

# Oxford Health NHS FT

## FY17 Delivering our Business Plan

*"...a set of choices designed to work together to deliver the long-term goals of (our) organisation in the face of uncertainty"*

## Delivering our Strategy: Our Business Plans

Our strategic framework provides structure in the development of our plans. This framework helps us to organise our plans, using a consistent method and language throughout the organisation. It allows us to align our individual, team and directorate priorities, objectives and plans with the Trust's strategy.

We have plans with milestones and critical paths for two years that are updated annually and submitted to NHS Improvement as part of the Annual Plan Review. Our annual planning process begins in the autumn and is 'bottom-up' including consultation with internal and external stakeholders, working with Directorates, aligning priorities with the strategy and developing a Trustwide Business Plan and Priorities.

Business plans are monitored quarterly and reported to the Board of Directors.



# Outstanding Care Delivered by Outstanding People



## ♥ Caring

- Putting patients first
- Showing respect
- Being understanding
- Listening and communicating

## ⚠ Safe

- Creating a safe environment
- Being open and honest
- Being self aware
- Giving and receiving help

## ★ Excellent

- Being the best
- Taking pride
- Working together
- Being professional
- Learning and improving

## PATIENT EXPERIENCES

We will be curious about what patients say about the care they receive and use patient feedback as a rich source of information to improve what we do

## PATIENTS & CARERS

Care will be a joint endeavour and patients and carers will work with teams in order to achieve and maintain the health outcomes that they want.

## PATIENT OUTCOMES

We will routinely measure and report outcomes that matter to patients and use this knowledge to improve the care that we provide.

## TEAMS

Services from across the system will work together as teams and share responsibility for delivering outcomes for patients and carers.

## PARTNERSHIPS

We will use our expertise and experience and work with other health and social care providers to act as a catalyst for transforming our health care system.

## CLINICAL LEADERS

Teams will be led by clinicians who will coordinate access to services and will be empowered to make decisions that improve outcomes for patients.

## INCREASE VALUE

We will make the best use of the time and resources available within our system to deliver greater value care for patients.

## IMPROVEMENT & INNOVATION

Teams will be able to improve care and use the latest technologies to do things differently or do different things to deliver better patient outcomes.



- 1** To make care a joint endeavour with patients, families and carers
- 2** To improve the quality of care by transforming services
- 3** To support teams to improve the safety and quality of care they provide
- 4** To support leaders to maintain a positive culture for teams
- 5** To ensure Oxford Health NHS FT is high performing and financially viable
- 6** To lead research and adopt evidence that improves the quality of care
- 7** To embed and enhance the electronic health record

