Buckinghamshire Healthcare NHS
NHS Trust

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 regards to advancing equality?

This information is relevant to all three aims.

Staff engaged in the business planning process are reminded that an Equality Impact Assessment should be undertaken for all service changes and referred to our tool. It is equally important that when making service changes the views of the patients, service users, the public and stakeholders are taken into account. Equality Impact Assessments contribute to the Trust's compliance with its statutory duties.

Equality Objectives which have been developed by staff and patients/public and carers are reviewed by the Trust Board as part of our corporate objective review process and progress is published up annually via our public website.

Buckinghamshire Healthcare NHS
NHS Trust

Business Planning Policy 2014/15 – 2016/17

Including the 2014/15 Budget Setting Framework

MASTER v1.5a

2nd October 2013

Version:	**V. 1.5**
Name of original author:	Brian Courtney Interim Foundation Trust Director
Lead Director:	Juliet Brown Director of Strategy & System Reform
Name of responsible committee/individual:	
Approved by:	
Date approved:	
Date issued:	2 October 2013
Review date:	
Target audience:	All staff, key stakeholders
Equality Impact Assessment:	

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CONTENTS

1. Introduction

This policy sets out the framework for business planning within Buckinghamshire Healthcare NHS Trust incorporating the 2014/15 budget setting framework. The aims of this policy are to ensure that the planning process:

- is as clear, transparent and simple as possible, whilst meeting the requirements of the NHS;
- delivers the mission strategy and strategic objectives of the Trust;
- ensures continuous delivery of high quality services;
- results in well co-ordinated and structured plans for the development of the services of the Trust;
- delivers the planned level of performance against targets;
- controls unplanned developments;
- produces both an overall Trust and Divisional three year Business Plans, with a detailed first year, and with direction of travel in years two and three;
- reflects the approach and timetable developed by Monitor, as set out in *Risk Assessment Framework* published on 27 August 2013;
- meets the requirements of the NHS Trust Development Authority;
- responds to external demands.

2. Who is involved?

The Director of Strategy leads the Business Planning process. The Assistant Director of Business Development & Marketing will coordinate the process and draft the Business Plan of the Trust. Producing the Business Plan involves a number of key players:

- Finance – play a key role in contract negotiations, budget setting (with the intention that Divisional budgets will be re-based for 2014/15), cost improvement programmes, along with supporting the production of the narrative;
- Chief Operating Officer – in terms of balancing capacity and demand and ensuring Divisional and Specialty plans deliver key national targets.
- Director of Human Resources and Organisational Development - will lead, with the COO, on a process of reviewing workforce plans and job planning which will run in parallel with the business planning process;
- Director of Nursing/Medical Director – in both ensuring that quality metrics are agreed and met and in "signing-off" CIPs, workforce plans and job planning;
- Divisions/SDUs – Service Delivery Unit plans will be built up into Divisional Plans, which in turn will be amalgamated into the Trust wide plan – a bottom-up process matching a Board-directed strategic view of the direction of travel of the Trust.

3. Strategic Context

3.1 National Strategy

The context for all planning in the NHS is provided by the current national strategy documents and the specific planning guidance issued annually in November/December as the NHS Operating Framework. The Clinical Commissioning Groups will issue Commissioning Intentions which will reflect the national guidance.

The current national priorities include:

- achieving financial targets and consistent workforce plans
- achieving a max wait of 18 weeks from GP referral to start of treatment
- achieving a max wait of 4 hours from arrival to departure in ED
- achieving the cancer wait time targets set out in the cancer reform strategy
- reducing rates of MRSA, Cdiff and other healthcare associated infections
- achieving the aims of High Quality Care for All, and the Quality Contract and Accounts
- achieving full compliance with the standards for better health
- achieving the standards required for the Public Sector Equality Duty

3.2 Mission and strategy

Our quality-focussed mission statement and strategy were developed through a series of Board and staff sessions and have been inspired by stakeholder insight, specifically workshops with patients and members to identify their aspirations for our services. Maintaining quality and safety and ensuring a positive patient experience are paramount to this and are reflected in our plans.

