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BOD 66/2011
(Agenda item:12)

**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

27 April 2011

Annual Plan Quarter 4 report

Background

For: Information

The Board receives a quarterly report on the progress the Trust is making in achieving its objectives as set out in the Trust's Annual Plan. This report states the Q4 210/11 position and consists of three sections:

- Summary report (including variance against KPIs)
- Risk report
- Q4 position against the 2010/11 objective milestones

Report

The table overleaf summarises the Q4 position.

Trust Objectives RAG Status

Key

(1) Overall RAG (4) PI Status (5) Overall Risk

Accountability		(1) (4) (5)
10.I.1. To improve the quality, effectiveness, comprehensiveness and safety of our services working in partnership with service users and carers		
Current Concerns:	Capital schemes and forensic strategic development; Clinical Quality priorities slippage, reconfiguration of community teams	
KPI variance	CPA review in last 12 months, Waits from 1st referral (unable to report due to issues with RiO deployment)	
Accountability		(1) (4) (5)
10.I.2 To ensure that everyone in contact with, or delivering our services behaves with dignity and respect towards one another		
Reasons for Variance	Single sex breach	
Accountability		(1) (4) (5)
10.I.3 To use innovative areas of communication and engagement to support the promotion of positive health and wellbeing		
Current Concerns:	Growth of membership	
KPI variance	membership growth	
Accountability		(1) (4) (5)
10.II.1 To use the funding we receive effectively to bring about excellence of care and patient satisfaction		
Current Concerns:	Support to care clustering work to inform introduction of PbR, continuing impact of economic climate; national pay awards; workforce and estates planning and linkage to other emerging strategies,	
Accountability		(1) (4) (5)
10.II.2 To work in partnership with other organisations to share learning and innovation		
KPI variance	Delayed transfers of care	
Accountability		(1) (4) (5)
10.III.1 To give our staff the opportunities to deliver services which are caring, safe and excellent through the way we manage and support, and develop and value them		
Current Concerns:	Organisation design and development strategy	
KPI variance	Appraisals in last 12 months	
Accountability		(1) (4) (5)
10.III.2 To achieve high levels of staff satisfaction through communications and engagement across all areas		
Current Concerns:	Sickness levels; staff satisfaction results	
KPI variance	Sickness levels, use of bank and agency staff	

Key performance indicators can give the Board assurance on how the Trust is progressing against the milestones and in improving the Trust's overall performance. KPIs contained in the Trust's performance framework have been aligned to the Trust's objectives. KPIs showing a negative variance against target are indicated in the summary table above. Detail of action to be taken is contained in the Board's Quality Report.

Risk report

Risks to the Trust achieving its objectives are contained within the Assurance Framework. The QUICs monitor the risks and agree the action needed to mitigate the risk. The Integrated Governance Committee receives reports against the action plans on an exception basis. The Audit Committee considers the assurance received on the effectiveness of individual controls and the overall effectiveness of the system of internal control.

Overall the risk to not achieving the objectives is low. However, as the risk report attached at appendix A shows, there are 4 objectives which have extreme, high or medium risks associated with them. The objectives deemed to be currently at risk are:

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- To improve the quality, effectiveness, comprehensiveness and safety of our services working in partnership with service users and carers – The risks relate to business continuity, Care Programme Approach and suicide prevention.
- To ensure that everyone in contact with, or delivering our services, behaves with dignity and respect towards one another - The risks relate to improving the Trust's estate to promote dignity and respect of individuals, and to protecting people's human rights
- To use the funding we receive effectively to bring about excellence of care and patient satisfaction – The risks reflect the economic climate and the need for the Trust to ensure that systems support the Trust in managing its finances (clinical and performance data, cash flow, payroll) The risks relating to the national focus on competition and the introduction of PbR are rated as extreme given the need for new capabilities as well as new systems and processes to support the changing business environment.
- To give our staff the opportunities to deliver services which are caring, safe and excellent through the way we manage and support, and develop and value them – The risk to this objective relates to management capacity and the organisational development needs to support the acquisition of CHO and proposed changes to the way in which the Trust proposes to work in the future.

Quarter 4 progress against objective milestone

Appendix B shows the Q4 position against the objectives and milestones as agreed as part of the Annual Plan in May 2010. Each milestones is given a RAG status (column headed RAG) indicator showing the level of confidence that the milestone will be achieved to plan or effectively managed.

There are no milestones rated as RED this month. In the previous quarter the clinical priority relating to inpatient suicides was RED rated due to the incidence of 1 suicide and the delay in initiating the Leading Improvements in Patients Safety (LIPS) programme. The LIPS programme is now being supported through the Productive Ward Programme and this milestone has been re-rated as AMBER.

There are 18 milestones rated as AMBER (as against 22 in previous quarter). In the main this continues to relate to the management of external pressures and the impact of the economic climate especially with regard to capital investment, the level of organisational change required and the impact on staff satisfaction (as show by the disappointing staff survey results). Growing a representative membership remains an issue for the Trust although improvements in growth have been achieved and activity will continue in light of the new membership following the integration of Community Health Oxfordshire. Work through the Transformation Team in preparation for the introduction of PbR is ongoing but there remain concerns with capacity and ICT support for the work.

The reasons for variance, and any action being taken, is set out in Appendix B

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Recommendation

The Board of Directors is asked to note the Q4 position and to confirm that there is nothing in the report which should not be put in the public domain.