# **Business Plan**

## FY17 Q1 Report

# Seven Priorities- Progress Updates (Priorities 1-3)

Priority	Project Title	Progress Update
1. To make care a joint endeavour with patients, families & carers	Patient carer involvement strategy	New strategy developed with patients and carers from Oct 2015 approved by Trust Board in April 16. Work plan in development; 2 workshops have been held with patients, carers and staff to prioritise actions and identify leads. Further work needed to finalise plan. Proposed costings to deliver work plan presented to Executive Team in June 2016.
2. To improve the quality of care by transforming services	Oxfordshire Community Pathway : Bed Based services (Older People)	HOSC paper agreed. Proposed temporary closure of Wantage until public consultation complete in September and wider strategic direction for urgent and maternity care is agreed. The plan is to close to new admissions from 1st July and close beds by end July. A number of staff have resigned introducing the risk of not opening beds at Abingdon. Outcome of staff consultation and individual redeployments being communicated to affected staff by 4th July. Full costings for the new staffing model have been agreed and will be implemented as staff move from Wantage. There will be ongoing communication with all external stakeholders. Our main partners, OCC and OUH, have been informed and are supporting the group as required. The local community has been advised, including care homes, police, fire Brigade etc. With have also contacted Oxford Brooks in regard to work experience students . We plan to have regular communication to staff via emails, intranet and a ward communication board.
	OMHP: Delivery of the OBC Contract (Adults)	1. Contract meetings have now moved to quarterly reviews with first planned for Jul 16. Each organisation is now meeting monthly as an SMT to monitor key deliverables. 2. Work is underway to collate the OBC data through the support of the IT dept (OHFT) to report accurately the overall position of the Partnership. 3. A workstream has been set up to work with OCCG regarding data submissions and provide an action plan as to how any targets underperforming or requiring a baseline to be agreed will be achieved.
	CAMHS Transformation	<b>(Swindon, Wiltshire, Bath &amp; NE Somerset):</b> Performance / project lead appointed (Tim McIlhinney). First year of transformation plans agreed. Work package agreed for new Eating Disorder service across 3 regions and on track. <b>(Buckinghamshire):</b> Performance / project lead appointed (Teresa Smith). First year of transformation plans agreed. Agreement on format for new website, first version live 05/16 at <a href="http://www.oxfordhealth.nhs.uk/fresh/">www.oxfordhealth.nhs.uk/fresh/</a> with focus now on developing further content. <b>(Oxfordshire):</b> Performance / project lead appointed (Tracey Makepeace). First year of transformation plans agreed. Work package agreed for new School InReach service, with good initial engagement with school health nursing through scoping workshop 05/16.
	Buckinghamshire Partnership Development (Adults)	The project team have been working alongside a number of service users and carers to design the college; this has included where the college should be held and the content of the courses being offered. At the end of quarter 4, a Recovery College Manager has been appointed who will be commencing in post in May 2016. The project team have attended the ImRoc conference and visited a number of other areas to understand how colleges are working and gain experience that is necessary for them to ensure courses are delivered / developed in evidenced based way. The College will be working with Mind to deliver the courses including hosting a number in their venues across Buckinghamshire.
	Forensic Services: Links to the Oxfordshire Recovery College (Adults)	The work for engaging forensic patients in the Recovery College has been delayed however, patients with unescorted leave have been encouraged to attend. This work will be led by the Clinical Psychologist and Head of OT.