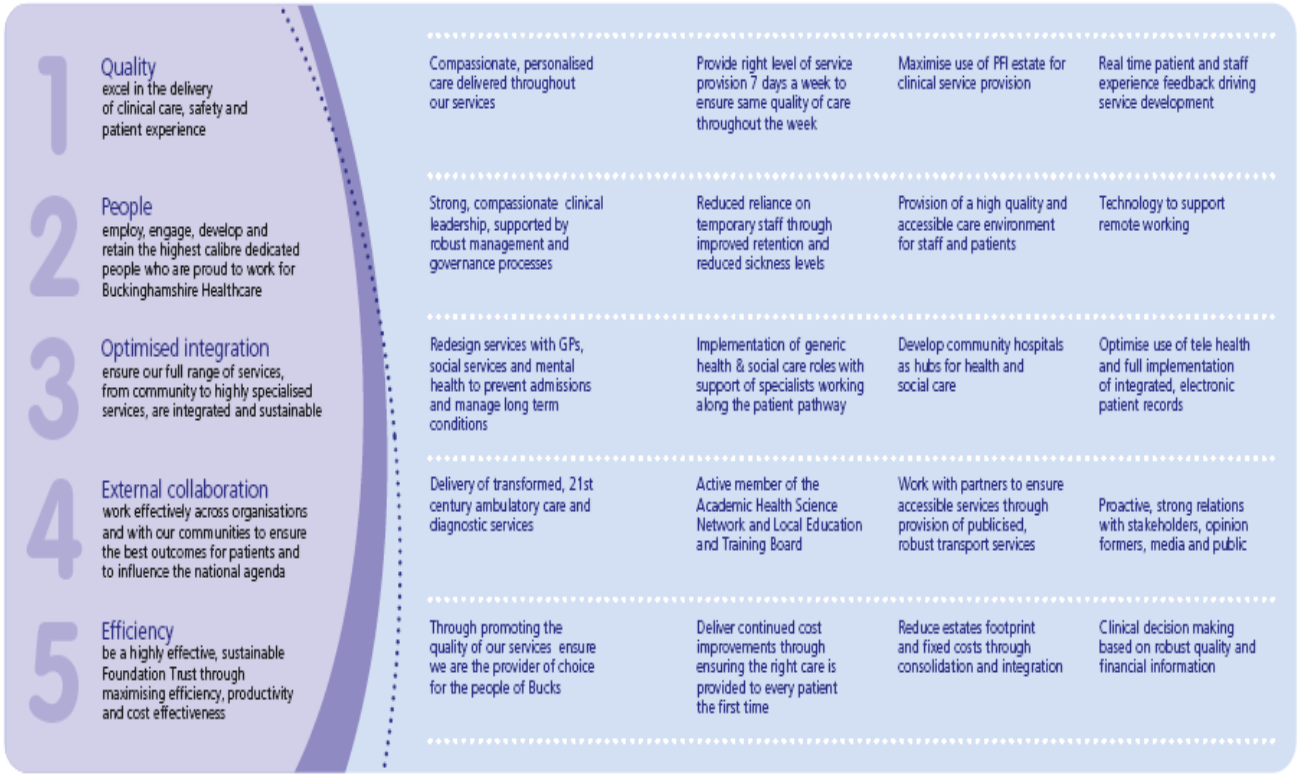
Our mission is excellence – to provide each and every patient with the best care ensuring they have an excellent experience and achieve the best possible health outcomes in the most cost effective way. The diagram below pulls together the totality of the Trust's mission, patient promises, clinical and overall strategy:

Safe & compassionate care, every time

Our overall strategy is underpinned by five strategic priorities:

- **Quality** - to excel in the delivery of clinical care, safety and patient experience.
- **People** - to employ, engage, develop and retain the highest calibre dedicated people who are proud to work for Buckinghamshire Healthcare.
- **Optimised Integration** - to ensure our full range of services, from community to highly specialist services, are integrated and sustainable.
- **External Collaboration** - to work effectively across organisational boundaries and out into our communities to ensure the best outcomes for patients and to influence the national agenda.
- **Efficiency** - to be a highly effective, sustainable Foundation Trust through maximising efficiency, productivity and cost effectiveness.

These strategic priorities provide the overarching structure for our corporate and departmental objectives for the next seven years. The diagram below shows our five strategic priorities and some of the key steps to ensure we achieve them:



Our integrated status is a key enabler to delivering these strategic aims and these priorities will continue to be delivered by providing patient-centred care along integrated pathways, working with stakeholders to promote self care, prevention and alternatives to hospital. All of this has been developed in the context of QIPP, working with our partners to ensure alignment with commissioning intentions, and our responsibility for contributing to the financial balance of the healthcare system.

