Meeting the general equality duty

Title: business planning

Which of the three aims is this information relevant to?

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

How does this information help us to show we are paying due regard to advancing equality?

This document is the business planning document for 2012 -2013 and demonstrates how equality and diversity is an integral part of our core process.

This is a key document which demonstrates that we are supporting the advancement of equality and diversity through this important planning process.

Any other comments / actions

N/A

Buckinghamshire Healthcare NHS
NHS Trust

BUSINESS PLANNING – 2012/13

This document marks the start of the Business Planning process for 2012/13.

We are conscious of the work required to deliver the correct result for 2011/12 and do not want to distract attention from this objective. However we are required to submit a draft plan for next year to the SHA on 6th January 2012.

Unlike previous years we will not hold a full Business Planning presentation day which would require significant time and management resource. Instead each Division's plan will be considered at a specially convened TMC meeting (including ADOs) in the afternoon of Tuesday 13th December. This will allow sufficient time for consolidation and revision prior to the January submission deadline.

Although this timescale is shorter than usual, much of the work has already started. The preparation of our Foundation Trust application has included the development of a 5-year Integrated Business Plan (IBP) including the 5-year Long Term Financial Model (LTFM) and so 2012/13 represents year one of the IBP.

BHT's clinical strategy has been developed over the past months by a series of clinical workshops and Board seminars and the key points of the strategy are contained in section 2 of this document. Clearly, all service developments planned for 2012/13 must be consistent with, and contribute to, the Trust's overall strategy.

Thanks to your work with the Transformation Programme much of the work on CIPs has already started and the 2012/13 plans need to reflect next year's savings and also include activity and planning required in 2012/13 that will be necessary to achieve the following year's service developments and CIPs.

Key Dates

9th November	Business Planning guidance issued to Divisions
end November	Guidance updated with headlines from National Operating Framework
wk/ending 2nd December	First-cut plans presented to BP,TT & SH
13th December	Plans presented to a special meeting of TMC
6th January	First submission to SHA
end January	Draft Annual Plan to TMC for approval

mid February	Draft Annual Plan to SHA
29th February	BHT Board sign-off Annual Plan
Mid March	Approved Plan submitted to SHA

Included in this document are:

section 2: Strategic Context

section 3: Activity, containing a briefing on the current contract position and planning assumptions.

section 4: Workforce Planning, containing guidance from HR.

section 5: Finance, containing guidance on budgets and CIPs.

Please present your plans using the attached template. The plans need to answer the following five questions:

1	**How do your service developments contribute to and support BHT's strategy and corporate objectives?**
2	**How will you provide the capacity necessary to deliver the contract (and national requirements)?**
3	**How will you deliver your CIPs?**
4	**How will you achieve this within your overall budget?**
5	**How will this affect your workforce i.e. staff numbers, staff groups, skill-mix, timescales etc.?**

The Trust recognises that this is a very challenging agenda but a robust business planning process is an essential step on BHT's journey to FT status and greater control over our own destiny.

If you have any questions or queries please contact Kingsley Grimble, (AD Business Development & Marketing, ext 4031).

Section 2: STRATEGIC CONTEXT

Trust vision

BHT's ambition for the next 5 years is:

"To be the first choice of healthcare provider for the people of Buckinghamshire and beyond, because at Buckinghamshire Healthcare your needs always come first".

Our vision is driven by quality; we want to exploit our integrated healthcare system ensuring that, whatever their needs, our patients have easy access to the best, joined-up care the NHS has to offer. In this way we will build a strong and sustainable organisation into the future.

Our strategy is the means by which we will deliver this vision through strategic objectives supported by service development plans, good governance, a responsive workforce and sound financial management.

Our strategy has been continuously evolving over recent years as the form, function and context of the organisation has changed.

In April 2010, with the merger of Community Health Bucks and Buckinghamshire Hospitals, Buckinghamshire Healthcare became an integrated community and acute healthcare organisation giving us the unique ability to provide end to end pathway care for the population of Buckinghamshire and beyond. Our strategy for the next five years is to deliver our vision to be the first choice healthcare provider of choice by transforming our service delivery, to become a highly-integrated, productive and community-facing healthcare system that focuses on clinical excellence, always putting the patient experience first.

