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. The attached briefing and guidance issued in October 2017 (for planning 18/19) drew attention to the need for EIA assessment to be undertaken for all service developments and included links to the EIA process flow chart and EIA assessment toolkit.

- Equality Impact Assessments help 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.

- This message is strengthened in the Strategic Service Reviews programme that took place to develop clinical strategies during 2018/19.

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

BUSINESS PLANNING 2018/19

National Context

1. NHS England and NHS Improvement (NHSI) required a two year business plan to be submitted in December 2016 covering the financial years 2017/18 and 2018/19, with a view to the plans being stepping stones on the journey to implement the Five Year Forward View (FYFV), with the following themes to the fore:

    - Improving and investing in preventative, primary and community-based care.
    - Developing new care models to break down the boundaries and foster stronger collaboration between organisations.
    - Creating new relationships with patients and communities, using social care and wider services to support improved productivity, quality and people's wellbeing.
    - Spending less time on transactional relationships and more time on system-wide planning.

2. Buckinghamshire has been designated as one of the first eight Accountable Care Systems* in the country by NHS England in July 2018. BHT is a lead partner in the Bucks ACS.

Becoming an Accountable Care System will:

- Support us to join up health and social care services in order to improve the health of local communities and make ways of working for staff much easier – something that we have heard loud and clear.
- Give us more local control and freedom to make decisions.
- Provide additional funding to support our transformation plans – £450m between the eight ACS areas.

Our involvement in the ACS does not change our Trust strategy to become one of the safest healthcare systems in the country – in fact the support and resource will help us to go further, faster
The national recognition is not only testament to the rapid improvements we have already made to patient care over the past two years, but also to the strength of our plans to transform and the commitment of all partners to get this right.

We will align our planning timetables with those of the ACS to ensure consistency and system wide planning is taken in to account.

3. At this stage it is not known if NHSE and NHSI will require a resubmission of the 2018/19 plan or whether they will just require it to be rolled forward (pay increases, non-pay inflation, CIP changes etc.). The current expectation is that a national planning round will occur in Q4 of 2017/18.

BHT Context

BHT's strategy approved in March 2016 is aligned with local and regional plans and has been developed by the Board and senior leaders in the organisation, supported by staff sessions and workshops with patients, stakeholders and special interest groups.

The Trust's mission, values, vision and three strategic priorities of quality, people, and money provide the core foundation for developing our plans.

Strategic Context

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

Throughout 2017/18 the Trust will refine and develop the Trust's strategy in a number of ways:

Service Delivery Unit's – each SDU is developing an SDU strategy by mid-January which will build into a coherent Divisional and Clinical Strategy by the end of March 2018.

Enabling strategies – SDU strategies will align with developing enabling strategies in the following areas:

- Workforce planning
- Quality Improvement
- Communications and Engagement
- Information Technology and Digital
- Estates
- Long Term Financial Model

It is recognised that developing a clinical strategy from SDU's will have associated benefits linked to the enhancement of the Trust's culture and values:

- Develop teamwork and ownership of future plans in individual SDUs
- Recognising and celebrating good practice
- Highlighting and recognising the plans of SDUs which may not feature significantly in Divisional or Corporate strategies
- As a mechanism for learning and development for general managers and lead clinicians
- Linking corporate plans to specific clinical service developments
- Making a clear link between Executive and senior management teams and SDUs.

Operational Context

The 2018/19 Operating Plan is supported by the Trust Corporate Objectives and incorporates delivery of milestones, which will be reviewed and, where appropriate, re-set and expanded.

In developing individual SDU strategies the strategy team will support the SDUs and Divisions to ensure alignment with the following:

- SLR position and Carter/Model Hospital benchmarks
- Trust Strategy including ACS Development
- Emerging IT, Estates, Communication and Engagement and Workforce Plans
- Patient Experience and Quality Improvement Plans

As part of the process we will ensure Divisional discussion of the individual SDU plans through Divisional Boards.

One Integrated, Aligned & Comprehensive Plan

The Trust is actively participating in the national and regional systems including STP and ACS alignment. The Trust is part of the local Buckinghamshire ACS Pilot and is looking towards developing and strengthening its partnerships with all stakeholders, e.g. commissioners, providers, local council, third sector etc.

