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 (EQIA) should be undertaken for all service changes; section 4.2 and Annex B of the attached guidance contain links to the Trust EQIA guidance and toolkit .
- Equality Impact Assessments helps us to promote equality and assess the impact on any particular groups as a result of planned changes and so helping us to check for and prevent disadvantage or discrimination.
- It is equally important that when making service changes the views of the patients, service users, the public and stakeholders are taken into account and this document highlights the need for patient engagement and involvement to be taken into consideration.

Buckinghamshire Healthcare NHS Trust

Business Planning Guidance 2016/17 – 2017/18

Including the 2016/17 Budget Setting Framework

October 2015

CONTENTS

1. Introduction……. 3

2. Who is involved?..... 3

3. Strategic Context……... 3
   - 3.1 National Strategy……. 3
   - 3.2 Mission and strategy …….. 4
   - 3.3 Service Developments over the next 5 years…….. 6

4. The Business Planning Cycle……. 6
   - 4.1 External Process ……. 8
   - 4.2 Internal Process…… 8

5. 2016/17 Budget Setting Framework…….. 9
   - 5.1 Background……... 9
   - 5.2 Assumptions……. 9
   - 5.3 Budget Setting ……..… 9

6. Business Plan Contents…… 11

7. Progress Management Arrangements…….. 12

8. Timetable …….. 12

9. Business Cases…… 12

Annex A: Strategic Assessment Template…… 13

Annex B: Business Planning Template…… 15

1. Introduction

This guidance sets out the framework for business planning within Buckinghamshire Healthcare NHS Trust incorporating the 2016/17 budget setting framework. The aims of this guidance are to ensure that the planning process:

- is as clear, transparent and simple as possible, whilst meeting the requirements of the NHS;
- delivers BHT's mission – Safe and compassionate care, every time - and its strategic objectives;
- ensures continuous delivery of high quality services;
- results in well co-ordinated and structured plans for the development of the services;
- delivers the planned level of performance against targets;
- controls unplanned developments;
- produces both an overall Trust and Divisional business plans, with a detailed first year, and a direction of travel in years two and three;
- meets the requirements of the NHS Trust Development Authority TDA);
- responds to external demands.

2. Who is involved?

The Director of Strategy and Business Development 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:

- Director of Finance – will lead contract negotiations, budget setting, and cost improvement programmes, along with supporting the production of the narrative.
- Director of Strategy and Business Development – ensuring alignment of estates and IT plans with the Trust's objectives and ensures plans meet the Trust's long term clinical strategy.
- Chief Operating Officer – 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, and Medical Director – ensuring that quality metrics are agreed and met, and assuring CIPs, workforce plans and job planning through Quality Impact Assessment process
- 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 December as the NHS Operating Framework. Commissioners will issue Commissioning Intentions which will reflect the national guidance.

The current national priorities include:

- achieving financial targets and consistent workforce plans

- achieving a maximum wait of 18 weeks from GP referral to start of treatment
- achieving a maximum 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
- delivering on the Five Year Forward View
- delivering 7 day working
- achieving full compliance with the standards for better health.

3.2 BHT Mission and strategy

Our vision is to be an **integrated** care and specialist NHS provider delivering **safe and compassionate care every time** for the population of Buckinghamshire and beyond. This will be achieved through our organising principles of **reducing mortality and harm, and offering a great patient experience**. Our quality and clinical strategies, together with supporting programmes, will be crucial to delivering our vision with our partners.

Our quality improvement strategy – our three goals are to:

Reduce mortality;
Reduce harm; and
Ensure a great patient experience.

Our clinical strategy – by 2020, working together with our partners, we will develop:

Integration of hospital, community and primary care services which are shaped around the needs of every adult and child;
Emergency and urgent care services for the local population which maximise the chances of survival and good recovery;
Planned services which are seen as some of the best in the country for patient outcomes, access and efficiency; and
Specialist services which are renowned regionally and nationally as centres of excellence.

Over the next 5 years, we recognise that the changes to our services will only be achieved through working in collaboration and partnership with other providers, commissioners and the people of Buckinghamshire. As we begin to make changes to our services to achieve this clinical vision we will involve, engage and listen to patients, commissioners and staff through this journey.