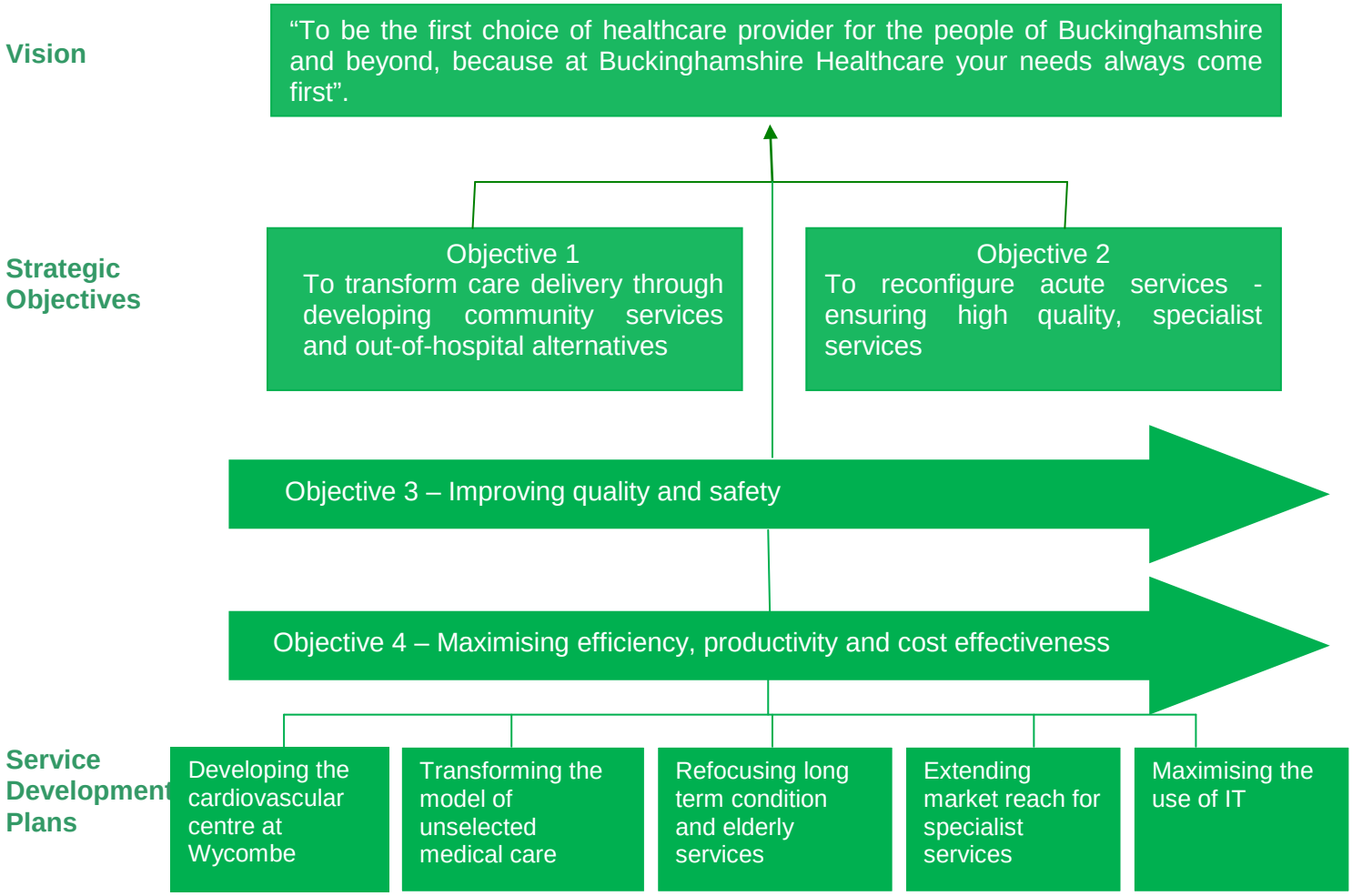
Strategic objective 1: Community pull - to transform care through developing community services and out-of-hospital alternatives to acute care.

Strategic objective 2: Acute reconfiguration - to ensure high quality, affordable, specialist acute services.

Strategic objective 3: Improving quality and safety – to drive continual improvement in clinical quality and safety ensuring high standards of clinical effectiveness and an excellent patient experience.

Strategic objective 4: Maximising efficiency, productivity and cost effectiveness – to ensure all our services are highly productive and efficient and that we maximise the potential of our specialist services.

