICS/STPs	**CCGs**	**Trusts**
Overarching narrative	ICS/STP to prepare, collate and submit	To contribute to overarching narrative	To contribute
Finance	ICS/STP to prepare, collate and submit	To contribute	To contribute
Activity	N/A – addressed in template submissions	N/A – addressed in template submissions	N/A – addressed in template submissions
Workforce	ICS/STP to collate and submit	To complete narrative and tables on best place to work and Primary Care Networks	To complete narrative and tables on: FTEs, best place to work, time to care, bank/agency
Quality	ICS/STP to collate and submit	To contribute	To contribute

Membership, elections and plans for next 12 months	ICS/STP to collate and submit	N/A	Foundation trusts only to complete and submit to NHS England/NHS Improvement and to ICS/STP
Specialised commissioning	ICS/STP to collate and submit	To contribute	To contribute

Draft and final narrative submissions should be emailed by STP/ICSs to the relevant NHS England and NHS Improvement regional planning mailbox by the deadline dates in the planning timetable once agreed with the constituent organisations. The regional planning email information is set out in the table below.

Region	**Plan submission email**
North East and Yorkshire	england.nhs-NEYplanning@nhs.net
North West	england.nhs-NWplanning@nhs.net
East of England	england.eoe2021operplan@nhs.net
Midlands	england.midlandsplanning@nhs.net
South East	england.planning-south@nhs.net
South West	england.southwestplanning@nhs.net
London	england.london-co-planning@nhs.net

3. ICS/STP system narrative summary

The 2020/21 operational plans are expected to demonstrate the progress that each ICS/STP will make in delivering the NHS Long Term Plan.

ICSs/STPs should use the system summary in the narrative to provide a collective overview of:

- How priority transformational programmes and service reconfigurations articulated in the system plan are progressing (for instance, setting out the most locally critical milestones for accelerating progress in 2020/21 and the key improvements in quality, workforce, activity and finance these programmes are planned to deliver).

- Other significant variations from the system plan for 2020/21, including reasons for the movement from plan, impact and action being taken to address the issues.

- Any operational risks for the ICS/STP in the operational plans submitted by trusts and CCGs, and a description of the action being taken to manage these.

Depending on local context, ICSs/STPs may wish to consider developing the system summaries within sub-system tiers (i.e. 'place') and compiling these into a single ICS/STP summary.

Whilst we are asking for a system narrative, we will ask systems to draw out organisation specific details within the narrative where there is a material change to the NHS Long Term Plan for 2020/21, or where there are material developments or challenges within an individual organisation's plan that will be helpful to highlight in the narrative. We are not asking systems to repeat the detailed narratives they have already provided to us as part of the five year system NHS Long Term Planning process.

4. Financial planning

The financial plans submitted by organisations as part of the 2020/21 operational planning process set out the detailed plans that deliver against the trajectories set as part of the strategic planning process for 2020/21.

To support the operational financial planning submissions, a system narrative should be provided describing each of the requirements below:

System are not required to resubmit the narrative provided during the strategic planning process but should instead provide additional information about how the system plans for delivering 2020/21 trajectories have been operationalised. The narrative should reflect the system approaches to financial planning as well as drawing out specific organisational details where this will be helpful to understand the organisational plan submissions (for example where there are material developments or challenges within an individual organisation's plan) including:

- Impact of updates to the financial framework, CCG allocations, national tariff, standard contract and CQUIN guidance:
    - systems should describe how any of the updates to the financial framework set out in the operational planning guidance and supporting annexes impact upon operating plans
- financial planning assumptions, including a description of any additional changes to the system's underlying financial assumptions following the strategic plan submission and how systems are mitigating any adverse movements in financial position:
    - a summary of financial planning assumptions should be provided to support each organisation's financial planning submission
- alignment of contracting and plan assumptions between providers and commissioners:
    - the contract and plan values should be aligned for all contractual relationships between providers and commissioners
    - systems should ensure that the STP led contract and plan alignment returns reflect a fully aligned position for their system