2. To improve the quality of care by transforming services	Oxfordshire Integrated Locality Teams (Older People)	<b>Embed the delivery of Integrated Community/Locality Teams:</b> The four ILT objectives are now in place. A plan has been agreed around communications of the project visions and actions. Teams are further embedding the process of processing referrals. ILT and MDT meetings have been set up (TOR, agendas, attendance agreed etc). An audit tool has been developed to look at how well embedding the new model is going, and this will be done in Sept-16. Training has been organised for business change/ops managers around the expectations of how to manage change process. The teams are currently monitoring the 2 hour response time by looking at which GP practices are asking for two hour response & whether this is appropriate. The project is now moving into business as usual & it is expected that the project stage will end in Sept/Oct after the audit is carried out. <b>MDT reviews - Development of a single (Crisis) Care Plan:</b> A sub group is completing a review of current documentation relating to 'proactive care plans, update and discharge summary and will finalise standardised versions to be implemented across the ILTs by end July in preparation for implementation of MDT meetings with GP clusters. ILT Ops managers will make contact with all GP clusters by the end of September to agree MDT documentation and processes. A process to share proactive care plan with Out of Hours Urgent Care has been confirmed and a SOP is being developed ready for the implementation of the standardised documentation at the end of July. Standardised ILT MDT discussion tracker/record has been developed and will be implemented on 1 July by all ILTs as a means to communicate patients' care plan updates to individual GP practices. <b>Work in partnership with city federation and OCC:</b> Admin roles - the OHFT admin role is in place but OCC have delayed this work as they are going through a restructure. The plan is to have a shared admin function so staff understand each other's role. The duty desk is now up and running and has had positive feedback. There are named nurses and therapists in place for each of the GP teams and internal MDTs are in progress.
	Oxfordshire Urgent Ambulatory Pathway	1. This proposal is moving forward as part of whole system change including the federations & involves both a new service bid with partners & some developing opportunities. The proposal needs to capture these opportunities. 2. Proposal has been updated by MB (SCAS HR Director) & reviewed at the System Workforce meeting, A sub group has been formed to move the project forward. 3. Equipment to support live link between a care home and SCAS has been installed & tested. When system has been live tested Oohs service will review further opportunities & roll out. 4. RACU project team continues to work with subject matter experts, partners from Royal Berkshire NHS Foundation Trust and local stakeholders to develop the innovative and integrated systems & processes to support the delivery of an ambulatory service by an integrated, multidisciplinary team with access to intermediate care beds for Henley-On-Thames and the surrounding areas. The service is expected to commence in October 2016. The KPIs for the service have been agreed with Oxfordshire Clinical Commissioning Group & Townlands Stakeholder Reference Group. The services success will be measured in the Quality Account in relation to two performance indicators which review how the service is enabling patients to receive care and treatment closer to home & the patients' experience.
3. To support teams to improve the safety and quality of care they provide	Implementation of post CQC inspection improvements	CQC Revisit took place between 14-16th June 2016. Improvements have been made in line with IC:5 framework. The core services re-inspected were the seven adult acute mental health wards/ PICU, our rehabilitation ward at Whiteleaf and our five adult mental health teams. Following the re-inspection staff in 'gold command' identified 14 immediate follow up actions. Internal progress with the plans is monitored through an action plan review group. The peer review programme is also continuing to review the outcomes of the actions. In psychological therapies, inspectors saw clear evidence of short and long term plans in place to address waiting times.
	Trust wide Quality Improvement Plans	In April the Improvement and Innovation Team ran an annual improvement event and launched the improvement guide. Improvement and innovation team have transferred to Nursing Directorate. Ros Alstead and Mark Hancock continue to lead the development of OHFTs trust wide approach to quality improvement.