These strategic objectives are underpinned by the service delivery plans outlined in Chapter 5, enabling us to maximise the potential of our community services, build on the excellent reputation of our highly specialised services and ensure appropriate access to high quality, affordable acute and community care throughout Buckinghamshire.



Objective 1: Community Pull

Through focussing on the development of our community services and how they integrate with our acute services, we will ensure that we provide care as close to our patients' homes as possible, with our community teams providing the majority of a person's care but with well defined, managed pathways through to acute and specialist services offering prompt access to these when required.

Areas of focus

The following table summarises the key areas of focus underpinning this objective.

Area of focus	Deliverable	Timescale
Workforce transformation	• Community team development to manage higher acuity patients • Refocussing of traditional acute roles to work out into the community • Creation of new, multi-disciplinary roles around patient pathways, spanning traditional organisation and professional boundaries	2012 - 2013 2012 – 2015 2013 - 2016
Urgent care	• Creation of multi-disciplinary elderly and medical assessment units to assess patients' urgent care needs, ensuring appropriate community care and avoiding acute admission • Community teams to reach into acute wards and provide early supported discharge to patients • Development of community hospitals as step-up units	2012 – 2013 2012 – 2013 2013-14
Long-term condition management	• Development and implementation of integrated care pathways across primary/secondary care • Multi-disciplinary teams to work across the traditional community /acute boundary • New access methods for GPs to specialist opinion for LTC	2012-2016 2012-2014 2012-2013
Elderly care	• Transformation from an acute based service to a community based service	2012-2016
Rehabilitation	• Full implementation of early supported discharge for Stroke • Development of Amersham Hospital as a rehabilitation centre • Increased use of all community hospitals • Ensure cross fertilisation of learning from spinal injuries/neuro-rehabilitation/stroke	2012 – 2013 2013 – 2015 2013 – 2015 2012 – 2016

Measuring success

The achievement of this strategic objective will be measured through the successful delivery of the above programmes of work as well as the following indicators.

- Increased number of community contacts
- Reduction in hospital admissions and A&E attendances
- Reduction in lengths of stay
- Reduction in rehabilitation bed days within our acute hospitals
- Bespoke measures for each care pathway e.g. patients on home oxygen or intravenous therapies
- Closure of acute capacity and resulting savings

Objective 2: Acute Reconfiguration

Between November 2009 and April 2011 commissioners across Buckinghamshire and Berkshire ran Care for the Future. This programme of work modelled the required capacity needed across the area for key acute services to ensure financial and clinical sustainability.

In response to Care for the Future, Buckinghamshire Healthcare has developed a strategy that develops clear, more differentiated but complementary roles for the two acute hospitals, developing centres of excellence for all our services, with the minimisation of unnecessary duplication.

Evidence shows that reconfiguring services leads to better clinical care and improved outcomes.

In addition, for Buckinghamshire Healthcare reconfiguring acute services will facilitate the reduction of our estates costs by operating from smaller acute footprints at both Stoke Mandeville and Wycombe hospitals as well as enhancing the patient experience by utilising our best quality (PFI) estate for clinical care.

Through this strategic objective, our proposal is that our two acute sites are reconfigured in the following ways, and there will be further development through public consultation between November 2011 and February 2012.

.Wycombe	Stoke Mandeville
Cardiology specialist centre	Full A&E service to serve the whole of Buckinghamshire
Specialist hyper-acute and acute stroke centre, supported by specialist vascular service	Stroke unit closed with services provided by early supported discharge and in Wycombe
GP led urgent care service	GP led urgent care service
Critical care provision to change to reflect medical proposals	Critical care provision to change to reflect medical proposals
Acute medical inpatients and respiratory, gastroenterology, diabetes inpatients all move to Stoke	Specialist medical inpatient units for – respiratory, gastroenterology, diabetes, acute elderly, & general medicine.
Creation of a 'sub-acute' ward and a day assessment unit for elderly care	
System of fast access for diagnostics and specialist opinion for GPs	
Creation of a specialist breast screening unit	

All other acute services remain as they are currently configured with the existing specialist centres supported by outpatients, diagnostics and day surgery on each site. Our 5 community hospitals and wide range of enhanced community services, (outlined in strategic objective 1) will provide preventative, step-down and chronic disease care.