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Lead Executive Director: Julie Waldron, Chief Executive

- 1. A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*








ASSURANCE FRAMEWORK

Risk Name	Residual Risk	Risk Owner
10.I.1. To improve the quality, effectiveness, comprehensiveness and safety of our services working in partnership with service users and carers		
09.FT GOV21 Lack of effective business continuity planning	M	Chief Operating Officer
09.FT OPS01 Effective implementation of CPA	M	Chief Operating Officer
09.FT OPS12 Prevention of suicides	M	Director of Nursing & Clinical Standards
10.I.2 To ensure that everyone in contact with, or delivering our services behaves with dignity and respect towards one another		
09.FT FIN01 The indicative 5-year capital investment programme is not affordable due to identified capital receipts not being realised, I&E performance not delivered, loan finance not in place and schemes being delivered to budget	H	Acting Director of Finance
09.FT GOV27 Individual's right to life, prohibition of torture, liberty and security, and a fair trial are not protected	M	Director of Nursing & Clinical Standards
10.II.1 To use the funding we receive effectively to bring about excellence of care and patient satisfaction		
09.FT BR01 Poor clinical data quality and completeness	M	Chief Operating Officer
09.FT FIN03 Non-delivery of Cost Improvement Plans could cause the Trust to fail in the delivery of its financial plan which could lead to additional scrutiny and intervention by Monitor and a shortfall in cash for the Trust's Capital Programme	H	Acting Director of Finance
09.FT FIN04 Stated government intent in the Health and Social Care Bill 2011 to increase competition in the provision of healthcare services could lead to loss of existing core business and therefore a loss of contribution to overhead and fixed costs and loss of margin; new business opportunities not realised (won) that compliment our core business and add contribution; erosion of competitive edge preventing the Trust substituting additional contribution and margin for CIPs; working without a national tariff and under block contract arrangements the Trust is forced to compete on price in addition to quality and to ensure core business is retained has to reduce price and therefore contribution/margin.	E	Director of Strategy and Commercial Development
09.FT FIN06 The Trust is not able to manage its cash flow to fulfil its operating cash requirements for both capital and revenue spend through the non-delivery of capital receipts, capex over-runs, timing of loan draw-down, income receipts from commissioners etc.	M	Acting Director of Finance
09.FT FIN07 The payment of salaries, allowances, variable pay, and expenses, and deductions is not properly managed leading to salary or expenses under/over payments and resulting in pecuniary loss and/or staff dissatisfaction.	M	Director of Human Resources
09.FT ICT03 Performance and activity data not integrated, accurate or timely	M	Director of Strategy and Commercial Development
11.FT FIN 10 Services are acquired and integrated where the contract value does not meet the full cost of delivering the required services	H	Director of Strategy and


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(after tariff and commissioner efficiency savings) resulting in cost pressures being incurred by the Trust which threaten the delivery of the financial plan.		Commercial Development
11.FT FIN 11 The Trust does not achieve the required performance targets in year to gain the Contract CQUIN and Penalty Schemes income or attracts s penalty payment.	H	Chief Operating Officer
11.FT FIN12 The Trust is not prepared adequately for the implementation of PbR in mental health and community services not having undertaken the necessary work on patient/activity classification and costing meaning that the Trust does not have the activity recording systems in place to allow the full recovery of income; does not understand its cost base in relation to tariff and therefore does not know profit/loss by service line.	E	Acting Director of Finance
10.III.1 To give our staff the opportunities to deliver services which are caring, safe and excellent through the way we manage and support, and develop and value them		
09.FT HR01 Lack of management capacity and organisational development	M	Director of Human Resources