The Business Plans all need to reflect the key quality and safety actions that the Trust has been focussing on as a result of the Keogh Review, which need to be embedded through 2014/15.

4. The Business Planning Cycle

BHT's Business Planning process will follow an annual cycle, set within a three year rolling programme as part of the national DoH planning cycle. The timetable of key planning dates is outlined below:

	External to trust	Internal trust process
APRIL	Q4 monitoring report	Business Plan submitted to Trust Board Key Risks assessed and Assurance Framework updated
MAY	(Annual Plan submitted to Monitor for Foundation Trusts – 31 May)	
JUNE		Review of last year's Business Planning process to inform next year's approach
JULY	Q1 monitoring report Audited Accounts	
AUGUST		
SEPTEMBER		Business Planning Policy and timetable the following year, agreed by TMC
OCTOBER	Q2 monitoring report	Business Planning guidance and templates issued. BHT Planning Principles and Parameters drafted and agreed by TMC and shared with CCGs Workforce Plan Review commences Divisional/SDU workshops if required
NOVEMBER		Corporate Planning Brief & Division key issues Re-based Divisional Budgets Divisional/SDU workshops if required 1st Draft Division Business Plans presented to and debated at TMC on 22 November 2013.

DECEMBER	DoH Operating Framework and CCG Commissioning Intentions issued Contract Negotiations begin	BHT Planning Principles and Parameters updated to including national directives 2nd Draft Division Business Plans by submitted 20th December 2013
JANUARY	Q3 monitoring report	Division Planning Workshops, if required 1st Draft Trust Business Plan considered by Board
FEBRUARY	Draft FIMs plan to TDA	Income Projections and Indicative Budget Allocations Update on contracts and presentation of Division Business Plans Re-based Divisional Budgets agreed
MARCH	Final FIMs to TDA Contracts signed	Final Division & Trust Business Plans Trust Board approves 2014/15 – 2016/17 Business Plan prior to submission to NHS TDA* Trust Activity & Performance Profiles issued Job Planning Process completed Trust Financial Program finalised and budgets approved for next year

* The Board will ratify the final Business Plan once it has been agreed with the NHS TDA

Key dates in the 2014/15 process are contained in section 4.2.

4.1 External Process

The planning process external to the Trust is determined by the Operating Framework and the timetable set by NHS England and the NHS Trust Development Authority. The Trust will contract with CCGs and negotiations and final agreements will be in accordance with this guidance, including use of the national model contract.

All Trust services will recognise that they are part of a whole health system and there are a number of ways in which SDUs/Divisions/Executives will have contact with partners in the wider system to inform their business planning. This will include “grass-roots” contact between staff in delivering services; adhoc meetings with other providers/CCGs on particular issues; participation in regular meetings with Commissioners such as the monthly contract reviews. It is crucial that the Trust’s plans take account of the wider health system’s priorities, whilst also influencing these priorities.

4.2 Internal Process

A series of meetings with Divisions/SDUs and Trust Corporate functions will help enable the Divisions to produce Business Plans on time, in accordance with National and Local Planning Guidance. Where Divisions/SDUs require workshops to develop their plans, these can be facilitated by the Strategy department (contact Kingsley Grimble, AH 4031). Divisional Business Plans will set out how the Trust's priorities and objectives will be achieved for the next year and will look ahead to the following two years (i.e. 2014/15 – 2016/17). The Trust Business Plan will incorporate the SDUs, Divisions and Corporate Plans.

In order to ensure that the Business Plans are finalised at the beginning of the financial year, it is necessary for the 1st draft of Division/SDU Business Plans to be completed and presented at a special TMC meeting on 22nd November.

Each Divisional Plan must be signed off by the Divisional Board. The plans will be reviewed and feedback given.

2nd draft plans need to be produced by 20th December so that a draft Trust Business Plan can be developed by 10th January and taken to the Board for comment.

During January, February and March, SDU, Division, Corporate and Trust Business Plans will be finalised alongside the completion of the negotiation of CCG contracts. The final Trust Business Plan will be submitted to the Trust Board for approval in March. The Board will be briefed on key issues prior to the submission of the final plan and will ratify the plan once it has been agreed with the NHS TDA.

Running in parallel with the Business Planning process are two other processes for 2014/15 and beyond:

- Divisional Budget re-basing – the Finance Department will lead on a review of base budgets to assess their adequacy in relation to the expected requirement in 2014/15.
- Workforce planning – the Director of Human Resources and Organisational Development, working closely with the Chief Operating Officer will lead on a review of workforce plans including job planning for the consultant workforce.