Areas of focus

The following table summarises the key areas of focus underpinning this objective, and these are developed further in the service development plans for creating the cardiovascular centre and transforming the model of unselected medical care.

Area of focus	Deliverable	Timescale
Establishment of the cardiovascular centre at Wycombe	• Ensure models of care within hyperacute stroke unit are fully embedded	End 2012
	• Establish assessment unit for newly admitted cardiac and stroke patients when the EMC service is no longer at Wycombe	2012
	• Develop operational plan with Oxford for emergency and elective vascular surgery and implement this	2012 – 2014
	• Implement new ways of working with ambulance service for diagnosis and treatment of emergency cardiac patients	2012 - 2013

Reconfiguration of unselected medicine	• Develop and recruit to the new roles of Emergency Medical Consultants • Implement new rotas at Stoke Mandeville • Develop specialist centres for all medical services at Stoke Mandeville Hospital	2012 – 2013 2012-13 2012 – 2015
Creation of the urgent care centre at Wycombe	• Work with the PCT and GP commissioners to fully develop model • Operationalise new way of working for minor injuries • Formally review provision • Continue to develop service to meet changing needs of the population	2012 2012 2013 2013-2016
Development of the elderly assessment unit	• Implement the developed model for multi-disciplinary frail elderly assessment • Formally review the service • Continue to develop service to meet changing needs of the population	2012-2013 2013 2013-2016
Access to specialist medical opinion	• Implement telephone and email service for GPs and ambulance for all specialties • Develop the assessment unit to provide access to medical testing • Continuous cycle of review and improvement of these services • Continually liaise with primary care to ensure an integrated, accessible service that meets their needs and the needs of their patients	2012 – 2013 2012 – 2013 2013 – 2016 2011-16

Measuring success

The achievement of this strategic objective will be measured through the successful delivery of the above programmes of work as well as the following indicators.

- Improved stroke, vascular and cardiac access and outcomes indicators
- Reduction in lengths of stay for medical and elderly patients
- Attendances at urgent care centre and specifically minor injuries service
- Reduced acute admissions for frail elderly
- Market share for emergency work maintained at 80% of current levels

Strategic Objective 3: Improving Quality and Safety

In a time of significant financial challenge and organisational change it is necessary to ensure that quality and safety stay pre-eminent. This approach is led by our Trust Board who are clear that quality and safety need to always underpin everything we do.

In line with our Trust vision, we intend to market our services and secure income and the future of our specialist services on the basis of our clinical outcomes and patient experience. We therefore need to drive continual improvement in this area.

Areas of focus

The following table summarises the key areas of focus underpinning this objective.

Area of focus	Deliverable	Timescale
Clinical outcomes, safety and mortality	• To run a continual programme of focussed projects looking at specific outcome measures relevant to targeted specialties. • Undertake programmes of review and development to ensure generic care outcomes are measured and improved, for example pressure ulcers, readmission rates and continuing to maintain best practice in infection control. Focus on high quality nursing care – ensuring the essentials are right • Mortality rates – continue to focus on and reduce our Summary level Hospital Mortality Indicator (SHMI) •	2011-2016 2011-2016 2011-2016 2011-2016
Patient experience first	• Ensuring our service standards (Compassion, Communication and Courtesy) are consistently delivered. This will be achieved through regular training, open communication with staff, appraisals and recruitment processes. • Ensuring we provide services that are personal, fair and diverse and drive improvements in line with the equality agenda.	2011-2016
Clinical leadership	• To build on our current strong clinical leadership throughout the next 5 years. To develop future clinical leaders to ensure robust leadership as the Trust continues to move forward.	2011-2016
CARF accreditation	• Extend the CARF (Commission on Accreditation of Rehabilitation Facilities) to other rehabilitation services within the Trust e.g. neuro rehabilitation. • Achieve reaccreditation with spinal services.	2013 -2016 2014

Measuring success

The achievement of this strategic objective will be measured through the successful delivery of the above programmes of work as well as the following indicators.

- Clinical outcome measures
    - readmission rates
    - Cdifficile, MRSA rates
    - mortality rates
    - disease/condition specific outcomes e.g. stroke, pressure ulcers
    - Extending CARF to rehabilitation services beyond Spinal
- Qualitative measures on patient feedback, incidents and complaints.

