

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 2013 -2014 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

Progressing from last year, the Trust now has four corporate equality objectives resulting from the "Equality Delivery System" (EDS) process. These are priorities highlighted by patients and staff as a result of the EDS. These objectives are reviewed by the Trust Board as part of our corporate objectives and business planning cycle.

BUSINESS PLANNING 2013/14

This pack marks the start of the Business Planning process for 2013/14.

2013/14 will be a major year in BHT's development as we continue to progress our Foundation Trust application with a target authorisation date of Autumn 2013.

Our 5 Strategic Goals on page 3 will provide the structure and focus for our work over the next few years. From these strategic goals, annual corporate objectives will be developed in partnership with TMC. Whilst this work is still to be undertaken, these objectives will reflect a continuation of the work that started this year.

We will continue to embed the BHiB reconfiguration and we will progress the integration of community and acute services both for adults and children. We will also develop closer joint working with colleagues in Social Care for both adults and children and we will work more closely with primary care colleagues in the CCGs.

Much of the work required for business planning has already started as the five year IBP (Integrated Business Plan) contains our four key service development plans which have all been developed in conjunction with the relevant departments. These are summarised in section 2, and it is important that other developments proposed are consistent with the Trust's overall strategy.

Our activity will once again be set against a tight financial envelope but thanks to your work with the Transformation Programme much of the work on CIPs has already started. The 2013/14 plans need to reflect next year's savings and also include activity and planning required in 2013/14 that will be necessary to achieve the following year's service developments and CIPs.

Key Dates

week comm 19 th November	Business planning guidance issued to divisions
week comm. 7 th January	First-cut plans presented to Execs
Week comm. 28 January	Divisions present plans to TMC. Exact date and format to be confirmed

Included in this document are:

section 2: **Strategic Context**

section 3: **Activity**, containing a briefing on the current contract position and commissioning intentions.

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?
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 maintain Quality and service within a reduced financial envelope?
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, (AMH ext 4031).

Kingsley Grimble

Assistant Director of Business Development & Marketing

November 2012

Section 2 – STRATEGIC CONTEXT

Our mission

Our mission is excellence – to provide each and every patient with the best care, ensuring they have an excellent experience and achieve the best possible health outcome in the most cost effective way.

Our strategy can be summarised as follows:

Quality As an organising principle	<ul style="list-style-type: none">▪ Putting our quality strategy at the heart of our service developments▪ Living our patient promises
Localise Whenever possible	<ul style="list-style-type: none">▪ Optimise benefits of integration▪ To further develop comprehensive integrated community services
Centralise As necessary	<ul style="list-style-type: none">▪ Supported by specialist acute care centres of excellence – “Better Healthcare in Bucks”
Network When appropriate	<ul style="list-style-type: none">▪ Maintain our share of a shrinking acute sector market▪ Exploit our key brand: Stoke Mandeville National Spinal Injuries Unit, building on the Paralympics 2012

To deliver this we will focus on our **five strategic goals**:

1. To excel in the delivery of clinical care, safety and patient experience.
2. To ensure our full range of services, from community to high specialised services, are integrated and sustainable.
3. To employ the highest calibre dedicated people who are proud to work for Buckinghamshire Healthcare.
4. To work collaboratively and effectively across organisational boundaries and out into our communities to ensure the best outcomes for patients.
5. To be a highly effective, sustainable Foundation Trust through maximising efficiency, productivity and cost effectiveness.

Pursuing these goals enables us to further develop high quality, accessible and sustainable services that will deliver excellent outcomes and a positive experience for our patients.

The strategic goals will be achieved through the delivery of our four Service Development Plans.

- Developing an integrated care organisation
- Delivering our quality improvement strategy
- Building sustainable services and serving a wider population
- Promoting and enhancing the National Spinal Injuries Centre

1. Developing an integrated care organisation

The plans that sit within this service development cover two major elements:

- To develop the community services to provide out of hospital care for an increased range and number of patients focussing on more preventative models of care especially for those with a long term conditions; this will be interfaced seamlessly with acute, social, mental health and voluntary service care, when required.
- To implement the reconfiguration of services under “Better Healthcare in Buckinghamshire” to develop a network of specialist medical services across our two acute sites enabling the population to benefit from the expertise provided by specialist centres whilst maintaining local access to services.

The following table summarises the key elements of the overall timetable which Divisional business plans need to support.

Area of focus	Deliverable	Timescale
Workforce transformation	• Community team development to manage higher acuity patients	2012 - 2013
	• Re-focussing of traditional acute roles to work out into the community	2012 – 2015
	• Creation of new, multi-disciplinary roles around patient pathways, spanning traditional organisation and professional boundaries	2013 - 2016
Urgent care	• Community teams to reach into acute wards and provide early supported discharge to patients	2012 – 2013
	• Development of community hospitals as step-up units	2013-14
Long-term condition management	• Development and implementation of integrated care pathways across primary/secondary care	2012-2016
	• Multi-disciplinary teams to work across the traditional community /acute boundary	2012-2014
	• New access methods for GPs to specialist opinion for LTC	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	2012 – 2013
	• Development of Amersham Hospital as a rehabilitation centre	2013 – 2015
	• Increased use of all community hospitals	2013 – 2015
	• Ensure cross fertilisation of learning from spinal injuries/neuro-rehabilitation/stroke	2012 – 2016
Reconfiguration of medicine	• Develop and recruit to the new roles of Emergency Medical Consultants	2012 – 2013
	• Implement new rotas at Stoke Mandeville	2012-13