# Seven Priorities- Progress Updates (Priorities 4-5)

Priority	Project Title	Progress Update
4. To support leaders to maintain a positive culture for teams	Flexible Workforce Management	The implementation of the Workforce Management System alongside the weekly, monthly and adhoc reporting that is produced alongside the implementation of the centralised bank is starting to deliver benefits and enable the Trust to focus on key areas for improvement. It is estimated conservatively that the project including agency price cap reductions has released £1.6m per annum to date which has more than paid for the costs of the project and increase in Flexible Worker pay. The project Board has agreed to recommence the rollout of the system with units moving onto the centralised bank as part of this commencing in September.
	Right people, right skills, attitudes and behaviours to reflect trust values	The behaviours are being used in the recruitment process and more recently in the developing PDR system and policy. • Further work on our Behavioural Framework has been undertaken with a number of focus groups taking place throughout June and July 2016. The output of these sessions is due in September 2016.
	New Leadership and Management Development pathways	Apprentices' development pathways pilot concludes in August, the next cohort starts in September. Apprentice intake across the Trust will be Sept, Jan and April. Bands 1-4 is now on third cohort. Next one to start in Sept. Long term sickness of project lead has impacted on the launch of the band 5 pathways. However, skills development sessions are still available for staff during the pathways development period. L&D have reorganised the work plans of the team leads to ensure that the project progresses. The project team are now working with NHS Elect to establish support to the programmes development and delivery. The higher level pathways will be presented to Ops SMT for signoff at the earliest opportunity prior to Executive signoff.
	Staff Engagement	A toolkit has been made available to support teams to take action relating to their survey results. This was an integral part of the recent Linking Leaders & Senior Leaders sessions. Teams and Directorates will be asked to feedback during September and October using the familiar format 'you said, we did'.
	Equality and Diversity	LGBT history month was not marked due to delay in setting up of the LGBT Network. Plans in preparation to mark LGBT Month next year. Plans were in place to organise Stonewall to deliver LGBT Workshops. Unfortunately, our Accounts Manager left Stonewall with no handover so we were not able to progress with this. New milestone dates are being established. Consideration will be given to advertising for Senior positions through Stonewall media. Stonewall (media advertising) details are now with HR. All Race Equality Audit Action Points from the audit have now been assigned. WRES Action Plan has been prepared in line with the identified priorities. The Action Plan will be published on the internet subject to approval by the Executive Team. The BME Staff Network and LGBT Staff Inclusion Network had their meetings in Aylesbury allowing staff from the Bucks area to attend and take part. Unconscious Bias Training had its first run with 10 people in attendance. Improvements will be made to the training in line with the feedback. HR have recommended offering this training to managers rather than an 'open to all' training & will run on one date per quarter.
5. To ensure Oxford Health NHS FT is high performing and financially viable	Cost Improvement Programme	<p><b>Adults Directorate</b> In Q1 delivered £171k Vs Plan of £226k, this is a variance of -25%. The Adult Directorate are projecting to deliver £1.23m Vs their indicative target of £1.76m, this is a variance of -30%.Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Slippage in the Haleacre move. Psychological Services Integration has not yet delivered savings but plans are being developed. Further opportunities are currently being explored and the Service Director has been asked to ensure that plans are developed and budget is removed amounting to the Directorate's target by end of July.</p>
		<p><b>Children &amp; Young People Directorate</b> In Q1 delivered £254k Vs Plan of £316k, this is a variance of -20%. The C&amp;YP Directorate are projecting to deliver £913k Vs their indicative target of £1.27m, this is a variance of -28%.Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Marlborough House rent reduction (£200k) has been attributed to Estates as that is where the budget is held. Budget has been removed for projects but initiatives to reduce spend are yet to yield returns. Further opportunities are currently being explored and the Service Director has been asked to ensure that plans are developed and budget is removed amounting to the Directorate's target by end of July.</p>
		<p><b>Older People Directorate</b> In Q1 delivered £240k Vs Plan of £370k, this is a variance of -35%. The Older People Directorate are projecting to deliver £1.30m Vs their indicative target of £1.87m, this is a variance of -31%.Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Tissue Viability VAT savings are unlikely to materialise in FY17. HIV Service post is unlikely to deliver savings in FY17. Further opportunities are currently being explored and the Service Director has been asked to ensure that plans are developed and budget is removed amounting to the Directorate's target by end of July.</p>
		<p><b>Support Services</b> In Q1 delivered £338k Vs Plan of £311k, this is a variance of +8%. Support Services are projecting to deliver £1.04m Vs their indicative target of £1.6m, this is a variance of -35%.Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Boundary Brooke House move is delayed and may slip into FY18. Oxford Pharmacy Store (income generation) has not yet contributed towards FY17 CIP. Further opportunities are currently being explored and the Support Services Directors have been asked to ensure that plans are developed and budget is removed amounting to the target by end of July.</p>
	Roll out Service Line Reporting (SLR)	Training completed in 2 directorates / awaiting reply from OA. SLR reports available to all services