3.3 Service developments over the next five years

Service development	Characteristics
Integrated care	• Patients have the support and confidence to manage their own health and well-being. Health promotion support is available at every contact and within our local healthcare localities and access points. • Integrated care which promotes independence and well-being, safeguards the vulnerable and enables people to live well at home. • 24/7 community crisis support is available at home and outside

Service development	Characteristics
	the hospital setting. • A single point of access provides services in the community to ensure prompt discharge from hospital. • Patients have choice and community options for their care at the end of their lives. • Acute and community paediatrics services are fully integrated. • Support for the most vulnerable children including Looked After Children in partnership with Buckinghamshire County Council.
Emergency and Urgent Care	• A network of urgent care providing highly responsive and consistent walk-in and appointment based services in conjunction with primary care and the ambulance service. • Be one of the Major Emergency Centres in the country providing support for patients with serious and life threatening needs including stroke. • Be one of the best hospitals in the country for maximising the chances of survival and good recovery. • Consultant-led review of all emergency patients on arrival at hospital and senior specialist support for patients including investigations across seven days. • Services that support patients to remain well within their communities. • Care for patients who require complex specialist inpatient services; all other patients will be supported close to home. • Technology to support admission avoidance and swift discharge from hospital including telehealth and near patient testing.
Planned Care	• Planned surgery that continues to be one of the top performers nationally in day case rates and patient outcomes, with improved lengths of stay and theatre productivity. • A revised MSK pathway with BHT as the prime provider sub-contracting activity to other partner providers. • Care pathways that mean fewer visits to hospital for patients requiring specialist diagnosis, assessment, treatment and follow up. • Spinal, gastroenterology and ophthalmology services that are meeting increased patient demand, and orthopaedic, cardiac and bariatric services that are repatriating patients from neighbouring trusts. • Long term support for patients living with cancer through service redesign. • Pathways in areas such as dermatology and rheumatology meet best practice. • Outpatient services that are radically transformed with a combination of telephony, digital communication and face to face appointments providing easy access, assurance and

Service development	Characteristics
	reliability.
Specialist Care	• Maternity and gynaecological services build on a reputation as the local service of choice for women and explore opportunities to expand. • The National Spinal Injuries Centre builds on its reputation as the pre-eminent rehabilitation service in the country focusing on: - Remote care such as increasing the use of telemedicine, active outreach and advice services - Swifter discharge into the community, reducing length of stay - Quality measurement and standards of care - Active outreach and advice services for professionals on spinal cord injuries across the South - Networking with other Units enhancing our service offering. • Expand our Hyper Acute Stroke Service to care for patients from a wider geographical area. • A network of specialist care in areas such as vascular, cardiac and interventional radiology. • Regional expertise as a centre for Plastics and Burns.

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 working with our partners to ensure alignment with commissioning intentions, and our responsibility for contributing to the financial balance of the healthcare system.

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 NHS England planning cycle. The timetable of key planning dates is outlined below:

PHASE		External to trust	Internal trust process
PREPARATION	APRIL	Q4 monitoring report	Business Plan submitted to Trust Board Key Risks assessed and Assurance Framework updated
	MAY		

	JUNE		
	JULY	Q1 monitoring report Audited Accounts	
	AUGUST		
REVIEW AND ENGAGEMENT	SEPTEMBER		Business Planning Policy and timetable, agreed by TMC
	OCTOBER	Q2 monitoring report	Business Planning guidance and templates issued. BHT Planning Principles and Parameters agreed by TMC and shared with CCGs Workforce Plan Review commences Strategic Assessment template completed by SDUs/Divisions
DEVELOPMENT AND PLANNING	NOVEMBER		Board Seminar reviews and sets direction on 11th November Corporate Planning Brief & Division key issues Re-based Divisional Budgets Divisional/SDU workshops if required
	DECEMBER	DoH Operating Framework and CCG Commissioning Intentions issued Contract Negotiations begin	BHT Planning Principles and Parameters updated to include **national** directives. SDU detailed work. Divisional/SDU workshops if required. 1st draft Divisional Business Plans presented at special TMC - 18th Dec 2015.
	JANUARY	Q3 monitoring report 1st submission to TDA	Divisional/SDU Planning Workshops, if required. 5 year IBP approved by Trust Board, &1st Draft Trust Business Plan 16/17 considered by Trust Board 27th Jan. Draft budgets required by 31st Jan.
CHECK AND CHALLENGE	FEBRUARY	2nd submission to TDA 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 submission to TDA Final FIMs to TDA Contracts signed	Final Division & Trust Business Plans. Trust Board approves 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.

