

TO: Gloucestershire Partnership NHS Foundation Trust Board

FROM: Sandra Betney, Director of Finance

DATE: 31st March 2008

SUBJECT: DRAFT BUSINESS PLAN 2008/09

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present the summarised Business Plan for the Trust for the Board's consideration. More detail on the Business Plans is available in the Appendix and in individual SSU Business Plans.

2. RECOMMENDATIONS

2.1 It is recommended that the Board consider this report and approve the implementation of the plan.

3. LINKS TO TRUST OBJECTIVES

3.1 The plan sets out the Trust objectives for 2008/09 and beyond.

4. STANDARDS FOR BETTER HEALTH

4.1 Links from individual objectives to Standards for Better Health are shown in Appendix 1

5. FINANCIAL IMPLICATIONS

5.1 This Business Plan has been prepared in conjunction with budgets which are on this Board agenda for approval. The budgets have been set by individual Strategic Service Units (SSUs) and Directorates in order to achieve the objectives set out in this plan.

6. RISK MANAGEMENT

6.1 Risks identified for individual objectives are shown in Appendix 1. More work is required to review these risks to ensure that they can be summarised in the strategic risks in the Assurance framework.

7. EQUALITY ISSUES

7.1 Some of the objectives identified include work in areas where equality is a desired outcome for example those under the theme Social Inclusion and legislation. There are no issues identified which adversely impact on equality.

8. CONSULTATION

- 8.1 The Council of Governors received presentations on the format, process and Balanced Scorecard approach.
- 8.2 Staff in SSUs and Directorates have had some opportunity to be involved in Business Planning in their area, although the amount of involvement has varied across the Trust. The Key Themes and Balanced Scorecard were discussed alongside the values and purpose of the Trust during staff road shows around the county in December and January.
- 8.3 The draft Business Plans of the individual Strategic Service Unit have been considered the Executive Team and the Business Planning Committee during their development. The Business Planning Committee included representation from the Council of Governors.
- 8.4 In addition the draft SSU Business Plans have been considered in the balanced scorecard format by, and the Council of Governors. The Business Development Committee received copies of all draft SSU and Directorate plans prior to consolidation.

9. AUDIT/REVIEW

- 9.1 The Business Plan will be reviewed on a quarterly basis to monitor progress by the Performance Management Committee. The Business Development Committee and the individual SSUs/ Directorates will periodically assess any changes to objectives required, which will be agreed by the Business Development Committee.

10. BACKGROUND

- 10.1 The Trust agreed to adopt an integrated Business Planning process to ensure compliance with Monitor requirements for business planning (submission required at the end of May). In order to ensure that the financial elements of the plan achieve an acceptable financial risk rating it was agreed that the Plan should be approved at the same time as Budgets for the 08/09 financial year are presented for approval.
- 10.2 Learning from previous Business Planning (including the development of the Integrated Business Plan for Monitor, it was agreed that the detail of Business Planning needed to happen at a detailed level with a Trust wide co-ordination of the output by the Director of Finance & Commerce. A workshop in November 2007 for Executive, Service and Clinical Directors set out an outline process and timetable.
- 10.3 Each of the SSUs and directorates prepared a Business Plan for their area using a common template. Preparation of the Business Plan included completing a SWOT analysis, reviewing 07/08 objectives that would need to be carried forward. For SSUs there was additional work in reviewing the market environment for services and identifying and describing business developments

and changes to Mandatory Services. All areas were also asked to ensure links with resources, workforce plans and mechanisms for monitoring the plan once approved.