- approach to managing demand across the system and within each organisation
- triangulation of finance, activity and workforce plans
- monthly phasing of plans:
    - plans should be phased to reflect seasonality, and phasing of plans should be consistent across finance, activity and workforce
- approach to risk:
    - systems should set out any risks to the delivery of plans and should describe their approach to mitigating this risk within the plans
- financial efficiencies:
    - describe progress with the development of QIPP and CIP schemes as part of the planning process to minimise unidentified efficiencies
    - describe progress with system led efficiency schemes
    - set out the approach to phasing of financial efficiencies
    - describe how the system is working to deliver financial efficiencies throughout the year to avoid risk to delivery later in the year;
- Agency:
    - describe how providers continue to make effective use of the agency rules
- Capital:
    - Investment in the NHS's buildings, IT and equipment is crucial to delivering the NHS Long Term Plan. The Government has committed to providing the NHS with a new multi-year capital settlement at the next Spending Review. While details of this settlement are awaited, trusts have been asked to provide information on capital programmes via the financial plans as part of the 2020/21 operational planning process. Whilst trusts remain legally responsible for maintaining their estates and for setting and delivering their organisational level capital investment plans, ICSs/STPs should work together with trusts to ensure these plans are consistent with system plans. Therefore, pending details of the national capital settlement and receipt of detailed financial plans, there is no requirement for ICSs/STPs to include any specific information on

capital programmes in the narrative submission unless they wish to highlight any revised profiles for 2020/21 and/or future years if they have changed materially from what has previously been proposed.

5. Activity planning

We would expect to use the waterfall elements of the planning template submission to understand and assure those submissions; we do not require further narrative from organisations regarding activity planning. Please use the comments boxes of the activity collection template to describe variation from agreed system plans.

6. Workforce planning

The work to develop the Interim and final NHS People Plan has reinforced the need for a much more integrated approach to service, financial and workforce planning, based on population health principles. Trusts and CCGs should seek to embody this approach in their operational planning for 2020/21.

It is important that workforce plans are well-modelled, that they align with both service plans (i.e. providing the right numbers of staff to provide planned services safely and effectively) and financial plans, and that they are based on realistic projections for improvements in recruitment, retention and skill mix.

To support the numeric workforce plan template submission, completion of the following tables must be included in operational plan narratives for each relevant organisation as set out in this guidance, taking into account the workforce element of the system plan already submitted.

System submissions should re-confirm in the table below the system level of workforce or, where necessary, update on the plans they have already submitted for the total number of planned FTE staff (including both substantive and temporary staff). Ideally there should be change unless one or more organisations within the system is making changes that impact on the overall total numbers for workforce.

Table 1 asks the STP/ICS to reconfirm FTE numbers for the system submitted as part of their five-year plan. All trusts are required to complete the table and submit via the ICS/STP and the system lead for workforce will also be required to provide a summary for the system.

Table 1

Reconfirm the total number of planned FTE staff (including both substantive and temporary staff)	Update where changes are material to strategic submission	Reason for update

Tables 2, 3, 4 and 5 ask STPs/ICSs to outline actions within the system relating to key areas of the Interim NHS People Plan. Systems with more advanced workforce plans will have co-ordinated or collaborative actions plans for the system, other systems may yet to have plans beyond the sum of individual trust actions.

All trusts are required to complete the tables and the system lead for workforce will be required to provide a summary.

Narrative submissions should also set out in Table 2 actions to make the NHS the best place to work as set out in the Interim NHS People Plan, specifically on:

- creating a positive, inclusive and compassionate working culture
- giving voice, influence and value to staff
- providing an effective, safe and healthy working environment
- enabling and supporting staff to learn, develop and fulfil their potential
- ensuring staff can have a predictable and flexible working pattern

Table 2

The best place to work actions	Planned outcomes Y1	Progress and identified support needs
Creating a positive, inclusive and compassionate working culture		
Giving voice, influence and value to staff		
Providing an effective, safe and healthy working environment		
Enabling and supporting staff to develop and fulfil their potential		

Ensuring staff can have a predictable and flexible working pattern		

Actions that trusts are taking to release time for care and improve workforce productivity should be set out in Table 3. Trusts should work towards full implementation and effective use of e-rostering and e-job planning. Meaningful use standards can be found on our website at https://improvement.nhs.uk/resources/levels-attainment-and-meaningful-use-standards-e-rostering-and-e-job-planning/ .

The Model Hospital portal contains the 'Levels of Attainment' for effective software use. NHS trusts are expected to reach level one of the E-rostering and E-job planning 'levels of attainment' for all clinical workforce groups by March 2021 and should strive towards level four, which will be a future requirement.