Board Quarterly Progress report against Annual Plan 2010/11

Accountability Title	Accountability Owner	Key Achievements Since Last Report	Current Concerns	Reasons for variance and Actions Taken	(1)
10.I.1. To improve the quality, effectiveness, comprehensiveness and safety of our services working in partnership with service users and carers					
1.11. Overall key priorities 01- Demonstrate year on year improvements in the clinical quality of the services delivered (x-reference to clinical quality milestones for details) - Delivery against FY11 Quality Account; Achieve FY11 CQUIN targets - £1.2m funding	Director of Nursing & Clinical Standards	On target to deliver against clinical audit plan, Quality Account and requirements of the CQUINs.			
1.11. Overall key priorities 02 - Delivery of service development plans achieving improved access and value for money (milestones indicate completion; x-ref to service development and Operational/financial effectiveness Milestones for further detail)	Chief Operating Officer	Service models tested and presented at OBMH Board seminar. Programme of Lean Transformation agreed to support the development of core efficient and effective care pathways. Plans developed for the provision of services with a reduced budget envelope.			
1.11. Overall key priorities 03 - Improve the quality and functionality of the Trust's estate (2010-2018) (x-ref service development and capital programme Milestones for detail)	Director of Strategy and Commercial Development	5 year Capital Plan approved at January Board of Directors meeting.	Income from Park Land sale in delay.	Executive action being taken to resolve.	
1.11. Overall key priorities 04 - Implementation of RiO (18 month project completion mid FY12) - Pre deployment workshops March – May 2010 - Local preparation June August 1020 - Product deployment Sept – Nov 2010 - Phased 'Go live' November 2010"	Director of Strategy and Commercial Development	The current status remains 'Green'. Go-live occurred in A/OA services on 24 January as planned. CAMHS & Specialist (as was) services will go-live on 21 and 26 April. A project status report has been prepared for the April Board of Directors meeting.	All concerns are being managed as risks and issues by the Project Board.		
1.11. Overall key priorities 05 - Delivery of the 2-3 year Transformation Programme (LEAN) across the Trust (linked to priority below re care clustering) Phase 1: Establishing strategic direction and organisation for change - Agree organisational structure for change - Senior Manager support and communication of the transformation programme - Establish organisation and governance of the transformation programme August 2010	Chief Operating Officer	An additional Productive Series facilitator joined the team. Productive ward and community work streams are gathering in momentum with more wards starting the programme than had been planned. All other work streams are on target.	Due to a number of gaps at ward manager level across mental health services and regular changes to leadership of wards over a number of months, there is concern that pace of progress has been effected and that sustainable changes have not been made.	Chief Operating Officer has requested Divisional plans to rectify this	
11. Clinical Quality 01 - Reduce towards zero the number of inpatient deaths from suicide - In-patient deaths from suicide reduced towards zero by 2012	Director of Nursing & Clinical Standards	The Modern Matrons have reviewed the Getting the Basics Right audit tool alongside the NPSA suicide prevention toolkit. New audit tool has been agreed and in use from March 2011. First summary report is due in April. The following productive ward modules agreed to be used to support work on LIPS aims: 'Well organised ward', 'Safe and supportive observations', 'Patient Status at a glance', 'Staff handover module', 'therapeutic Interventions'. Presentations have taken place to raise awareness about LIPS in the directorates. Awareness of LIPS also being raised by articles in Observer and Learning from Incidents Newsletter. Paper on new programme of Executive Safety Walkabouts being presented to board in April 2011.	1 in patient suicide occurred in year (patient awol at time), so a reduction this year was not achieved.		
11. Clinical Quality 02 - Reduce towards zero the number of community deaths of patients in Trust services - Community deaths reduced towards zero by 2014	Director of Nursing & Clinical Standards	Discussion held with Productive Community and care clusters leads on ways of incorporating LIPs into their workstreams. Safety workshop with Bucks CMHT and Crisis managers planned for May 2011 to highlight lessons from RCA investigations and agree action plans. New lead for LIPS and programme of team visits to discuss LIPs from April 2011. LIPS programme part of the Transformation Board's oversight.	It appears that there will have been more community deaths this year than in the previous year (31 compared to 27). Some are still subject to RCA and coroners inquests		






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11. Clinical Quality 03 - Increase reporting of lower rated incident - Annual increase in reporting of low grade incidents to YE12 so that reporting is increased by 50%	Director of Nursing & Clinical Standards	The principle means for increasing reporting of incidents is to train teams and raise their awareness of what constitutes an incident and the value of reporting. Training has been taking place through the year. The overall figures for reported incidents in the last three financial years are 07/08 = 4176, 08/09 = 3708 and 09/10 = 4087. To date in 10/11, 4482 incidents have been reported. If this were the final figure, this would be an increase of 10% over last year's figure. A project to implement a new Safeguard incident reporting system across the new organisation is to take place in 2011/12, with a new post to support the work of training staff and roll out.	There appears to have been a higher rate of incident reporting in the first half of the financial year, compared to the second.		
11. Clinical Quality 05 - Increase the number of patients who have a paired outcome measure recorded in their notes e.g. HONOS, BDI.	Director of Nursing & Clinical Standards	The directorates continue to work to embed HoNOS in adult, older adult and Forensic services. In 2009/10 the focus was on implementing HoNOS (one score) and in 2010/11 this has developed to ensuring each service user has more than one HoNOS score (paired score). The work is supported by the CQUIN goal based on increasing the number of open records with a paired HoNOS score, baseline for quarter 1 was 26.1%. Performance as of the end of Dec 2010 is 36%.			
11. Clinical Quality 06 - Audit against agreed standards within NICE Quality Standards for dementia	Director of Nursing & Clinical Standards	Preparation audit completed between August-October 2010. Full audit looking at NICE guidance and CQUIN requirements completed in Dec 2010 with a sample of 10 cases per adult community team (70 cases). Data currently being analysed and reported to teams.			
11. Clinical Quality 07 - Audit against the quality standards outlined in 'You're Welcome'	Director of Nursing & Clinical Standards	Baseline assessment of T3 services completed for Oxfordshire and Buckinghamshire teams by a multidisciplinary team (via three meetings) and checked by Team Managers and the Clinical Governance Group for the directorate. Assessment shared with the PCT. Action plan has been finalised and is being implemented before repeat of self assessment in March 2011.			
11. Clinical Quality 08 - Survey of carers of patients with a specific diagnosis (Schizophrenia)	Director of Nursing & Clinical Standards	Project team established, including all four Carer Governors and representatives from each directorate. Project team have: developed/ piloted the survey, led the communication around the survey, led the workshop with services to review the results and will coordinate action planning. The survey was distributed between 25th Oct-7th Dec 2010, through a variety of methods including: community teams, carer groups, email to carers on "people bank", email to carers and general public identified as Foundation Trust members, available and publicised via OBMH internet and the Observer newsletter with links to complete the survey in hard copy or on-line. Response rate: 111 responses received (76 by post & 35 on-line). Workshop held on 17th December 2010 with representatives from services and the project team to discuss the results, to prioritise areas for improvement and to start action planning. Next steps: to finalise report, disseminate findings further to clinical areas and Trust Board, finalise action plan and then share with the PCT, feedback results and actions of what we plan "to do" to carers and feed results into the review of the Trusts Carers Strategy in 2011.			
11. Management of External Impacts 03 - Increase in the prevalence of mental health problems in the community due to the aging population, the recession and returning military personnel - Demand exceeds agreed activity	Chief Operating Officer	Mental Health care Clustering Tool training is rolling out across all teams in Buckinghamshire and is currently sitting at 35% completion (99 staff out of 283). Trained staff are then care clustering patients - no data available. A PCT funded veterans post has been agreed in Oxfordshire.	Data Warehouse problems are causing delay in data analysis around patient clustering		
11. Service development 02 - Consolidation of all Oxfordshire adult inpatient and re-provision of adolescent inpatient services on the Warneford Hospital site (2010-18) - SOC approved Q2 FY11 - FBC for adolescent inpatient unit approved Q2 FY11 - FBC for Warneford Hospital re-provision approved Q2 FY12 - Agreed with Monitor Q2 FY12 - New adolescent inpatient unit commissioned and services transferred Q3 FY12	Director of Strategy and Commercial Development	Presentation at FIC in November setting out links to overall strategy. Warneford scheme put on hold and more suitable and affordable timescale to be considered.	Need to ensure that small sums of capital are allocated for upkeep during revised planning period to maintain standards in patient areas.	Allocation in Capital Plan FY14 for upgrades	