Key dates in the 2016/17 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.

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; ad hoc meetings with other providers/CCGs on particular issues; and 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 and timetable

A series of meetings with Divisions/SDUs and Trust Corporate functions will help enable the Divisions to produce Business Plans on time, and in accordance with National and Local Planning Guidance. Where Divisions/SDUs require workshops to support the development of 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 2017/18 and 18/19). The Trust Business Plan will incorporate the SDUs, Divisions and Corporate Plans.

First-cut plans will be reviewed by key executives week beginning 7th **December**.

Divisional plans will then be presented to a special TMC on **18th December**; plans will be reviewed and feedback given.

Finalised Divisional Plan must be signed off by the Divisional Board.

First draft plans need to be produced by 18th December so that a draft Trust Business Plan can be developed by **15th 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 and NHS England contracts. The draft business plan will be considered by the Finance and Business committee and the Board in February and the final Trust Business Plan will be submitted to the Trust Board for approval at the end of March, prior to submission to the TDA.

The Trust will:

- Continue to use Quality Impact Assessments (QIA) as an integral part of its approach to change management.
- Align its business planning, at Trust, Division and SDU level.
- Monitor progress on business planning through the weekly deep-dive meetings
- Ensure monthly reports on progress to the Trust Management Committee

- 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.

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

5. 2016/17 Planning and Budget Setting Framework

5.1 Background

Monitor, NHS England and the TDA will work together to produce a system-wide planning process for 2016/17, along with assumptions and timetable which we anticipate will follow the 2015/16 process. This will require detailed plans for two years with outline plans for the third year and this guidance sets out the proposed high level principles to be applied in the Trust's Budget Setting Framework for 2016/17 and 2017/18.

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 are based on the current estimates for next year and may change as better information becomes available:

- **Inflation** – Initial assumptions are as follows:
  - Pay
    - Pay award Inflation 1.0%
  - Drugs 10.0%
  - Non Pay 2.5%
  - Non Pay – Unitary Payment RPI
  - SLA Income
    - Pass through drugs 10.0%
    - Other 2%

- **Contingency** –the Trust will hold a 1% 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 **4%** including the pressures listed above and the tariff deflator.

- **Local Efficiency Requirement** – BHT will have to deliver additional efficiencies to recover from previous deficit delivery; currently this is set at **2%**, but is subject to change.
- **QIPP** – locally agreed QIPP should be reflected in the baseline.

5.3 Budget Setting

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 will follow when commissioning intentions are made known.

i. **Baseline** - Determine the baseline cost of delivering current year[1] 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[2] across price and volume:

- Price Changes, for example:
  - PbR tariff changes
  - Non PbR tariff changes
  - Coding changes
- Volume Changes, for example:
  - CCG Local Health Economy:
    - Demographics/Growth
    - Referral changes
    - Case-mix 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 2016/17, (see Section 5.2 '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 2016/17 Income & Expenditure position, prior to Cost Improvement Programmes (CIPs).

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

- 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').
- All non-recurrent CIPs to be made good

The above gives the 2016/17 Income & Expenditure position, after CIP:

vii. **2016/17 Baseline** - the 2016/17 Income & Expenditure position adjusted for the full year effect of 2015/16 CIPs and Cost Pressures.

[1] Current Year - for 2016/17 budget setting, the current year is 2015/16

[2] New Year - for 2016/17 budget setting, the new year is 2016/17

6. Business Plan Contents

A Strategic Assessment template is attached as **Annex A** which will provide SDU's with an analytical framework to assist in developing both SDU and Divisional Business Plans. This template focuses on the market in which services are operating, the competitive pressures and commissioner intentions.

This will assist the production of the Divisional Business Plan in the template attached as **Annex B.** As can be seen the business plan needs to cover the following:

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 national targets 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 by March 2016.

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 (include the commentary in Annex D the business plan template.)
- Education & Training
- Governance
- Capital
- ICT
- Support Services

7. Progress Management Arrangements

Progress on delivery of the 2016/17 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.