Strategic Objective 4: Maximising Efficiency, Productivity and Cost-Effectiveness

It is essential that we realise the recognised opportunities for greater productivity and efficiency throughout the organisation, eliminating waste and improving patient care, reducing length of stay and admission rates so as to decrease our acute bed base. In turn we must increase the capacity of our community teams to enable the reduction in acute capacity.

Service line reporting, benchmarking information and specific productivity studies should be actively used and further developed as key tools to identify where these gains can most readily be made.

Redesigning our urgent care pathway is a key element of this strategic objective. Many of our medical specialties are currently above national average for length of stay with care of the elderly having the longest lengths of stay. It is therefore appropriate to focus on this area of work, maximise the benefits of our integrated community teams and ensure that our patients only stay in hospital for as long as is clinically necessary.

Speciality	Trust ave LOS (days)	Nat ave England expected LOS
Respiratory	9.5	8.2
Gastro	5.2	5.2
Gen Med	6.9	5.7
Elderly	22	12.8

Areas of Focus

The following table summarises the key areas of focus underpinning this objective including the development of our market reach in selected specialist services.

Area of focus	Deliverable	Timescale
Delivery of our year-on-year cost improvement programme	• Through our transformation programme board, deliver the modelled cost savings from our reconfiguration and service development programmes. • Continue to drive the productive series of programmes • Workforce redesign to ensure integrated acute and community care and further development of more generic roles • Review of back office functions to ensure value for money	2011-2016 2011-2013 2011-2016 2011-2012
Reducing length of stay	• Develop community teams to reach into acute wards • Develop alternative levels of care as identified in the Interqual audit to facilitate discharge from acute • Specialty by specialty focus to ensure a performance trajectory from current practice through national average to best in area.	2011 2011-2013 2011-2016
Admission avoidance	• Develop alternative care solutions at Wycombe hospital as detailed under acute reconfiguration • Implement chronic disease pathways across acute and community care • Work with GPs to better identify patients at risk of admission • Develop community hospitals as step-up units	2011-2012 2012-2013 2012-2014 2013-2014
Business intelligence	• Ensure that service level reporting and patient level costing drives business decisions within each of our service delivery units. • Utilise this information to bid for services, alone or in partnership, as they are tendered by commissioners.	2011-2013 2011-2016
Market development	• Develop the national spinal injuries centre and market this beyond Buckinghamshire • Market the neuro rehabilitation unit and achieve CARF accreditation • Achieve 75% market share in all our elective specialties • Build on our excellence for rehabilitation and market Amersham hospital as a rehabilitation centre of excellence.	2011-2016 2011-2014 2011-2013 2013-2016

Measuring success

The achievement of this strategic objective will be measured through the successful delivery of the above programmes of work as well as the following indicators.

- Delivery of the cost improvement programmes that underpin the LTFM
- LOS indicators tracking up to national average and beyond
- SLR profitability reports
- Market share of 75% of Buckinghamshire residents for all elective specialties operated at Buckinghamshire healthcare
- Successful award and renewal of service contracts

N.B.
It is important to remember that an Equality Impact Assessment should be undertaken for all service changes (please see toolkit and process flowchart -
Equality Impact Assessment Toolkit
Equality Impact Assessment Flow process chart

It is equally important that when making service changes the views of the patients, service users, the public and stakeholders are taken into account.

Please note that both of the above contribute to the Trust's compliance with our statutory duties.

Section 3: ACTIVITY

The attachments below from Angela Stewart, Assistant Director of Finance, Commissioning, contain:

- A briefing on the current contract position
- Contracting round planning assumptions
- updated SLR information

Contract Planning Assumptions Coverin

Please use the data to help shape your plans and feedback any comments to Angela as soon as possible. Please work closely with your divisional accountants to quantify the financial implications.

Section 4: WORKFORCE PLANNING

As part of the annual, and longer-term, business planning process it is important to ensure that workforce planning takes place and is linked at all stages to the assumptions and plans made on activity, income and CIPs. The plans also need to reflect the direction of our proposed acute services reconfiguration and the provision of more care closer to patients' homes.

Temporary staffing remains one of our biggest challenges and will be a key focus within each Division's business plan. Equally, new ways of working and the introduction of assistant practitioners can help improve quality and cost.

Until we are informed otherwise, you should plan on the basis of the SHA's benchmarks for the key performance indicators remaining the same as this year, i.e.