Table 3

Releasing time to care actions	**Planned outcomes** **Y1**	**Progress and any support needs identified**
E-rostering: E-job planning:		

Table 4 requests information on the biggest challenges in terms of the projected Full Time Equivalent (FTE) gaps for key staff groups between trusts' planned establishment and substantive staff in post, excluding temporary staff. It also requires information on actions in line with the Interim NHS People Plan that each trust is taking, either on its own or in collaboration with partner organisations in its STP/ICS, to close this gap. This should include improvements to retention, changes to skill mix through new and/or advanced roles, and recruitment of new staff including through international recruitment), and the projected impact of these measures.

Table 4

The biggest FTE challenges, please identify staff groups	Actions (please identify where this is in collaboration with other organisations)	Projected impact Y1	Identified support needs

Table 5 requests the actions and assumptions that each trust is taking to increase the proportion of temporary staff employed by NHS staff banks rather than agency staff.

Table 5

Assumptions relating to an increase in bank from agency staffing:	Actions (please identify where this is in collaboration with other organisations)	Projected impact Y1	Identified support needs

Primary care workforce

Specifically, STPs/ICSs and CCGs will be expected to ensure a detailed STP/ICS primary care workforce plan with associated trajectories detailed by role type is in place, taking into account local multi-disciplinary workforce needs. This plan should:

- be jointly developed with primary care networks (working through the primary care training hub) to ensure it reflects local population health need and demand

- maximise opportunities to make effective use of available resources across the local system, linked to available supply

- be designed specifically to retain as many GP trainees as possible at an STP/ICS level after completing specialist training through fellowship schemes; by 31 March 2021, which should include portfolio roles

- reflect wider actions to maximise the retention of experienced, effective staff (doctors, nurses and other health professionals), with a specific focus in areas which have greatest workforce challenges and with roles where attrition is highest. This includes essential actions which are shown to have positive impact on GP retention as set through national guidance. The national GP Retention Scheme should also be offered to support all eligible GPs who require additional support to remain in the workforce.

STPs/ICSs and CCGs will be expected to work with Primary Care Networks and primary care training hubs to drive workforce planning and to provide support for the recruitment and embedding of new roles in primary care under the Additional Roles Reimbursement Scheme. They should actively support Primary Care Networks to recruit to the additional roles specified in the Primary Care Network Directed Enhanced Services (DES), through the following specific actions in 2020/21:

- facilitating work across settings to develop rotational posts, pooled working schemes and lead employer models

- supporting Primary Care Networks with recruitment, including the advertising of posts

- working with local stakeholders to match people to unfilled roles

- facilitating work with training hubs and Primary Care Networks with data and modelling to support workforce planning

- supporting and driving conversations with training hubs and Health Education Institutions to influence workforce supply.

Table 6 requires lead CCG completion of the primary care workforce information requested on behalf of STP/ICS and Primary Care Networks.

Table 6

Primary Care Network workforce actions	Planned outcomes Y1	Progress identified support needs
To develop rotational posts, pooled working schemes and lead employer models		
To support PCNs with recruitment, including the advertising of posts		
To match people to unfilled roles		
To develop workforce planning; by working with training hubs and improving data quality and modelling		
To influence workforce supply; by working with training hubs and HEIs		
To support as many GP trainees into substantive roles as possible, through the fellowship scheme, which should include portfolio roles		
To ensure a sufficient focus on retention of all primary care staff, with a specific focus on GPs and nurses		

7. Quality planning

The NHS Long Term Plan (Chapter 3) sets out a clear vision for how the quality of services and outcomes is expected to improve over the next decade; specifically, in relation to reducing unwarranted variation in service quality across different clinical teams and regions and addressing previously unmet need. ICSs/STPs, and their constituent CCGs and trusts, should seek to prioritise this in their operational planning for 2020/21.

In 2020/21, providers and commissioners should continue to fulfil their statutory duties in regard to the delivery of high quality care. With regards to ensuring the essential levels of quality are maintained, services and providers must meet the "fundamental standards" of quality which are set out in legislation and represent the minimum "quality bar" below which the quality of care must never fall.