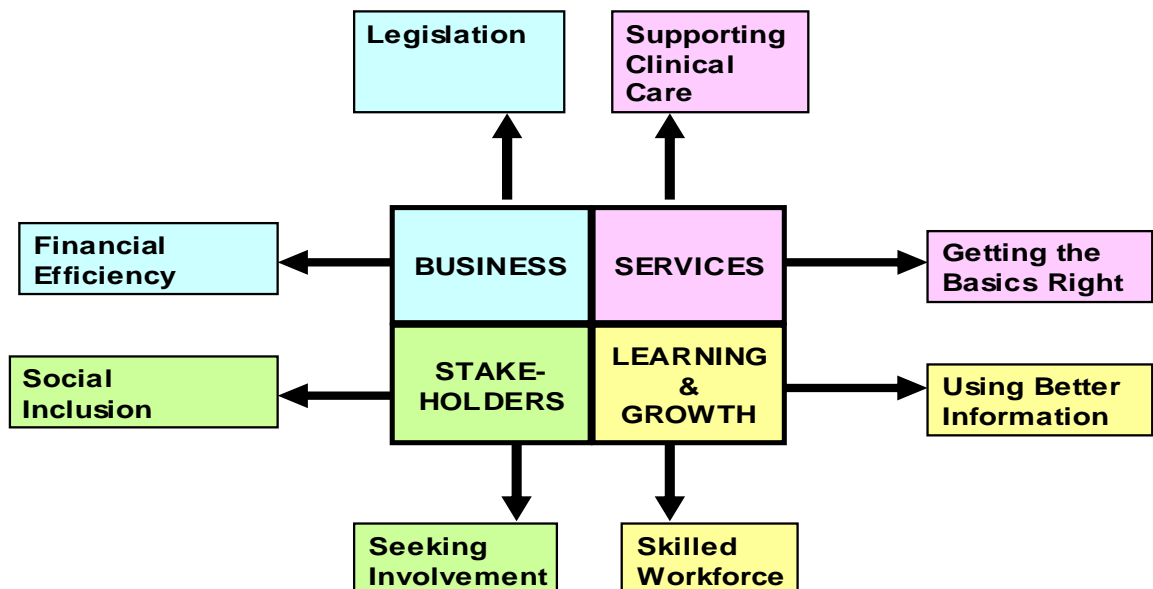
11. DISCUSSION

The Trust agreed to use a Balanced Scorecard approach in business planning, with the quadrants representing different perspectives of the organisation: business, services, learning and stakeholders.

The Executive Team identified key themes to guide the planning process. These key themes were discussed with Non Executive Directors at the Board and Committees, staff at road shows and with the Council of Governors.

Goals

The diagram below shows the key themes in a balanced scorecard format.



The Strategic Service Units and Directorates within the Trust have identified over 200 detailed service objectives which contribute to these key themes. The detailed objectives are shown in appendix 1 to this paper. An analysis of these objectives show that the largest proportion of the Trust's objectives (34%) are focussed on our services, and specifically getting the basics right (21%), with the rest of the objectives being reasonably evenly spread across the scorecard.

The High Level goals from each of the Strategic Service Unit and Directorate Plans have been summarised below in the balanced Scorecard quadrants:

Business

- Marketing for in-patient services (Substance Misuse)

- Service Governance arrangements responsive to change
- Reviewing Business opportunities and work with private providers
- Create capacity for business development; support for tender & growth opportunities
- Disability Discrimination Act
- Human Rights act
- Review Constitution
- Mental Health Act Implementation
- Review of contracts including estates, patient transport, pharmacy provision
- Ensure that we remain current with new legislation
- International Financial Reporting Standards
- S31 contract
- Information Governance
- Treasury Management
- Longer term Cost Improvement planning
- Achievement of Monitor Financial Risk Rating & targets
- Ensure compliance with the Mental Capacity Act including 'Deprivation of Liberty' Amendments
- Income generation
- Productivity reviews
- New Ways of Working

Services

- Dual diagnosis.
- Staff awareness of targets
- Integrated care pathways
- Performance indicators
- Model of LD community teams
- Inpatient facilities, for vulnerable adults older or PMLD
- Reporting facilities (modified EKOS).
- Tools to monitor care management NICE and other relevant guidance
- Closing campus provision of care
- Systems and processes that support continuous improvement in practice standards.
- Positive patient experience
- Continuous quality improvements
- Environments in which services are provided
- Estates and IM&T strategy including NCRS preparation
- Annual Security Plan
- Monthly performance reporting improvements
- Improve complaints response times
- PAS migration
- SSU risk registers
- Standards for Better Health
- Organic Services for Older People
- To have visible and competent leaders to deliver high quality services
- Create environment in which staff feel supported and motivated
- Develop staff who are willing to embrace change

- Develop employment practices to meet service and personal needs
- Ensure reward structures attract, retain and motivate staff
- Implement new ways of recognising and celebrating contribution of staff
- Create an environment which promotes and supports well being of staff
- Delivering excellent OH service
- Policies and procedures in place for all aspects of service
- Understanding client needs
- Ensuring administrative systems support delivery of clinical service
- Providing appropriate information to clients
- Ensuring staff attend appropriate training
- Communication
- Board Reporting
- Monitor Returns, Programme budgeting and mapping exercises
- SSU reporting
- Budget setting & management processes
- Supporting clinical contracts
- Review all new policies/procedures in line with NHSLA standards
- Ensure implementation of relevant NICE guidance
- Robust systems for clinical governance
- Management of Serious Untoward Incident process.
- Review & implement CPA guidance in line with national policy changes
- Establish clinical governance strategies to guide practice
- Implement changes from clinical audit activity
- Implementation of Nursing Strategy
- Implementation of Community Development programme