The Trust will:

- Continue to use Quality Impact Assessments (QIA) as an integral part of its approach to change management which includes Equality Impact Assessment (EqIA).
- Align its business planning, at Trust, Division and SDU.
- Develop its Long Term Financial Model (LTFM) in line with the three-year Business Plan.
- Use high level Service Line Reporting (SLR) and market share information to assist in understanding the dynamics of the relative contribution of services across the Trust. The aim with market share information will be to work with CHKS to produce monthly reports – by SDU and by locality.
- Develop equality objectives which are priorities highlighted by patients and staff. These are as a result of the Equality Delivery System (EDS). These objectives are reviewed by the Trust Board

as part of our corporate objectives and business planning cycle.

5. 2014/15 Planning and Budget Setting Framework

5.1 Background

Monitor, NHS England and the TDA working together will be producing a system-wide planning process for 2014/15, along with assumptions and timetable. It is anticipated that this will require detailed plans for two years with outline plans for the third year and that the introduction of a transition to Integrated funds in 2014/15 will mean real flat cash for the NHS[1]. Within this context, this paper sets out the proposed high level principles to be applied in the Trust's Budget Setting Framework for 2014/15 and 2015/16.

5.2 Assumptions

Assumptions will be refined and tested as the budget setting process moves forward, both in terms of the receipt of additional central guidance and from local testing. The key initial assumptions which should be used in drawing up initial business plans:

- **Inflation** – Initial assumptions are as follows:
  - Pay
    - Pay award Inflation 1.0%
    - Incremental drift 1.2%
  - Drugs 10.0%
  - Non Pay 2.5%
  - Non Pay – Unitary Payment RPI
  - SLA Income
    - Pass through drugs 10.0%
    - Other 2.2%
  - Direct Income nil%
- **Contingency** – the Trust will hold a 1%[2] contingency reserve to mitigate 'down-side' financial planning or to be released to pump-prime service developments if 'down-side' is mitigated. Further guidance will be provided on what constitutes a 'service development', but the expectation is that, after allowing for risk, each service development will make a minimum 30% 'contribution' to the Trust over and above the net direct costs.
- **National Efficiency Requirement** – It is assumed that the national efficiency requirement will be 5% including the pressures listed above and the tariff deflator.
- **Division and SDU Strategic Objectives** – The principle behind this policy is that Business Plans need to be developed *"bottom-up"* rather Board-directed. Therefore Divisions and SDUs are expected to produce draft strategic objectives in line with the Trust's overall objectives, see Section 3.2. From these we will build the Trust's corporate objectives for 2014/15. These will be fed back to Divisions and SDUs in January 2014.

5.3 Budget Setting

[1] TDA Directors of Finance Meeting 3rd September 2013
[2] 1% of 2014/15 baseline expenditure.

High level templates, at both Division and SDU level – covering activity, finance and workforce - will be used to summarise the detailed workings required for budget setting. Budget setting guidance and templates will follow shortly.

Activity plans can be expected by the end of October and attached is a letter and spreadsheet summarising the current commissioning intentions, see **Annexes A(i) and A(ii)**.

i. **Baseline** - Determine the baseline cost of delivering current year[3] activity and performance, at current year prices. This includes an adjustment for the full year effect of CIPs and required minimum ward staffing requirements.

ii. **Activity** - Consider activity changes required for the new year[4] across price and volume:

- Price Changes, for example:
  - PbR tariff changes
  - Non PbR tariff changes
  - Maternity 50:50 tariff
  - Coding changes
  - Other….
- Volume Changes, for example:
  - CCG Local Health Economy:
    - Demographics/Growth
    - Referral changes
    - Casemix changes
    - QIPP/Demand Management

BHT Initiated Growth:

- Market engagement
- Service development
- Private patients

The cost for delivering the above will be at the relevant marginal rate.

iii. **Inflation** – Pay and prices increase for 2014/15, including incremental drift (see Section 4.0 'Assumptions' above).

iv. **Cost Pressures** – Reflecting ***unavoidable*** cost pressures and contingencies. Examples of unavoidable cost pressures might include those arising due to new statutory requirements.

v. The above gives the 2014/15 Income & Expenditure position, prior to Cost Improvement Programmes (CIPs).

vi. **CIPs** – Identified, in-year gross and net (after cost of implementation)

[3] Current Year - for 2014/15 budget setting, the current year is 2013/14
[4] New Year - for 2014/15 budget setting, the new year is 2014/15

It should be noted that CIPs will ***exclude*** the additional financial contribution arising from delivering additional activity at marginal cost (as this is reflected under ii above 'Activity & Performance').