# Seven Priorities- Progress Updates (Priorities 6-7)

Priority	Project Title	Progress Update
6. To lead research and adopt evidence that improves the quality of care	NIHR Biomedical Research Centre	Full BRC application and video have been submitted to NIHR. Preparations continue for interview to be held in July
	CLAHRC	<p>Patient experience based co-design in early intervention in psychosis services (EBCD in EIP): Healthtalk module is progressing well: Fauzia Knight (post doc) is now in post and will be undertaking the work to produce the module.</p> <p>Preventing falls and fragility fractures: Slippage in the project is due to a key staff member leaving to take up a studentship. This has been discussed with the Theme Lead and the project and associated funding re-phased. New appointment is underway</p> <p>Optimising Treatment for Mild Systolic hypertension in the Elderly (OPTIMISE): Additional funding has been secured from the NIHR School for Primary Care Research to perform concurrent qualitative and economic evaluations which has resulted in a change to the milestone dates. The project lead is aware that CLAHRC funding ends on 31/10/2018. The project is on target to meet the revised milestones.</p> <p>Blood pressure self-monitoring for the management of women during pregnancy with chronic hypertension: a feasibility study (OPTIMUM-BP) PHASE 2 : Project ahead of schedule. Recruitment began in January 2016</p>
	Clinical Research Facility	Full CRF application to renew and expand facilities further to OUH has been submitted, including video. No requirement for an interview
	Case Records Interactive Search	<p>Consent for contact process roll out currently being revised within IT department as part of ongoing CareNote revisions.</p> <p>Integration of CRIS with CareNote - Expected to be when UK CRIS becomes available</p> <p>Federation with UK CRIS - UK expected to be available in Sept 2016, but discussions regarding federation will be ongoing nationally over the coming months as the system evolves</p>
	Health Research Authority Integration	<p>Delays nationally regarding implementation of HRA processes, but OHFT is working to minimise disruption.</p> <p>Processes are being revised within R&amp;D to support all studies coming through in the various directorates to involve the right people.</p> <p>The national HRA process does not lend itself to be able to capture accurate data for existing metrics, so R&amp;D are capturing data in the same manner and will adapt to new national metrics when available.</p>
	Integration into OUH/OU Joint Research Office	Work is continuing trying to establish methods of working across organisations. Milestones have been revised due to delays with national HRA processes and results form CRF and BRC applications will not be available until Sept 2016 which will impact on this going forward
7. To embed and enhance the electronic health record	Electronic Health Record	<p>During Q1 the focus has been on issue resolution rather than delivering the outstanding functionality. The supplier (AHC) has struggled to deliver "clean" upgrades or maintenance releases. In addition to this there have been major system performance issues for two weeks in June as a result of the supplier not appropriately scaling its infrastructure capacity.</p> <p>The Trust has met with senior management from the supplier. It was agreed that although the contract allows for a formal Remedial Plan (clause 58) to be produced this route would not be pursued at this stage. Instead the supplier will work with the Trust to produce a detailed plan and schedule for the resolution of all of the outstanding problems. This resolution plan will be completed and agreed in time for a follow-up meeting before the end of July 2016.</p>
	Develop Information Governance skills in workforce	The Trust continues to have difficulties achieving the necessary 95% of staff having up to date IG training. In keeping with the 'Project Description' column efforts are being devoted to deliver the necessary training in a more creative manner.

# Milestone Map (Priorities 1-3)

Priority	Project Title	FY17				FY18			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. To make care a joint endeavour with patients, families and carers	Patient carer involvement strategy	◆ Approve patient and carer involvement and experience strategy	◆ Develop project plans to implement strategy with milestones		◆ Tender for revised patient feedback contract				
	Deliver improved patient involvement and experience in line with Trust strategy (CYP)				◆ Ensure all services have in place patient experience feedback model – strategy and live survey				
	Service user and carer framework development (Adults)		◆ Identify current service user and carer involvement activities			◆ Improve reporting to Directorate Quality Committee			
				◆ To produce an engagement plan/framework to identify areas for inclusion of service users/carers	◆ Develop a specific action plan around patient experience and involvement				
					◆ Evaluation/review of involvement				
2. To improve the quality of care by transforming services	Oxfordshire Community Pathway : Bed Based services (Older People)	◆ Commence staff consultation for Wantage	◆ Reopen Witney Wearic ward	◆ Outcome of public consultation and decision by transformation board					
			◆ Re-deploy staff and transfer patients		◆ Implement new staffing model				
	OMHP: Delivery of the OBC Contract (Adults)		◆ Review of the OMHP contract meetings and contract monitoring (delayed from Jun-16)	◆ Identify improvements in the delivery of the contract (performance) and ensure effective communication					
				◆ To work with commissioners to address any concerns/issues					
	CAMHS Transformation	◆ Agree year one project priorities with key priorities				◆ Deliver new eating disorder service (Wiltshire, BaNES)			
						◆ Deliver school in-reach services for Oxfordshire			
						◆ Deliver new young-person friendly website (Bucks)			
	Buckinghamshire Partnership Development (Adults)			◆ Review the progress against the implementation of the Recovery College in Buckinghamshire					
					◆ Identify partnership agencies to work with in Buckinghamshire and agree areas of work to be included				
					◆ Explore development of new partnership agreement in Bucks				
Forensic Services: Links to the Oxfordshire Recovery College (Adults)	◆ Identify suitable courses/locations for patients to engage in the Recovery College	◆ Agree the enrolment process			◆ Review the level of engagement in the Recovery College and gain feedback on experience				
Oxfordshire Integrated Locality Teams (Older People)		◆ Embed integrated Hub and review culture change							
			◆ Review and improve management of ILT contribution to unscheduled care as part of review of urgent care across comm.						
		◆ Work in partnership with city federation and OCC to deliver services in the city locality							
Oxfordshire Urgent Ambulatory Pathway		◆ Propose Unscheduled Model of Care for Oxon ( blueprint based on Transforming Urgent and Emergency Care services)							
		◆ Innovation partnerships- rotational role between SCAS & OH							
		◆ Identify and establish telecare support from SCAS to Care Homes to improve decision making and better inform OOH GP service.							
			◆ RACU- depending on outcome of contract negotiations						
3. To support teams to improve the safety and quality of care they provide	Implementation of post CQC inspection improvements			◆ CYP CQC Improvement Plans					
				◆ Older Peoples CQC Improvement Plans	◆ CYP CQC Improvement Plans				
	Trust wide Quality Improvement Plans	TBC			◆ Develop and start implementing plan to move from good to outstanding rating				