Stakeholders

- Ensure social inclusion ideals are embedded in policies/procedures
- Ensure social inclusion themes are included in clinical audit & research projects
- Promote use of Direct Payments
- Involvement in reconfiguration of Day Services and Accommodation services
- Work in partnership with all staff to promote and maintain high standards of clinical governance and patient safety
- Stakeholder engagement in CLC project
- Board visits to services
- Code of conduct: for ward rounds
- Develop Champions within communities
- Improve Accessibility
- Develop stronger communities & agencies
- People with a learning disability (PWLD) are not ignored in policies and procedures
- Engage PWLD and carers in developing the strategic and operational agenda through consultation
- Core services designed around the needs of the child or young person
- Work with partner agencies and citizens of Gloucestershire to inform and educate

- Systems and processes that support and ensure stakeholder participation
Contribute to the strategic direction of children's services in Gloucestershire
- Length of Stay
- User & carer involvement
- Membership events
- Membership development
- Delivery of Communications Strategy
- Membership development
- Patient survey
- Have a set of values which have been developed in consultation with staff
- Develop a workforce that is representative of the local community
- Develop employment processes to promote positive attitudes and opportunities for the employment of people who have or have had mental ill health
- Create a culture in which staff feel valued and involved
- Implementation of Trust identity
- Charitable Funds Usage
- Business planning processes
- Charitable Funds donations
- Seeking customer views & internal customer Satisfaction
- Developing external Customer Relationship Management
- Implementation of Marketing Strategy
- Promote working with disability inc MH
- Increase number of people employed with disability
- To improve dialogue and feedback with clients
- To continue and increase involvement both regionally and nationally

Learning & Growth

- Ensure access to learning resources thereby supporting staff with CPD, lifelong learning, evidence based practice, management decision making.
- Ensure learning from SUIs is shared across all SSUs to improve practice
- Roll out online incident reporting/promote local trend analysis
- Utilise research when commissioning new services
- Staff appropriately trained and kept current in new advances.
- Using multidisciplinary team.
- Ensuring we remain up to date with new advances and directives
- Recording and providing improved data about our services to customers
- Qualitative information
- Use information to drive service change
- Responsive to staff and service requirements
- Appropriate & efficient systems, maximising information, not impacting clinical delivery
- Data quality
- Career pathways
- Improve bases and IT links.
- Appropriate supervision & support
- Better systems for information management
- Skill-mix review

- Performance management
- User/carer information
- IM&T strategy including NCRS Preparation
- Roll out Clinical Manager/run down George
- Clinical Coding Training
- IT training
- Information Governance training
- To continue to integrate service, workforce and financial planning systems
- To develop robust workforce information and intelligence systems
- Embed the values and style into the organisation
- Equip staff with competencies to deliver person centred, social inclusive services
- Develop leading edge and innovative employment practices
- Appraisals
- Finance training across organisation
- Cash & Balance Sheet Forecasting
- Linking Financial and activity information & Reference costing/ benchmarking
- Audit tracking

Significant Business Developments

The following Business Developments are planned to take place over the next financial year. More detail on these developments can be found in the individual Business cases for each development. Some developments will depend on commissioning priorities and investment, where this is the case they are annotated)

- Improving waiting times for CAMHS (Commissioner investment notified)
- Profound and Multiple Learning Disability (Pmld) Assessment And Treatment Service (Business case approved)
- Low Secure Service for People with Learning Disabilities (Business case to be developed)
- Refurbishment of wards for older people with mental health problems on the Charlton Lane site to improve facilities for patients (Business case in progress)
- Development of the new 12 bedded in-patient detox facilities (Business case Approved)
- Psychiatric Intensive Care Unit (Business case Approved)
- Section 136 (Business case Approved)
- Improved Access to Psychological Therapies (dependent on Commissioner investment)
- Eating Disorder Service enhancements (dependent on Commissioner investment)
- Limited service for Adults with ADHD (variation to contract agreed)