The above gives the 2014/15 Income & Expenditure position, after CIP:

vii. **2015/16 Baseline** - the 2014/15 Income & Expenditure position adjusted for the full year effect of 2014/15 CIPs and Cost Pressures.

5.4 Business Plan Contents

A Business Plan must answer the following questions for the Division/ SDU in sufficient detail to be useful in the planning of change and achievement of strategic priorities and the overall strategy of the Trust. It will be invaluable in the setting of performance objectives for the Division/ SDU and its teams and individual staff. It must also be useful in communicating clearly the Division's/SDU's plans to other departments, Commissioners and partners in the wider health system.

The foundation for the Business Plan should describe the clinical services currently provided and the proposed development of those services, based on current thinking on the likely changes/innovations in clinical practice over the next three years. The template for use in producing a Divisional Business Plan is attached at **Annex C.** As can be seen the business plan needs to cover the following:

Overall Divisional Strategy and Objectives

- 3 – 5 objectives that are in line with BHT's mission and strategic priorities.

Where Are We Now?

- Brief outline of current services
- Assessment of current performance against current objectives
- Brief description of the local market, other providers and BHT's competitive strengths
- SWOT analysis.

Where do we need to get to?

- Review of objectives and assessment of the gap between performance and objectives, with reference to the national priorities and guidance and Trust Strategic Aims
- Gaps between the current level of performance and the targets set should be analysed.

How do we get there?

- Action plan to achieve new objectives and to resolve gaps between current performance and targets, including Service Improvement, Capacity, Workforce and Finance Plans
- Outline Business Cases covering each proposed service change should be appended to the Business Plan.

Activity, Finance, Workforce projections and other key performance indicators against targets, for previous years and current year to date,

should be included in the following sections and must reconcile to the information reported externally.

- Quality & Risk
- Demand, Capacity & Access
- Finance
- Workforce (please complete Annex B, Workforce Data, and include the commentary in Annex C the business plan template.)
- Education & Training
- Governance
- Capital
- ICT
- Support Services

6. Progress Management Arrangements

Progress on delivery of the 2014/15 plans will be monitored through the Performance Management Framework, using the "Deep-Dive" meetings for detailed discussions between Divisions and the Chief Operating Officer and Finance Director.

7. Timetable

As outlined in the high-level timetable set out in Section 4 NHS England, Monitor and the TDA will be producing a system wide planning process for 2014/15, along with assumptions and timetable. When received from NHS England there may need to be some revisions to this guidance and timetable in order to ensure compliance with the external guidance.

Key dates are:

Business Planning launched	1st week October 2013
Presentation of first draft plans to TMC	22nd November 2013
Second draft plans	20th December 2013
Trust business plan – first draft	10th January 2014
TDA submissions	January – March 2014
Final business plan to Trust Board	26th March 2014

8. Business Cases

The Trust is committed to continually improving its service development planning. Therefore no proposal for service development shall proceed or be made to any organisation outside of the Trust without it having been formally signed off by the relevant Divisional Board and the Trust Management Committee.

Poorly planned service developments invariably result in significant problems adversely affecting services to patients which often outweigh any benefits achieved by the development. This arises when proposals are submitted in haste (perhaps in response to invitations to bid for funds with short deadlines) and also when "creeping" developments are introduced without proper funding or approval (perhaps in response to staff wishing to introduce new practice).

It is important to remember that an Equality Impact Assessment should be undertaken for all service changes. It is equally important that when making service changes the views of the patients, service users, the public and stakeholders are taken into account. Equality Impact Assessments contribute to the Trust's compliance with our statutory duties.

We have revised our Equality Impact Assessment toolkit which can be found on our intranet

9. Conclusion

This policy document has set out the process and timetable for producing SDU, Division, Corporate and Trust 2014/15 – 2016/17 Business Plans.