To ensure alignment across the BHT strategic priorities of Quality, People and Money and linkage to strategic, operational and clinical plans the Business Plan will be shaped and informed by:

- BHT Transformation Planning Workshop

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

- Corporate Strategic Objectives
- Divisional Plans and Workshops
- SDU Strategies and Workshops
- BHT Way Sessions
- Deep Dive Planning process

Out of this process there will be a number of output initiatives that individual SDUs are able to pursue and develop as part of their strategic and operational plans which will already be known.
However, a considerable number of initiatives will require both investment and corporate support. The Trust will need to prioritise those initiatives based on impact, feasibility and strategic fit.

It is, accordingly, proposed that in January 2018 –similar to the process for establishing strategic priorities, Divisional workshops are used as a mechanism to prioritise projects to shape the final Clinical Strategy which will build by Division. These workshops will be supported by the strategy team

The workshops will aim to prioritise Clinical and Corporate Plans to deliver transformational change and developments and align with the overall Corporate, Clinical, and Supporting Strategies, such as Estates, Workforce and IT.

The Trust will utilise national data and benchmarking information where available to shape its Strategy and Plans such as Carter Model Hospital, GIRFT.

Internally the Trust will develop its comparison data to drive through change, where need is evidenced such as SLR.

N.B. It is important to remember that an Equality Impact Assessment should be undertaken for all service developments; please see toolkit and process flowchart:

- Equality Impact Assessment Toolkit
- Equality Impact Assessment Flow process chart

Operational Planning Timetable

Operational Plan Timetable		
Operational Planning Begins	**2017** September 15th	DW
Budget Setting begins	Post month 6 reporting	JD
CIP Plans – EMC approve themes	October 6th	JD
Pay Budgets Calculated (Divisional Accountants)	October 27th	JD
Deep Dive Discussions	Weekly November / December	NM
CIP Plans – 20% Green Rated	November 23rd	JD / NM
Division's to submit cost pressure requests to Divisional Accountants	November 17th	NM
Budget Pressures collated	November 24th	JD
CIP Plan – 50% Green Rated	December 14th	JD / NM
Cost Centre budget sign off sheets issued to divisions	December 15th	JD

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

Draft Budgets to EMC	December 22nd	JD
Draft divisional budgets issued to divisional management teams for sign off	January 12th	JD / NM
SDU Strategies Submitted	January 12th	DW
Divisional Planning Workshops	w/c January 15th	DW
CIP Plan – 80% Green Rated	February 8th	JD / NM
Budgets to EMC for sign off	February 16th	JD / NM
Budgets submitted to finance committee for approval	February 22nd	JD
Board consider draft plan	February 28th	JD / NM
CIP Plan – 100% Green Rated	March 8th	JD / NM
Final Budget Sign off Divisions / CEO	March 16th	JD / NM
Final Plan approved by Finance Committee	March 22nd	JD
Board approves final plan	March 28th	ND

This timetable sits alongside the more detailed budget-setting timetable, as contained below

2018/19 Budget Setting Guidance

The budget setting and workforce planning processes for 2018/19 will run in parallel to the overall business planning and contracting processes, ensuring congruence between the strategic direction of the Trust, and the financial, activity and workforce plans.

Budgets and CIP targets will remain draft and subject to change, depending upon affordability, until the Trust contracting position for 2018/19 is finalised.

1. Budget Setting Process

The budget setting process is set against the backdrop of nationally expected efficiency gains, the expectation of reductions to commissioner contracts, NHS Operating Framework requirements, and STP/ACS considerations.

This means the Trust continues to have a significant savings requirement, whilst challenged to ensure budgets remain realistic and adequate to deliver safe, high quality clinical care.

In order to establish divisional budgets, historical and future budget pressures need collating and divisional CIP plans need to be constructed.

A). Baseline divisional budgets and workforce establishments will be constructed as follows:

Start Point: Recurrent Budgets as at month 6 (September 17) including workforce establishments and activity plans.