8. 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 2016/17, 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	-	6th November 2015
1st cut plans presented to key execs	-	w/beg 7th December 2015
Divisional plans presented to TMC	-	18th December 2015
Trust business plan – first draft	-	15th January 2016
TDA submissions	-	January – April 2016
Draft plan to Board / F&B Cttee	-	February 2016
Final business plan to Trust Board	-	30th March 2016

9. 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.

David Williams
Director of Strategy and Business Development
October 2015

Strategic Assessment Template

Annex A

Service Line Strategic Assessment : External Assessment

Force 1 - Purchaser Power

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
Who are the commissioners of the service?		

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
What are their commissioning intentions and how do you anticipate their intentions to evolve over the next 3-5 years (eg referral management, increasing secondary care, increased community services, more stringent thresholds, new pathways)?		
Who are the main gatekeepers to the service (eg GPs, other secondary care providers, community services)?		
How well do you know the gatekeepers and what is your relationship with them (partnership, constructive, difficult, obstructive)?		
How much patient or gatekeeper choice is there for Blank. Are their realistic alternatives and do gatekeepers/patients exercise choice in practice? How do you anticipate this changing over the next 3-5 years?		
How do patients and gatekeepers define quality for service 1 (eg low waiting time, local access, follow-up services, access to specific drugs, technology etc)? How well does the service meet those requirements? What will patients and gatekeepers be looking for over the next 3-5 years?		

Force 2 - Existing Competitors

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
What is their reputation for this service? How does this compare to our reputation?		
What is their market share in our core and boundary areas? How does that compare to ours? Is their market share for this service growing or shrinking?		
What is their strategy and long-term aspirations for this service and how will they evolve over the next 3-5 years?		
What developments are they implementing or planning currently for this service?		
What is our relationship with them (competitive, co-operative, none) in this service?		
How will the competitive environment for this service impact on the Directorate and the service over the next 3-5 years?		

Force 3 - Substitute Products or Services (Future Clinical Developments)

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
What innovations or developments in techniques, drugs, equipment or treatment pathways do you expect in service 1 in the next 3-5 years (eg genetics, diagnostic testing, minimally invasive surgery, non-surgical treatments, techniques to manage conditions in the community)?		
What will the impact of these innovations or		

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
developments be on service 1 over the same time period (eg reduced demand, change in delivery method, increased/reduced cost, different skills or skill-mix of staff)?		

Force 4 - Supplier Power

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
What are the critical resources required to deliver Blank (eg specific workforce skills, equipment and technology, specific drugs, significant financial investment)?		
How will the critical resources required change over the next 3-5 years?		
Will access to any of these resources be restricted in future (eg in ability to recruit the necessary staff)?		

Force 5 - Market Entry/Exit

Question / Factor	Analysis	Conclusion (Constraint, Action, Further Information Required)
Are there any barriers to entry which will prevent new entrants offering Blank (eg significant set-up costs, need for clinical network approval)? How and why will these barriers change over the next 3-5 years (increase or decrease)? Are there any specific policies which could encourage new entrants (eg AQP) for this service?		
Do you expect any new providers for Blank in the next year? Next 3 years?		
Do you expect any providers to stop offering Blank in the next year? Next 3 years?		

Buckinghamshire Healthcare NHS
NHS Trust

Annex B

Business Plan 2016/17

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

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

People plans to include

- *Analysis of workforce in post, vacancies, turnover, absence, age profile, grade split, Los – linked to attrition, recruitment analysis (Source: HR)*
- *Skills gaps*
- *Review and optimise divisional structures*
- *Recruitment & retention plans, Succession planning*
- *People engagement plans and staff survey actions*
- *Cultural change initiatives*
- *Plans to address specific Divisional workforce challenges (identified in SWOT analysis and any specific projects proposed)*
- *Activity requiring staff consultation*
- *Future workforce plans linked to access & capacity analysis and future developments(e.g. technology).*

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 2016/17 – 2017/18.*
- *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.*

N.B. An Equality Impact Assessment (EQIA) must be carried out when any service, process or function is changed . Please click on the link for more guidance and a toolkit.

EQIA Toolkit- Equality Impact Assessment FORM - Final January 2014

EQIA Guidance - Equality Impact Assessment Guidance- Final January 2014