In their 2020/21 operational plan narratives, ICSs/STPs need to develop an initial plan (one to two pages) that sets out how they intend to manage and improve quality, specifically in relation to:

- How they will ensure that quality issues are considered in strategic decision-making and governance arrangements within the ICS/STP - for example through the assignment of a quality lead within the ICS/STP, where there is not already one in place; or alignment of existing quality infrastructure (quality surveillance groups aligned with system-wide groups).

- How the relationship between quality assurance, quality planning and quality improvement will be balanced in the approach taken to quality in the ICS/STP (a number of systems have started to consider their roles and responsibilities through these aspects of quality).

During 2020/21, two pieces of work being undertaken by the National Quality Board will provide guidance to enable ICSs/STPs to further develop these plans:

- A refresh of the Shared Commitment to Quality[1], which provides a nationally agreed definition of quality – the definition is being refreshed to ensure it is relevant to systems. The Shared Commitment will also reaffirm the roles of national organisations in respect to quality.

[1] https://www.england.nhs.uk/wp-content/uploads/2016/12/ngb-shared-commitment-frmwrk.pdf

- An update on the national guidance for Quality Surveillance Groups (QSGs), which currently operate at local, regional and national levels. The policy and delivery context has changed significantly since 2013, when QSGs were established. Their purpose and objectives are being revised to ensure they continue to play a key role in monitoring and managing quality risks and connect in appropriately to local systems. The revised guidance will also include advice to local systems on how to optimise their quality architecture.

In relation to patient safety specifically, providers should note that the recently launched NHS Patient Safety Strategy creates several new requirements of the service, including some specific actions for 2020/21. These are:

- Adoption of the Just Culture Guide or equivalent approach endorsed by national patient and national professional organisations to ensure a fair response to incidents by all provider organisations.

- Appointing a patient safety specialist in each trust and CCG, using the available guidance. A draft role specification for patient safety specialists will be published shortly. This will provide more detail on how organisations should identify their patient safety specialist and inform NHS England and NHS Improvement as well as their commissioner by the end of June 2020 (this is later than the date published in the Patient Safety Strategy).

- Establishing medical examiner functions in acute trusts and planning for the establishment of these functions in community settings. More information can be found at on our website at: https://improvement.nhs.uk/resources/establishing-medical-examiner-system-nhs/.

Users of Local Risk Management Systems should ensure system compatibility with the Patient Safety Incident Management System (PSIMS), expected to launch in 2020/21, to ensure continued ability to participate in national level reporting and learning. For advice about undertaking due diligence with regards to risk management systems and their ability to support PSIMS please contact nhsi.dpsimspilotqueries@nhs.net.

- Preparing for the inclusion of two patient safety partners on safety-related committees by 1 April 2021 using the framework that will be published for consultation shortly.

- Ensure effective organisational responses to all relevant national patient safety alerts, recognising the introduction of a contractual obligation to do so.

- Providers to identify appropriate internal escalation routes for actioning National Patient Safety Alerts to ensure executive director oversight.

Providers should also ensure continued board-level consideration of data on the occurrence of the areas that were measured by the safety thermometer where these are relevant to services they provide: pressure ulcers, venous thromboembolism, catheter-associated urinary tract infections and patient falls.

8. Foundation trust specific information

The contribution of all trusts and all organisations to the successful delivery of system plans is a fundamental component reflected in the planning guidance and the specific requirements of the system led narrative. A key element of this includes aligning organisational plans with systems plans, and supporting systems fully in developing their system narrative. NHS foundation trusts should also be mindful of their legal obligations in relation to the provision of information on forward planning, which remain in force.

NHS foundation trusts should complete their forward plan in line with the published timetable and should submit these to NHS England and NHS Improvement via the regional planning emails listed in Section 2 of this guidance. NHS foundation trusts should also provide a copy of their forward plan to the ICS/STP leadership to the same timetable.

As a reminder, paragraph 27 of Schedule 7 to the NHS Act 2006 states that NHS foundation trusts must give information to NHS Improvement (Monitor) as to its forward planning in respect of each financial year. This must be in a document prepared by the directors and the directors must have regard to the views of the council of governors.

In addition to this general requirement, there is a specific requirement relating to non-health service activity (such as private patient services) – section 43(3B) to (3D) of the 2006 Act. The forward planning document must include information about non-health service activity (i.e. activity other than providing goods/services for the purposes of the health service, such as private patient income or social care services) *and* the income it expects to receive. Any proposal in that to carry out non-health service activity must be considered by the governors, who must determine whether or not the proposal would to a significant extent interfere with the NHS foundation trusts' principal purpose (to provide goods/services for the purposes of the health service). In addition, if the proposal involves an increase in the proportion of total income earned from non-health service work income by 5% or more, the proposal may be implemented only with approval of the majority of governors.