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<p>11. Service Development 03 - Consolidation of Forensic Mental Health medium secure and WELS beds, and most of the low secure beds on Littlemore Mental Health site in Oxfordshire - SOC approved Q2 FY11</p>	<p>Director of Strategy and Commercial Development</p>	<p>Change of strategic direction now being considered with the retention of Marlborough House, Milton Keynes. Work being undertaken to assess demand for service and modelling before any advancement in building capacity. Focus in the interim remains to ensure that patient services are delivered in safe environment.</p>	<p>Needs clear robust Service Plan signed off by Divisional Director, Chief Operating Officer and Executive before any design work on capacity is procured.</p>	<p>New Divisional Director reviewing strategic direction for sustainable services</p>	
<p>11. Service development 04 - Reconfiguration of adult and older adult community teams to improve continuity of service, access and demonstrate value for money - Models for reconfigured community teams agreed Q1 FY11 - Reconfigured teams fully implemented in Q4 FY12 - Evaluation and review of new community service configuration Q2 FY13 - Rationalisation of community bases in Oxon - phased delivery over 3 years (tbc)</p>	<p>Chief Operating Officer</p>	<p>Division Senior Staff away day took place on the 18th January 2011 where an options appraisal was carried out and Buckinghamshire Adult and Older Adult Service Model was developed - to be presented to senior staff on May 4th when formal consultation will begin. Oxfordshire service model has been agreed and is being implemented. Use of the productive community to support the implementation and ensure the service is efficient and effective in its delivery. Community bases are being freed up and discussed in terms of needs of the community.</p>	<p>Further development of the larger teams needed within Oxfordshire . A Consultant and CMHT managers workshop has been set up to bring together thinking and to move forward with the larger team working model.</p>		
<p>11. Service Development 05 - Provision of integrated CAMHS care pathways across Tier 2-4 (see also acquisition below) - Development of a single crisis and assertive outreach model in Oxfordshire Q3 FY11 - Development of integrated LD service in Oxfordshire CAMHS (subject to tender process) Q4 FY11 - Establishment of Sexual Harm Services Q1 FY12</p>	<p>Chief Operating Officer</p>	<p>Single crisis and assertive outreach model is in place (November 2011). The contract for LD CAMHS Oxon was successful (in partnership with Ridgeway and CHO). The contract was awarded in November 2011. The implementation has been agreed with NHS Oxon to be fully operational at the end of Q4. The Harmful Sexual Behaviour Service Oxon is now operational. The Bucks component is on track for Q1 F12 but in negotiation with Buckinghamshire commissioners as to savings and funding issues - awaiting their decision as to whether they wish to continue to commission.</p>			
<p>11. Service development 06 - Consolidation of specialist inpatient Eating Disorders business, maximising opportunities to develop community services - Implementation of new community service for Oxfordshire Q3 FY11 - Development of community services for Swindon Q2 FY12</p>	<p>Chief Operating Officer</p>	<p>The Oxfordshire Community Service is in place. The Swindon community service has not yet been tendered. We have consulting to commissioners in Swindon with respect to model. Continue to provide inpatient services. Successful in tender to provide inpatient and community inpatient services in Wiltshire from May 2011.</p>			
<p>11. Service development 07 - Delivery of specialist addictions services in a range of community settings -Development of community services for Wiltshire Q1 FY13 - Community drug treatment centres in Oxon in place Q3 FY11 - Community alcohol detox service in Bucks Q4 FY11 - New service model for long term Addictions developed service users implemented Q3 FY12</p>	<p>Chief Operating Officer</p>	<p>Oxfordshire and Buckinghamshire are on track.</p>		<p>Wiltshire tender not pursued due to levels of risk about model proposed within financial envelope available. This means that will not be pursuing new service model for long term addictions.</p>	
<p>11. Service development 08 - Provision of holistic and patient centred care for forensic psychiatric patients from medium secure to community - Recruitment programme to support enhanced activity programme for inpatients implemented and completed Q2 Fy11 - Consultation on integrated team model Q1 FY11 - Integrated model implemented by Q4 FY11</p>	<p>Chief Operating Officer</p>	<p>Recruitment completed. Recent data is suggesting that we are completing the 25 hours of therapeutic activity per week across 80% of patients in line with commissioning requirements. Productive Ward initiatives are continuing. Restructuring of division is currently being planned with a consultation in Feb 2011 followed by implementation in Q1FY12.</p>			
<p>11. Service development 09 - Delivery of a range of accessible psychological service pathways from primary to specialist - Single base for Bucks IAPT Q1 FY11 - Organisational change programme Bucks IAPT (Q2 – Q4 FY11) - New model for Buckinghamshire IAPT Implemented Q1 FY12 - Psychological services part of integrated service delivery model with IAPT Q4 FY12 - Oxon and Bucks IAPTs part of integrated care pathways Q1 FY13</p>	<p>Chief Operating Officer</p>	<p>Bucks IAPT - all achieved. Currently examining options for organisational change to deliver new integrated models for Oxfordshire and Buckinghamshire IAPTs and Psychological therapies. Services will move to Mental Health Division in April 2011.</p>			
<p>11. Service development 10 - Provision of integrated CAMHS care pathways across Tier 2-4 - Implementation of new service model for CAMHS Tier 3 and 4 in Swindon, Wiltshire and B&NES Q1 FY12</p>	<p>Chief Operating Officer</p>	<p>The new model is operational. The Outreach Service has been developed and 24/7 with crisis CAMHS worker and consultant psychiatrist on call has been in place from 04 January 2011. LD service operational in January 11. FASS still being developed to be operational end Q1 Y12. New Tier 2 service for BaNES being tendered. PQQ has been submitted.</p>			