Buckinghamshire Healthcare NHS
NHS Trust

Annex A(i)

Amersham Hospital
Whielden Street

Amersham

Buckinghamshire

Finance Department
Amersham Hospital

Direct dial: 01494 734855
Direct fax:01494 734933
Email:angela.szabo@buckshealthcare.nhs.uk

1st October 2013

CCG's/CSU/Area Teams/Council Commissioners of services at Buckinghamshire Healthcare NHS Trust

Ref: Buckinghamshire Healthcare NHS Trust Commissioning Intentions 2014/15

Dear Commissioner,

Please find details below of changes expected in our contracts with your for the 2014/15 financial year.

PBR Contract

The trusts contract for 2014/15 will follow national PBR rules/guidance and 2014/15 operating framework/planning guidance.

All Services under Local Price Arrangements (Including Community Services)

Where cost and volume contracts exist pricelists are being reviewed using national and local Reference Cost Information to inform the community services total funding for 2014/15.

Where Block arrangements currently exist these arrangements are expected to be replaced with a cost and volume contract where possible. Any current block arrangements that remain will be updated to show the current fully absorbed cost of each service outlined in the agreed service specifications.

No tariff deflator will be applied to community services for 2014/15 and pay and non pay Inflation will be applied.

Best Practice Tariff (BPT)

BHT will be reviewing where BPT is not being fully achieved and where outpatient procedure codes are currently not captured.

Treatment Function Code Changes

All sub speciality codes for Surgery and Medical conditions are being reviewed and activity will be charged against the sub speciality code most relevant to activity being delivered.

Repatriation of Activity

The trust is working to repatriate activity for Buckinghamshire patients currently carried out by other providers.

Service specific commissioning intentions

To follow, before the 29th November 2013.

Information and Quality Schedule KPI's

The trust will work with commissioners to rationalise the number of KPI's within the current contracts.

Keogh/Francis/7 day working and/or cover/Winter Pressures Funding

BHT will be requesting additional funds to cover the additional costs of Keogh, Francis, 7 day working and/or cover and Winter Pressures Funding.

If you have any queries in relation to the above items then please do not hesitate to contact me.

Kind regards,

Angela Szabo

Assistant Director of Finance - Commissioning

Tel 01494 734855

angela.szabo@buckshealthcare.nhs.uk

Annex A (ii)

Expected Commissioning Intentions as at 01/10/13 - to date no formal commissioning intentions have been received from the trusts main commissioners.

Buckinghamshire CCG's commissioning Intentions Expected for 2014/15	
Children's urgent care pathway	Redesigned pathways for fever, bronchitis & gastro-enteritis & CAMHs, asthma, URTI and head injury across the system and so reduce children's unplanned admissions.
Dementia	Improve identification & early management of dementia. Services closer to home.
111 service	Continued use of the 111 service
Aligning health & social care	Health and social care teams in some localities to be located together. Increased use of social care reablement service.
Dermatology service review	Telehealth services through commissioners are under review. Community Dermatology services under review with discussions ongoing as to integrating some GPWSI's into the BHT service.
Any Qualified Provider	Any Qualified Provider services for 2014/15 have not yet been notified but Anti-Coag near patient testing is under review and is expected to be an AQP.
End of life care	Services under review - commissioners to confirm intentions for 2014/15.
ACHT Services	Services under review - commissioners to confirm intentions for 2014/15.
Neuro Rehab Services	Services under review - commissioners to confirm intentions for 2014/15.
Maternity services	Continue to reduce c-section rates aiming to achieve 20%; Maintain the Midwife to birth ratio of 1:34.
Out-Patient follow-ups	Continue programme of work to reduce OPFUPs from 2013/14 into 2014/15 using technology, telephone, e-mail and audio-visual delivery mechanisms.
Out-patient first appointments	Review referral criteria and pathways to improve referral quality from primary to secondary care. Look to introduce advice and guidance and technology, telephone, e-mail and audi-visual across into first outpatient appointments.
Elective admission rates	We aim for admission rates for all elective specialties to be in the lowest 10% nationally as is commensurate with the assessed needs of our population. Commissioners will review specialties which are above this rate in year and make appropriate changes in year. Current analysis suggests this will cover the following specialties: General surgery, Urology, Respiratory services