In addition to the requirements in the Act, NHS Improvement (Monitor) also requires foundation trusts to includes information on memberships and elections in their forward plans, including:

- governor elections in previous years and plans for the coming 12 months
- examples of governor recruitment, training and development, and activities to facilitate engagement between governors, members and the public membership strategy and efforts to engage a diverse range of members from across the constituency over past years.

If NHS foundation trusts have any questions regarding their forward planning process, they should contact their regional planning team in the first instance.

9. Specialised commissioning

System-led operational plan narratives need to demonstrate support and alignment with Specialised Commissioning operational plans. In particular, systems should work with NHS England and NHS Improvement regional colleagues to develop narratives that demonstrate a clear path from assumptions made in the NHS Long Term Plan submissions on specialised income to an agreed set of assumptions that form the basis of a deliverable and affordable set of plans for systems and Specialised Commissioning. Key to this will be demonstrating the role and commitment of local systems in unlocking the potential of transformation schemes and service change across specialised services in delivering efficiency and getting best value for local populations.

10. Publication of system-led operational plan narratives

NHS England and NHS Improvement, systems, trusts and CCGs have a mutual duty of candour and transparency.

This is particularly important in the spirit of 'open book' planning encouraged through system working. It is therefore appropriate to make operational plans accessible to the widest possible audience.

We are therefore asking systems to prepare a version of the system/operational plan suitable for external communication that can then be published online on organisation websites. This separate document should be written for a wide audience and exclude any commercially sensitive information but must be consistent with the full version.

Appendix 1

Name of ICS/STP:	
Constituent organisations:	**CCGs:**
	Trusts:

Overarching system narrative

Summary for 2020/21 on finance, activity, workforce, quality (for completion by STP/ICS – see Technical Guidance for required content)

Individual organisation narratives by exception for 2020/21

For ICS/STPs to provide information from trusts/CCGs to include material movement on: finance, workforce (in addition to the tables below) and quality (for collation by systems - see Technical Guidance for required content)

Specialised commissioning

Systems to complete this section as per the guidance in section 9.

Workforce

Table 1 to be completed by all trusts and the system lead for workforce will be required to provide a summary for the system.

Table 1

Reconfirm the total number of planned FTE staff (including both substantive and temporary staff)	Update where changes are material to strategic submission	Reason for update

Workforce

Tables 2, 3, 4 and 5 to be completed by all trusts and the system lead for workforce will be required to provide a summary.

Table 2

The best place to work actions	Planned outcomes Y1	Progress and identified support needs
Creating a positive, inclusive and compassionate working culture		
Giving voice, influence and value to staff		
Providing an effective, safe and healthy working environment		
Enabling and support staff to learn, develop and fulfil their potential		
Ensuring staff can have a predictable and flexible working pattern		

Workforce

Table 3

Releasing time to care actions	Planned outcomes Y1	Progress and any support needs identified
E-rostering: E-job planning:		

Workforce

Table 4

The biggest FTE challenges, please identify staff groups	Actions (please identify where this is in collaboration with other organisations)	Projected impact Y1	Identified support needs

Workforce

Table 5

Assumptions relating to an increase in bank from agency staffing	Actions (please identify where this is in collaboration with other organisations)	Projected impact Y1	Identified support needs

Workforce: Primary Care Networks

Table 6 requires lead CCG completion of the primary care workforce information requested on behalf of STP/ICS and Primary Care Networks (working closely with primary care training hubs).

Table 6

Primary Care Network workforce actions	Planned outcomes Y1	Progress identified support needs
To develop rotational posts, pooled working schemes and lead employer models		

To support PCNs with recruitment, including the advertising of posts		
To match people to unfilled roles		
To develop workforce planning; by working with training hubs and improving data quality and modelling		
To influence workforce supply; by working with training hubs and HEIs		
To support as many GP trainees into substantive roles as possible, though the fellowship scheme, which should include portfolio roles		
To ensure a sufficient focus on retention of all primary care staff, with a specific focus on GPs and nurses		