- sickness absence - 3% of total FTE's in establishment
- overtime - 1% of total FTEs
- Agency - 1% of total workforce costs
- Bank - 3% of total FTEs
- Turnover - 15%

The workforce elements of your business plans should focus on the following:

Workforce numbers, skill-mix and CIPs

- Plans should identify how any decreases or increases in numbers will be achieved and likely timescales taking into account the need for consultations with staff.
- For reductions in staff numbers or changes in the workforce profile, costs associated with any planned redundancies and or pay protection must be calculated.
- Consideration must be given to the diversity of the workforce profile being representative of the community the Trust serves.
- For increases in establishment and/or maintaining current establishment levels, plans for recruitment, including timescales and availability of staff/labour market issues should be included.
- Any impact on temporary staffing levels must be highlighted

Staff Engagement

- Plans should include details of how local staff will be engaged in taking forward any changes.
- Good (business as usual) management of staff should also be included ensuring that all staff have access to appraisal, personal development, appropriate training for their jobs and the management support to succeed; continued implementation of the Health & Wellbeing agenda; and implementation of the Staff Survey Action Plans.

Training needs

- Plans should include details of how staff will be retrained to support changes to service delivery and changes in demand.
- All identified training should be directly linked to the appraisal and personal development plan. Staff should be given clear guidance on the contribution they will be asked to make towards their own development.

- Use the training needs assessment (attached below) to identify your requirements. Please return completed copies of your training needs assessments to John Clark (AD, Education, Learning and Development).


TNA 2010_11.xls

Key considerations for the medical workforce are:

- consider the key findings of the Temple report into the impact of EWTD, including:
  - consultants will need to work more flexibly to deliver high quality care and training.
  - the role of consultants needs to be developed for them to be more directly involved in out of hours care.
  - consider the effect of EWTD on rotas and the increase of consultant cover in evenings.
  - review the shift patterns of juniors to ensure (a) safe care, and (b) that training is delivered in a service environment with appropriate consultant supervision.
- continue to monitor junior doctors hours ; non-compliant rotas pose a major financial risk for the organisation.
- medical locums – continue within the Buying Solutions framework i.e. three agencies now used by the Trust using LAPP system

Service Standards

- consider how service standards will be embedded into everyday practice, together with any corporate support required.

Leadership, Management Development and Succession Planning

- Divisions should indicate the numbers of staff they wish to put forward in respect of leadership and management development programmes and the details of any rising stars who may, for example, be future clinical or management leaders.

Section 5: FINANCE and BUDGETS

Detailed budget setting guidance for 2012/13 with timescales will be issued shortly. This will cover in detail the process behind how all issues will be dealt with.

In summary, the main points to note are as follows:-

- Pay Budgets – Will be the recurrent budgeted establishment pending CIP reductions.

- Non Pay Budgets – Will be the current annual budgets after allowing for any changes due to unavoidable contract issues.
- Service Level Agreement Income – Targets will be based on the current contracting position with commissioners for 2012/13.
- Other Income – Targets will initially be based on current budgets.
- Cost Pressures – Significant budgetary pressures, including unrealistic income targets, will need to be logged with your directorate accountant. This should cover current year pressures as well as any forecast additional pressures for 2012/13.The process behind the allocation of any additional budget will be detailed in budget setting guidance.
- Service Developments – Agreed service developments for 2012/13 will need to be logged with Angela Stewart (Assistant Director of Finance for Commissioning) copied to your directorate accountant. The process behind the allocation of any additional budget will be detailed in budget setting guidance.
- CIPs -The provisional targets are driven by the latest notified economy-wide QIPP challenge, known cost pressures, and the carry-forward of non-recurrent achievement from 11/12.
  At this stage, Divisions need to identify the 4% National Efficiency delivery. The balance of the locally-agreed CIP target will be made up of trust-wide schemes e.g. electronic document management, patient administration pathway redesign etc.

The draft budget for 2012/13 is attached;

Please can you ensure that changes in relation to activity, operations and workforce planning are all fully reflected within details of cost pressures, service developments and cost improvement plans.

Once detailed budget setting guidance is issued, if you have any queries with how to treat specific items please contact your directorate accountant who will advise how all items need to be addressed.

PRESENTATION

Please use the attached template, and ensure your plan addresses the five questions on page 2.

2012-13 Business Plan template.doc

Assistant Director of Business Development and Marketing