Plus / Less
Reversal of the impact of any non-recurrent adjustments in 2017-18
Agreed developments/adjustments impacting on the remainder of 2017/18

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

Full Year Effect of 2017/18 savings

Gives: Recurrent roll forward position

Plus / Less
Known NHS contract income adjustments

Plus
Agreed Trust wide cost pressures (See section C below)
Agreed Non Pay activity rebasing pressures
Agreed future service developments & growth
Agreed divisional historical budget pressures

Less:
Savings plans 2018-19
Agreed Non Pay activity rebasing reductions

Gives: Divisional Budgets for 2018/19

Plus / Less
Any recurrent budget changes relating to month 7 to 12

Gives: Baseline Budgets for 2018/19

B). CIP Requirement

The Trust will set the final CIP target in line with national guidance, which is due from NHSI in Q4 2017-18, and building in any local variations/pressures. As a working assumption for draft budget setting, a target of 4% of trust turnover is required. The allocation of the target at divisional level will be developed through the PMO.

Certain elements of the Trust plan require funding and are not subject to initial CIP planning.

Interest Payable
PDC
CNST
PFI Interest
Depreciation & Loan Repayments

Fully coded CIP schemes with the appropriate documentation must be submitted during the budget setting process to enable budgets to be removed and no unallocated CIP targets reported within the finalised budgets. All CIP schemes must be budget reduction schemes and reduce expenditure in pay or non-pay. Any cost avoidance CIP schemes will be above the CIP targets given.

Please currently work with an expectation that expenditure budgets will need to be reduced in line with the targets above, but please be aware that this target may change as the final Trust-wide financial position becomes clearer.

C). Budget Setting Principles

The following items will automatically be adjusted for:

- CNST premium
- Depreciation

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

- PDC
- PFI interest charges
- National wage award
- Loan Repayments
- NHSI Contingency Reserve Requirement
- Apprenticeship levy
- Immigration Levy
- Pension Administration Levy

Funding of any additional pressures identified will be subject to debate and decision through EMC as part of the budget setting process. At all times numbers are drafts pending the publication of national tariffs and final contract closure with commissioners.

i). Divisional budget pressures

Budgetary cost pressures currently being incurred, plus additional pressures anticipated in 2018/19 in addition to any requirements to rebase non pay budgets linked to activity changes must be submitted to your Divisional Accountant by email completing the budget pressure request form.

The Trust does not receive additional cost pressure funding so it is expected that cost pressures will be managed internally by the divisions unless very exceptional circumstances apply. **Only items which have been submitted via this route within the required timescales will be included for EMC review.**

Funding of such pressures will be subject to debate and decision through Deep Dive and EMC as part of the overall development of a trust-wide balanced budget plan. If funding is approved this could affect the level of CIP required.

For clarity the definition of a cost pressure is as follows:

A **cost variance** that is being / will be incurred as a direct result of compliance with:

a) A legal requirement – Child Protection Legislation, etc.

b) A requirement driven by an outside organisation – Utility Costs etc.

c) An agreed internal capacity requirement – additional beds, clinics, etc.

d) An unavoidable reduction in income unconnected with associated costs

e) Contract Inflation e.g. on maintenance / service contracts etc.

ii). **Drugs Budgets**

All PBR drugs Budgets will be based on 17-18 outturn (Month 6 YTD actuals forecasted to the end of the year).

All PBR excluded drugs budget will be based on agreed contractual position.

Any requirement for drugs budgets above these levels should be through the divisional budget pressure process (section ii above).

iii). Income Carry Forwards/Deferrals

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

If a division has received specific income for a specific purpose in 2017/18, where some of the expenditure is unlikely to occur until 2018/19, please inform your Divisional Accountant of the issue giving a detailed plan of when expenditure will occur. For income to be deferred, the agreement of the funding body is also required.

iv). Service Developments

Service developments will only be funded subject to EMC approval, and if commissioner support is confirmed and evidenced where required.

2. Timescale

The timetable is set to ensure budget setting is completed in time to enable Trust Board approval in March 2018.