	<ul style="list-style-type: none"> • Develop specialist centres for all medical services at Stoke Mandeville Hospital 	2012 – 2015
Creation of the minor injuries unit at Wycombe	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 and serve north of county 	2012-2013 2013 2013-2016
Access to specialist medical opinion	<ul style="list-style-type: none"> • 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 2012-16
Development of community hospitals into “Local Health Hubs”	<ul style="list-style-type: none"> • GP cover for community hospital medical cover tendered • Community hospital usage to be expanded from their existing in-patient beds, to become local health hubs with an expansion of clinic-based services, outreach clinics, therapies and health promotion. 	2013 2013 - 2018

2. Developing our quality Improvement strategy

a) Harm-free care

- reducing the number of avoidable **pressure ulcers** and reducing grade 3 / 4 pressure ulcers by 80% by 2014
- a known risk to promoting patient independence is that of **harm from falls** and we are committed to driving down rates of harm from potentially avoidable healthcare associated patient falls.
- reduce the number of **HCAI's** (Healthcare Associated Infections) particularly C-difficile.
- reduce the incidence of Venous Thromboembolism.

b) Early warning scores

- the main areas of focus are the roll-out of **critical care outreach** at SMH and improving early warning scores education with the objective of

- 5% reduction in admissions to critical care
- 10% reduction in length-of-stay in critical care

c) Improving the patient experience

This is about enhancing the reputation of the Trust to make it more attractive to potential patients and GPs who will increasingly exercise their choice on where to receive treatment.

The introduction of real-time patient experience trackers will increase the frequency of monitoring and enable earlier identification of issues.

3. Building sustainable services and serving a wider population.

The aim is to increase market share, and repatriate work from other NHS and private providers. In order to gain a larger share of a shrinking acute market, particular focus will be on the development of Spinal, T&O, Cardiology, Plastics and Burns, Urology and Ophthalmology. We will also build and strengthen clinical networks particularly in the south of Buckinghamshire.

4. NSIC

Over the coming years we will develop our spinal injuries services in all three main areas of our work:

- the acute pathway
- the elective pathway
- rehabilitation and outreach clinics.

and we will capitalise on the profile gained by Stoke Mandeville and the NSIC through the 2012 Paralympics.

The aim will be to reduce length-of-stay in acute settings (in line with a new tariff-based payment system) and maximise rehabilitation in the community, not just in Bucks but via NSIC/Stoke Mandeville clinics in other hospitals.

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 AND CONTRACTS

The attachments you have received from Angela Stewart on contract changes etc should be used to help inform your plans. Please work closely with your divisional accountant 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 the workforce elements are planned for and linked at all stages to the assumptions and plans made on activity, income and CIPs. The plans also need to reflect the outcome of our 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 following benchmarks for the key performance indicators remaining the same as this year, i.e.

- sickness absence - 3% of total FTE's in establishment by March 2014
- 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.
- 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

- Consideration must be given to the diversity of the workforce profile being representative of the community the Trust serves.

Staff Engagement

- Plans should include details of how staff will be engaged in helping to shape, develop and implement changes within their departments.
- Good (business as usual) management of staff should also be included ensuring that all staff are appraised annually, with personal development plans, and access to 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.

Education Learning and Development Requirements

- Plans should include details of how staff will be retrained and up-skilled to support changes to service delivery and changes in demand.
- All identified training should be directly linked to appraisal and personal development plans. Staff should be given clear guidance on the contribution they will be asked to make towards their own development.
- Using training needs assessment as shown in the embedded document (attached below) Continuing Professional Development across Bands 1-9 will be aligned with workforce development requirements.
- Annual review of all training processes and systems will be undertaken in addition to recommendations received from the DoH and other relevant bodies.
- The education department will continue to work with current SHA personnel to ensure a smooth and agreeable transition of training systems and processes to the new LETB structure.



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Leadership, Management Development and Succession Planning

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

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 – consider what is driving medical locum use and take action to address
- consider how to improve medical engagement

Service standards

- consider how service standards will be embedded into everyday practice.

Section 5: FINANCE AND BUDGETS

Detailed budget setting guidance for 2013/14 with timescales will be issued in due course. 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 based on the recurrent budgeted establishment pending CIP reductions.
- Non Pay Budgets – Will be based on the current annual budgets after allowing for any changes due to unavoidable contract issues, pending CIP reductions.
- Service Level Agreement Income – Targets will be based on the current contracting position with commissioners for 2013/14.
- 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

2013/14. The process behind the allocation of any additional budget will be detailed in budget setting guidance.

- Service Developments – Agreed service developments for 2013/14 will need to be logged with Angela Szabo (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 -Provisional targets will be driven by the latest notified economy-wide QIPP challenge, known cost pressures, and the carry-forward of non-recurrent achievement from 12/13.

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.



2013-14 Business
Plan template.doc