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<p>11. Service developments 01 - Consolidation of all inpatient services in Buckinghamshire on the Manor House site (2010-13) (Strategic outline case approved)</p> <ul style="list-style-type: none"> - Business case approved Q2 FY11 - Agreed with Monitor Q3 FY11 - New hospital commissioned and services transferred Q2 FY13 	<p>Director of Strategy and Commercial Development</p>	<p>Revised scheme design and functional scope agreed at Manor House Project Board with support from Capital Programme Board and Finance & Investment Committee in December. Uplifted budget. Revised business case in development for presentation to F&I Committee May/June.</p>	<p>Risk register for scheme sets out high level risks including costs, land values, access and traffic generation as part of planning application all highlighted and mitigation plans rehearsed.</p>	<p>Stage C Design Report now scheduled for May</p>	
<p>10.I.3 To use innovative areas of communication and engagement to support the promotion of positive health and wellbeing</p>					
<p>11. Clinical Quality 04 - Using patient experience surveys to directly influence service provision</p>	<p>Director of Nursing & Clinical Standards</p>	<p>Community Mental Health Service User Survey data collection continues. The action plan for in-patient services following the In-patient Patient Survey has been finalised. The next in-patient survey will sample data from January to June and will be benchmarked against other Trusts (Oxford Health has opted out of the planned survey as its data collection period was following directly on from the previous survey and did not allow time for any action plan to be implemented). Real time surveying of patients in CAMHS, Specialist Services and Adults and Older Adults continues with action plans on changes resulting from feedback being received from all Directorates. The Forensic Services continue to use the Patients Councils as the main route for patient feedback.</p>			
<p>11. Governance priorities 04 - Growth of representative membership (Membership strategy milestones)</p>	<p>Chief Executive</p>	<p>During Q4, 36 new Members joined which is an increase in growth compared the previous quarter. During the same period 5 existing Members left which is a decrease in the number of resignations compared to the previous Quarter. A range of Membership engagement/recruitment activities occurred, including: ward visits; community ward meetings; attending day hospital groups; distribution of the Members Update; advertising FT Membership in Oxfordshire Mind's publication; attending a health and wellbeing event in Marlborough; and attending a community health fair in Benson. Overall Position. Although each quarter the Trust did not reach the target of 60 new Members each month, the Trust still managed to reach the overall Membership target for 2010/11 through minimising the number of Members who resigned. This balanced out the lower than projected number of people who joined the Trust, resulting in the overall 'total' target for the Public and Patient Constituencies being met for the year.</p> <p>During Q1 2011/12, further recruitment activities coinciding with the updated Membership Strategy objectives will be undertaken to increase the Membership in mental and community health services. A report on progress will be presented to the Executive Team in June.</p>	<p>The Annual Plan requires a growth of 20 new Members per month (so 60 a quarter). Subtracting the number of Members leaving from the number joining, the Trust only achieved a growth of 31 during Q4. There are still a number of ongoing issues which have affected Membership growth each quarter, including: the difficulty encouraging people to become Members; the lack of support from Governors in recruiting new Members; many patients are too unwell to appreciate what Membership is and are reluctant to join; some members of the public are not interested in supporting the Trust because of the stigma attached to mental health and many people do not want to become Members, due to time and personal constraints.</p>	<p>The reason for the positive variance in growth in Q4 compared to that of Q3 was the result of various Membership recruitment activities which focussed on increasing the patient Membership and to promote Membership encourage more people to join from the Public Constituency. In particular, this growth was the result of the following activities:</p> <ul style="list-style-type: none"> • NED recruitment event, which resulted in a number of potential NED candidates becoming Members; • Promoting Membership at community ward meetings, day hospitals, carer support groups, and ward visits; • Promoting Membership at public and Trust organised events; and • Converting 'affiliate' Members to the Rest of England & Wales Constituency 	
<p>11. Other capital/estates investment 01 - Information Technology</p> <ul style="list-style-type: none"> - The implementation of an integrated data management solution (Data Warehouse) - A corporate video conferencing solution operational - Phased introduction of smartcard enabled 'thin client' devices to replace desktops 	<p>Director of Strategy and Commercial Development</p>	<p>These have all been completed as projects and are now operational. Any issues emerging are being dealt with as required.</p>			
<p>10.II.1 To use the funding we receive effectively to bring about excellence of care and patient satisfaction</p>					
<p>1.11. - Overall key priorities 06 - Implementation of Care Clusters and pathways in preparation for national tariff for mental health FY14 (linked to priority above re transformation)</p> <ul style="list-style-type: none"> - Automated clustering capability to be available in PCIS May 10 	<p>Chief Operating Officer</p>	<p>Training in care clusters is in place and being delivered. Pilot sites have now concluded and data is being looked at to inform the costing model. Targets set per quarter to achieve 100% achievement of all mental health patients being allocated to a care cluster by December 2011. Work has begun on basic care package design. Care Clustering Tool Training is being cascaded across all teams. Work Streams have been set up and meetings are taking place regarding care clusters</p>	<p>Insufficient clinical leadership at senior level within the Division. Capacity within the division to support the care clustering work is a concern. Data warehouse reporting priorities have not included production of robust reporting on care clustering progress to the divisions.</p>	<p>Professional leadership structure for division is to be agreed in Q1 FY 11/12. Data warehouse reporting priorities will include transformation work requirements in Q1.</p>	