Urgent care: emergency admissions and A&E attendances	Continue to implement the RUC programme including reducing A&E attendances, refining the use of CDU, SAU and CSRU and to implement an MAU at Stoke Mandeville and a Ambulatory Care Sensitive Condition Pathway.
Activity	As information systems have been fully implemented, we do not expect providers to identify any further activity which has not been declared and attracts further costs to commissioners.
Ambulance and patient transport services	Commission community based pathways which can be accessed directly by the ambulance service as an alternative to conveying patients to hospital. CCGs are considering various options for the procurement of such services.
Community mental health services	Review mental health services with a view to improving them through Single Point of Access (SPA) and robust psychiatric liaison service. (SPA to link with Phase 2 -111)
Community Equipment Loans Service	Devolve budget to the provider
Services for people with learning difficulties & complex needs	Introduce a Health Inequalities Framework for people with learning disabilities & complex needs
Dignity in care	We will be asking all providers for evidence of the impact on patient experience of embedding 'Dignity in Care' in their practice.
Continuing care	Develop joint/ aligned budgets for continuing care; we will be developing an Any Qualified Provider approach to commissioning care home placements.
CAMH service	Develop innovative ways of supporting children and adolescents with mental health needs; Commission an MDT style service between MH, community services and General Practice to manage most complex cases; Commission a consultant led telephone advice service of paediatrics.
Prescribing for cancer drugs	Ensure cost effective use of new NICE recommended cancer drugs
Seven day working	We will work with all providers across the health economy to deliver 7 day working to reduce the variation in care.
Reducing low birth weight babies	Providers are expected to work with commissioners across the health system to improve the health of mothers and prospective mothers. This includes providing smoking cessation, alcohol and lifestyle advice.

Productivity in primary care	The CCGs will work with the NCB to support developments in primary care which enable greater emphasis on supporting people with long term conditions, prevention and proactive care rather than practices seeing patients with conditions which do not need to be seen by a GP. This will build on work done through "the productive practice" and lean methodologies for service redesign.
Acute Outpatients (OP)	In the following circumstances attendances should be counted and paid for as follow-up appointments: First OP attendances from GP referrals within 13 months of prior attendance for same condition Intra-Specialty Consultant referrals.
Low priorities policies	Providers are expected to adhere to Buckinghamshire's low priority policies and agreed policies and protocols: These are listed on the link below. http://www.buckinghamshire.nhs.uk/your-pct/individual-case-review-panel/surgery-devices-screening-diagnostics-and-other-therapies/
Maternity services – shared care	Providers should adhere to the maternity shared-care protocols.
Re-admission rates	Commissioners aspire to be in the top decile for re-admission rates and will work with providers on the readmission adjustment rules.
Data quality improvement	Commissioners need to be able to track the source of referrals of outpatient appointments. Currently there is a discrepancy between those identified as GP referrals on SUS and those identified on the referral tracker. Providers will be required to audit data and to improve recording accordingly.
Information requirements	Commissioners want to continue to work with providers to increase coverage of information sharing eg as in the urgent care dashboard. Commissioners are also seeking the following improvements: ICE system to include cost of test and educational information Clinical letters to GPs to include ICD code and section summarising "action for GPs" All letters to reach GPs within 2 weeks of patient being seen. Commissioners wish to work with providers to develop outpatient reporting at a more granular level than that required by SUS e.g. data at clinic code level, in order to further identify areas that would be more appropriately treated in an alternate setting. In addition, commissioners will require providers to provide information to GPs on each patient who has been in hospital for 10 days. The commissioners will require the providers to implement electronic discharge summaries in line with the contract by Q1.
Timing of SLAM data	We want to discuss with providers having SLAM data within 12 working days of month end
Productivity measures	Top decile performance los emergency readmissions, OP ratio
Infant Mortality	Reducing infant mortality specifically in deprived areas
Develop Talking Therapies	Support people with Long Term Conditions

TVAT Commissioning Intentions Expected for 2014/15

Health visitors & Family Nurse partnership	Continue to implement national objectives for Health Visiting and Family Nurse Partnership by March 2015 when the services are expected to transfer across to BCC.
Immunisations	Move to unit cost per activity. Review of available funding.
Block Contracts	Review of current value of block contracts and possible move to cost and volume contracts where activity is available.

Buckinghamshire County Council Commissioning Intentions Expected for 2014/15

Block Contracts	Review of current value of block contracts and possible move to cost and volume contracts where activity is available.
School Nursing	Additional funding available to meet Healthy Child Programme under discussion with BCC.