Budget Setting Timetable	
Budget Setting begins	Post month 6 reporting
CIP Plans – EMC approve themes	October 2017
Pay Budgets Calculated (Divisional Accountants)	October 2017
CIP Plans – 20% Green Rated	November 2017
Budget Pressures collated Division's to submit cost pressure requests to Divisional Accountants	November 2017
CIP Plan – 50% Green Rated	December 2017
Cost Centre budget sign off sheets issued to divisions	December 2017
Draft Budgets to EMC	December 2017
Draft divisional budgets issued to divisional management teams for sign off	January 2018
CIP Plan – 80% Green Rated	February 2018
Budgets to EMC for sign off	February 2018
Budgets submitted to finance committee for approval	February 2018
CIP Plan – 100% Green Rated	March 2018
Final Budget Sign off Divisions / CEO	March 2018

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

3. Next Steps

All pressures, developments and CIPs need to tie in with the divisional business planning work currently being undertaken and led by the Strategy department.

The Finance and Strategy teams are keen to work with you to support you in this process. If you have any queries on the above, please initially contact your Divisional Accountant. If you have any queries relating to workforce and changes in staffing please contact your HR business partner.

Wayne Preston — **Deputy Director of Finance**

Tim Seymour — **Head of Planning and Business Development**

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

STRATEGIC SERVICE REVIEWS – A FRAMEWORK

BHT has a clear mission and vision to be one of the safest healthcare systems in the country delivering safe and compassionate care for every patient.

We will achieve this by focussing on out Trust priorities of Quality, People and Money in every service of the Trust.

We need to develop strategies and plans for each specialty so all our teams have a clear direction for service for the future and we can support your ambitions and aspirations for your services and patients.

1. Process

The process for developing Strategic Service Reviews for key services falls in six main phases, a and will generally be preceded by a meeting between the Chief Executive, the Director of Strategy, the SDU Lead and the SDU team.

Phase 1 – evidence gathering, data collection, workshop set-up, strategic thinking supported by templates.

Phase 2 – **Workshop #1** to discuss the service's issues and opportunities. The format will typically be:

- Introduction to the process
- Overview of healthcare trends and BHT strategy
- Service overview – key trends, issues and sub-specialties
- PEST (Political, Economic, Social, Technological) analysis
- SWOT analysis

Phase 3 – Analyse outputs from the workshop and develop strategic options with clinicians and service leads.

Phase 4 – **Workshop #2** to review options and agree strategic direction for the service. The format will typically be:

- Key points from the first workshop
- Feedback and implications from the PEST and SWOT
- Vision – the future state
- How do we get there?
- What do we need to do in year 1 and year 2?
- Enablers and barriers.

Phase 5 – Develop strategy

Phase 6 – Strategic Leadership Forum Review and Approval

The process will include consultation and engagement with internal and external stakeholders throughout the process to shape the final service strategy.

2. Outcome

We will only deliver our visions to become one of the safest healthcare systems in the country by focussing and supporting transformation and change at every level of the Trust. Delivery of the

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*

strategies will be an important part of the transformation required to deliver our priorities of quality, people and money.

The strategies that emerge from this process will form a roadmap for each service, with milestones that indicate the key developments and deliverables along the way.

The process will culminate in a presentation to Divisional Boards and Strategic Leadership Forum on the vision, ambition and key milestones to delivery for the individual specialities.

Progress against the approved strategy will be reviewed regularly at EMC and Divisional Board meetings and will form the basis of our planning and delivery for the future.

3. **Evidence/data gathering** – the following evidence will be gathered and sent out a week or two before the first workshop:

- Patient experience
- SDU performance dashboard including outcomes, activity trends, KPIs etc.
- Service specific issues re: quality, workforce, governance.
- Stakeholder analysis including internal and external surveys where relevant
- National benchmarks
- SLR position
- Market shares and competitors positions
- National reports/guidelines
- Commissioning perspective

4. **Equality Impact Assessment**

The strategies that are developed and the service changes that result need to take into account the impact on **all** patient groups (as per annual business planning guidance), and need to consider how proposed changes impact (positively or negatively) on various patient groups.

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

**N.B. Subsequently terminology changed from Accountable Care System to Integrated Care System.*