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11. Workforce 10 Workforce strategy – to address significant reduction/change to workforce over next 3 years including shift from acute to community provision, introduction of more flexibility in service delivery eg changes to working hours, p lan for areas where there is an aging workforce - New workforce planning in place from August 2010 - HR teams linked to finance for HoNOS+ developments and aligning use of resources reporting from July 2010 - Workforce planning incorporated into quarterly HR reporting to the Board of Directors from October 2010-	Director of Human Resources and Organisational Development	New workforce strategy developed as part of business case for Monitor which addresses current CIPs and integration with CHO. Workforce plans to be developed with divisions/Directorates.	Workforce strategy needs to tie in with ICT and Estates strategies and this piece of work is still to be undertaken		
11. Governance priorities 06 -Scope and complexity of Estates strategy 1. Procure 21 agreed for Manor House and Highfield 2. Land sales delivered by FY13 3. GMC for Manor House agreed Q1 FY11	Director of Strategy and Commercial Development	Revised LTFM 5 year capital plan which sets financial parameters resulting in timescale for major redevelopments (Warneford and Littlemore) will be elongated. Indicative timescale for updated Estates Strategy following CHO transaction is June 2011.	Minor capital and revenue budgets need to be secured to maintain standards to manage implications of delayed strategic programme	Affordability of original LTFM with revised Capital Programme not in place based on low risk (e.g. no additional borrowing, reducing land sale targets) assumed.	
11. Management of External Impact 04 - Nationally negotiated pay agreements - Potentially unaffordable staff costs	Director of Human Resources and Organisational Development	Trade unions have rejected the national proposals to freeze increments.	Agenda for Change still includes annual increments therefore pay costs still rise above inflationary costs. This makes pay costs still a risk.	Away day planned in May with staff side to discuss how in light of this the unions can help develop response to need to deliver savings.	
11. Management of External Impacts 01 - Impact of the economic climate on funding in NHS, Social Care (Section 75) and 3rd sector	Acting Director of Finance	Impact on NHS funding indicated within PCT plans as being limited to national CRES requirements. Additional £0.5m of savings agreed with OPCT with respect to the CHO integration. Trust continues in attempts to influence County Council s75 settlements through the JMGs. Trust's revised long term financial plans have savings levels factored in and delivery is being advanced through the CHO Programme. Financial Plan FY12-Fy14 and Budget for FY12 (revenue and capital) approved by Board of Directors March 2011.	1) There has not been a formal strategic review of the Section 75 agreements in the context of the June budget, White Paper and announcement by Oxfordshire County Council of targets to reduce spend by c30%. 2) There is evidence of the impact of CC Commissioners' action already on the Trust and service delivery - restrictions on Direct Care budgets, increase in delayed transfers of care, pooled budget savings targets and plans to reduce funding to the third sector. 3) affordability/financing of capital investment if actual I&E surplus lower than planned	Operational issues picked up with our partners through the JMG. Strategic review of the Section 75 Agreements with partners and report to the Board of Directors taking account of the White Paper implications. Capital affordability: FY11 I&E surplus above plan for the year, FY12 onwards requires careful balancing of I&E and asset management to deliver capital programme, scope to mitigate through slipping capex is limited due to major schemes.	
11. Management of external impacts 02 - Change in Government - Changes to national policy impact directly on the Trust's activities eg R&D funding, cuts in nationally funded activity (training, Complex needs pilot), increase in VAT	Acting Director of Finance	Impacts were known through the Operating Framework are reflected in the LTFM and contribute to CIP requirements.	1) The risk of an increase in VAT with effect from 1st January 2011 has crystallised. CapEx - The increase will add £0.5m to the Manor House Scheme and is reflected in the risk register and Full Business Case. 2) The SHA has signalled a significant reduction in training places from FY12. 3) The White Paper has signalled a review of R&D funding arrangements. 4) The White Paper has confirmed a significant change in commissioning arrangements and the introduction of PbR in mental health. 5) The Trust has not received confirmation of national funding for its Complex Needs service beyond FY11 and is a significant risk for the Trust and particularly Oxfordshire commissioners. 6) The Trust must invest further in improving the quality of information and its analytical capacity/capability to respond to the changing market. 7) The Trust will require new strategic alliances/partners to respond to market opportunities. 8) There are no references to HIECs in the White Paper.	1) Reflect VAT changes in the LTFM and Capital Programme. 2) Reach agreement in the FY12 contract round, on the replacement of national funding for the Complex Need service. 3) Maintain vigilance around central budget announcements. 4) F&I Committee should take the strategic lead on defining the alliances/partnering arrangements required.	
11. Management of external impacts 05 - Introduction of PbR - Significant variation in numbers/clusters when benchmarked - PbR does not cover all elements of Trust activity and commissioners do not fund adequately	Acting Director of Finance	Announcement in the White Paper in relation to the introduction of national currencies (FY13) and the development of pathways for long-term conditions. Project planning has commenced as part of the Transformation Programme. MH local currencies (based on clusters) to be developed for use in FY13 but national tariff will not be in place before FY14. Patient Level Costing business case has been approved for system implementation during FY12. Pilot work on sample patient level costs complete and pilot being extended.	Commissioners may make commissioning decisions on incomplete information as the use of the new currencies is bedded down.	Development of clustering and implementation of PLC.	
11. Management of External impacts 07 - Market testing - Loss of business and contribution to overheads (currently no expectation but within scope of commissioner to undertake at any time)	Acting Director of Finance	New strategic ED post agreed with some focus on market relationship. 3 year contract agreed on forensic services. Commitment on CHO contract not to market test for the life of the contract.	Incident in forensic services and non-compliance on secure services standards. Functional suitability of forensic estate	Clarity on commissioning intentions sought - advance plan of competitive procurement plans of PCTs. GP engagement plan to be developed	
11. Management of External Impacts 08 - Inflation - Inflation exceeds assumption built into plans (assumes if inflation below 4%, real term reduction in contract value)	Acting Director of Finance	No evidence for FY11. Pay awards agreed for FY11 and announcement of a pay freeze on salaries above £20k for the next 2 years.	Incremental drift is continuing for a period long than expected.	Assessment of incremental drift to be undertaken.	
11. Management of External Impact 09 - Commissioning intentions - Unable to agree forensic contract with South Central SCG	Acting Director of Finance	Contract agreed and signed.	In-year incident and medium secure designation visits have an adverse impact on activity levels commissioned for FY12. SCG proposal for FY12 is to move from block contract to cost & volume.	Evaluate proposal and associated risks and negotiate favourable contract.	