Wessex LAT Commissioning Intentions for 2014/15

Acute Services under Specialist Commissioning, mainly Vascular, Respiratory and Cardiac PPCI	Algorithm and rules are being reviewed with a view to refining the activity billed to specialist commissioners. Specialist activity under £300k is expected to move moved back to CCG contracts. Full adherence is expected against the national service specifications.
Vascular Services	Thame Valley Vascular Network to confirm whether BHT should be a specialist Vascular Centre for 2014/15. Exec Director/CEO discussions expected to follow.
Spinal Services	Spinal currencies were expected to be introduced for 2014/15 with a view to moving from a occupied bed day price to packages of care for Spinal inpatients and to have different payment categories for outpatients. No discussion or information has been shared during 2013/14 to date so it is assumed as highly unlikely that this will be implemented for 2014/15.

Annex B

Workforce Data

Please complete the attached spreadsheet, and include it with your Business Plan (Annex C).

Annex-B-Workforce-Data.xlsx

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Buckinghamshire Healthcare NHS
NHS Trust

Annex C

Business Plan 2014/15

Division/SDU: *delete guidance notes in italics as appropriate*

- Overall divisional strategy and objectives

BHT's 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. This mission is underpinned by five strategic priorities – Quality, People, Optimised Integration, External Collaboration, and Efficiency – as detailed in section 3.2.
Within this context, each Division/SDU should develop 3 – 5 objectives in detail for 14/15 and in outline for the following two years.

- Where are we now?
  - *Brief outline of current services.*
  - *Assessment of current performance against current objectives and performance indicators.*
  - *Brief description of the local market, other providers and BHT's competitive strengths.*
  - *SWOT analysis*

Strengths	**Weaknesses**
Opportunities	**Threats**

- Where do we need to get to?
  - *Review of objectives and assessment of gap between performance and objectives, with reference to the national priorities and guidance and the Trust's strategic aims.*
  - *Gaps between the current level of performance and the targets set should be analysed.*

- How do we get there?
  - *Action plan to achieve new objectives and to resolve gaps between current performance and targets, including Service Improvements/Developments, Capacity, Workforce and Finance Plans.*
  - *A timetable for Business Cases in high-level outline form covering each proposed service change/development will be required.*
  - The following aspects of the Division/SDU need to be covered in the Business Plan. They are all inter-related and so whilst the main body of the Business Plan should focus on the areas above, detailed analysis of each of the following should be included in the following sections.
  -

- Quality and Risk
  - *Analysis of complaints, incidents, and clinical audit to provide an overview of the key quality issues facing the SDU/Department/Division.*
  - *Reference to the Assurance Framework & Action Plans on gaps in assurance and control.*
  - *Reference to the Risk Register and identification of key risks as priorities.*

- Demand, Capacity and Access
  - *Waiting times achieved and future targets.*
  - *Analysis of volumes of activity achieved and reasons for any variance from targets.*
  - *Capacity required to achieve targets.*

- Finance
  - *Analysis of Income and Expenditure against Target/Budget and forecast for this and next year*
  - *Reference to SLR and the relationship between activity, income, budget and expenditure, including workforce*
  - *Cost Improvement Plans to achieve recurrent efficiency target*
  - *All business plans must show clearly how the SDU/dept/division will achieve recurrent breakeven*.

Workforce

- *Analysis of workforce in post, vacancies, turnover, absence.*
- *Linked to access & capacity analysis to support future workforce plans.*
- *Plans for Workforce development/redesign, particularly with respect to achievement of financial efficiency targets and reduction in the use of Bank/Agency staff.*

Education and Training

- *Plans to achieve required education & training standards.*
- *Identification of training needs of workforce and plans to meet these needs.*
- *Prioritisation of mandatory training.*

- ***Governance***
  - *A statement outlining the structures and processes in place to ensure corporate and clinical governance requirements are met, including committee and reporting structures*

- ***Capital***
  - *Analysis of the space/accommodation available to the SDU/Department/Division.*
  - *Analysis of any capital investment in the period 2014/15 – 2016/17.*
  - *Identification of any estate/equipment developments required, accompanied by timetable for production of relevant outline business cases.*
  - *In addition any estate identified as surplus to requirements*

- ***ICT***
  - *Analysis of the ICT services and systems currently available.*
  - *Identification of any information systems development required, accompanied by timetable for production of relevant outline business cases.*
  - *Reference to the national programme.*

- ***Support Services***

- *Analysis of the use of support services and identification of any significant changes required.*
- *It is essential that SDUs/depts discuss any significant changes with the relevant support services before submission of their plans, and any related outline business cases should be completed in collaboration with the support services affected.*