# Milestone Map (Priorities 4-7)

Priority	Project Title	FY17				FY18			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4. To support leaders to maintain a positive culture for teams	Flexible Workforce Management	◆ Review of inpatient units Adults community pilot and centralised bank performance	◆ Prepare for wave 3 roll-out	◆ Consultation regarding WTR breaks	◆ New Agency Framework developed for all staffing groups				
	Right people, right skills, attitudes and behaviours to reflect trust values	◆ Further reduction in price caps live	◆ Monitor	◆ Decision regarding future Project Plans	◆ Develop the 'Working for Us Website' as an attraction tool	◆ Introduce number and type of apprenticeships available across the Trust			
	New Leadership and Management Development pathways	◆ Phase 1: Define Trust Learning Requirements			◆ Phase 2: Align Learning Requirements	◆ Developed Learning Content			
	Staff Engagement	◆ Under development				◆ Deployed Learning Curriculum			
	Equality and Diversity		◆ To run LGBT equality sessions for staff		◆ Work with HR to advertise vacancies through Stonewall media				
5. To ensure Oxford Health NHS FT is high performing and financially viable	Cost Improvement Programme	◆ Day Hospital configuration	◆ Skill mix reviews	◆ Car parking	◆ Haleacre move	◆ Wantage- implement agreed changes			
	Roll out Service Line Reporting (SLR)	◆ Pilot across services			◆ Wantage consultation response	◆ Boundary Brook House move			
	Performance Management	TBC							
6. To lead research and adopt evidence that improves the quality of care	NIHR Biomedical Research Centre	◆ Short listing by NIHR	◆ NIHR interviews	◆ Decision process made public		◆ Contract process initiated	◆ Funding commences		
	CLAHRC	◆ Patient experience based co-design in early intervention in psychosis services (EBCD in EIP)						◆ Preventing falls and fragility fractures	
		◆ Implementing evidence from patient experience and reported outcomes (Patient experience and outcomes)							
		◆ Implementing a new evidence-based depression management programme for patients with cancer (Depression management implementation)							
		◆ Optimising Treatment for Mild Systolic hypertension in the Elderly (OPTIMISE)							
	Clinical Research Facility	◆ Short listing by NIHR	◆ NIHR interviews	◆ Decision process made public		◆ Contract process initiated	◆ Funding commences		
		◆ Commence Consent for Contact Process Roll Out			◆ Integration of CRIS with CareNote				
	Case Records Interactive Search					◆ Federation with UK CRIS (delayed from Sep-16)			
Health Research Authority Integration		◆ Develop R&D internal processes to capture data in line with HRA			◆ Support Directorates to undertake capacity and capability reviews of studies				
Integration into OUH/UO Joint Research Office					◆ Develop new metrics for assessing initiating and recruitment into studies				
7. To embed and enhance the electronic health record	Electronic Health Record	◆ Refine and enhance existing functionality (delayed from Mar-16)	◆ Merge instances	◆ Deliver new features (ongoing)	◆ Integration of the EHR internally and externally (ongoing)	◆ Deploy mobile working elements complete			
	Information Governance skills in workforce					◆ 95% of workforce attended mandatory training (L&D responsible for tracking / advising compliance)			