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<p>11. Other capital/estates expenditure 02 - Backlog maintenance - Revenue budget set up to deal with issues which would have previously been borne by capital. Usage is subject to approval at Capital Control Group and is aimed at works that do not extend the life of the asset.</p>	<p>Director of Strategy and Commercial Development</p>	<p>Programme of works in development for FY12. Will be approved at Capital Control Group and all changes routed through same for robustness. Delivered as part of the capital programme for FY12</p>			
<p>10.II.2 To work in partnership with other organisations to share learning and innovation</p>					
<p>11. Governance priority 05 - Potential acquisition of Community Health Oxfordshire 1. Due Diligence completed Q3 FY11</p>	<p>Director of Human Resources and Organisational Development</p>	<p>Acquisition achieved.</p>			
<p>11. Management of External Impacts 06 - Transforming Community Services in Buckinghamshire - Opportunities to improve primary care access for mental health patients not maximised</p>	<p>Chief Operating Officer</p>	<p>Work ongoing through the Healthy Bucks Leaders group. Builds on work Medical Director leading across South Central on the physical/mental health interface. Progress on the Dementia pathway is on track. Impact project board will commence a review of opportunities for more integrated community health and mental health services.</p>			
<p>11. Service development 11 - Optimise income generation - Business case for Drugs Trial Unit approved Q2 FY11(further milestones dependent on business case)</p>	<p>Chief Operating Officer</p>	<p>Business case has been agreed by the Finance and Investment Committee subject to identification of capital requirement. Potential source of capital identified but needs to be confirmed formally. Project manager identified. Governance arrangements being scoped.</p>			
<p>11. Service development 12 - Transforming Community Health Oxfordshire (preferred provider) - Ensure appropriate arrangements for transaction are in place by end March 2011 - Acceptable risk rating from Monitor for integration. - Proposed integration plan agreed by July 2010 (implementation subject to Board approval of integration) including joint staff engagement - Proposed 2-3 year transformation programme agreed August 2010 (implementation subject to Board approval for integration) linked to CaHO Programme</p>	<p>Director of Human Resources and Organisational Development</p>	<p>New name Oxford Health NHS Foundation Trust confirmed end of February 2011. Acquisition achieved 1st April 2011. 3 Divisional directors appointed. Interim divisional director in post for community services. Project Management Office remaining in place and fully staffed to ensure benefits of the acquisition are pursued and monitored. All staff sent welcome letters to newly integrated organisation on 1st April. Senior staff conference held on 4th April to describe the Board's future plans for the organisation.</p>			
<p>10.III.1 To give our staff the opportunities to deliver services which are caring, safe and excellent through the way we manage and support, and develop and value them</p>					
<p>11. Governance priorities 01 - Executive Director changes 1. Appoint substantive Director of Nursing and Clinical Governance by October 2010 depending on transforming Community services - integration with Community Health Oxfordshire. 2. Appoint Medical Director by March 2011</p>	<p>Director of Human Resources and Organisational Development</p>	<p>New Director of Nursing and Clinical Standards and Medical Director appointed and in post.</p>			
<p>11. Governance priorities 02 - Other senior management changes 1) Forensic Mental Health Programme Director appointment made Q2 FY11</p>	<p>Chief Operating Officer</p>	<p>Appointment made and new Director in post from October 2010</p>			
<p>11. Governance priorities 03 - Non-executive directors 1. Extended appointment of 3 NEDS til Mar 11 2. Depending on acquisition of CHO, review composition of Board</p>	<p>Director of Human Resources and Organisational Development</p>	<p>Recruitment process undertaken and new NED appointed for 3 years.</p>			
<p>11. Workforce 03 - Appropriately skilled staff are employed through safe recruitment practices - Staff training completed August 2010 - Process running from September 2010 - Monitoring on quarterly basis from formal go live in October 2010. 1st review end January 2011</p>	<p>Director of Human Resources and Organisational Development</p>	<p>Milestones for the implementation of the new process are complete. Other organisations have asked for our support in helping them to implement the new arrangements and offer training. CAMHS Wiltshire staff already trained and further training will be undertaken as need identified.</p>			

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11. Workforce 05 - Developing management and leadership capacity for the future. Establishment of: 1. Integrated Leadership Programme – multi disciplinary senior leaders programme 2. 1st Line Managers programme 3. Ward managers programme 4. Managing for Excellence Programme – effective team development (Prof S Llewelyn) 5. Access to SCSHA leadership development programmes	Director of Human Resources and Organisational Development	Further 2 cohorts of First Line Manager programme scheduled for June and October covering all parts of new Trust. 'Ward Manager' programme extended to cover CMHT/other team managers whilst removing from it those elements now built into a Manager Skills programme within which are 'core' skills' for all newly appointed managers. Access to SCSHA leadership development programmes with additional places secured for 2011/12.			
11. Workforce 06 - Succession planning - Initial Board assessment completed by October 2010 - Sub-Board Remuneration and Terms of Service Committee to review Executive Directors potential successors twice a year. - Individual development programmes in place by March 2011	Director of Human Resources and Organisational Development	First cohort of Talent Pathway Programme resulted in identified development needs for individuals. Second cohort scheduled for May-July 2011.			
11. Workforce 07 - Organisational change programme (subject to integration with CHO)	Director of Human Resources and Organisational Development	Organisational Design and Development Strategy in draft.	Approval of Board still outstanding.		
11. Workforce 09 - Strengthening strategic planning and project management capacity and capabilities - Board workshop in June 2010 to agree strategic direction - Resource requirements managed through the newly established programme office - Monitoring of progress against key strategic milestones through the Transitional Programme Board and OBMH Board.	Director of Human Resources and Organisational Development	HR Director currently holds the role of Programme Director for the Project Management Office which is to be continued for the next year to continue to monitor key strategic milestones. Programme of skills transfer from original project support to internal management has been achieved.			
11. Workforce02 - Establishment of process for Doctors' revalidation - Process running from October 2010 for go live April 11. - Monitoring on an initial quarterly basis to ensure effectiveness. 1st review end January 2011.	Director of Human Resources and Organisational Development	Nationally implementation has been put back to 2012 to allow time for processes to be established. New Medical Director appointed and reviewing processes and plans for implementation across the integrated organisation.			
10.III.2 To achieve high levels of staff satisfaction through communications and engagement across all areas					
11. Workforce 01 - Achieving sustainable performance against key Workforce KPIs. Year on year achievement of: • Sickness rates 3.5% - 2.5% • Turnover 10% average • Use of bank and agency 5%, 4%, 3% • Average staff cost £38K, £35K	Director of Human Resources and Organisational Development	Sickness absence rates are above target YTD 4.05%. Turnover remains constant around 10.5 - 11.5%. Bank and Agency remains within target with the use sessional contract increasing.	With the level of organisational change sickness rates may increase.		
11. Workforce 08 - Improving staff satisfaction (Staff Survey) - Continuation of "Effective Team" programme focussing on team work and development - Plan for improving communication between senior management and staff developed and reporting on findings by October 2010. - Working group on appraisal/PDR established March 2010 to report by October 2010 - Year on year improvement in survey results	Director of Human Resources and Organisational Development	2010 results received and circulated to Divisional Directors and Board.	2010 results show a deterioration in many of the key findings.	The staff survey working group has meet and developed a course of action - a small team of people will visit teams within the organisation to hold focus groups to get a better understanding of staff issues and concerns in order that Divisional Directors can address the issues locally.	