Oxford Health **NHS**

NHS Foundation Trust

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

27 July 2011

Annual Plan 2011/12 Quarter 1 Report

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 Q1 2011/12 position and consists of two sections:

➢ Q1 position against the 2011/12 objective milestones
➢ Risk Report

Recommendation
The Board of Directors is asked to note the Q1 position.

**Author and Title: James Venables, Head of Strategy
Lead Executive Director: Stephen Cass, Director of Strategy and
Commercial Development**

1. Quarter 1 progress against objective milestones in Annual Plan

Appendix A shows the Q1 position against the objectives and milestones as agreed as part of the Annual Plan in May 2011. 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.

Overall progress against objectives

Total Objectives	55	Percentage
Green	25	45.5%
Amber	28	51%
Red	2	3.5%

Two priorities have been rated RED this quarter:

1.1 Priority: Capital Programme, 03 has been rated as RED this month. This is the Forensic – Phoenix and Windrush capital programme. This priority is dependent upon there being an agreed Service Strategy. Divisional Directors have met and have further meetings planned to progress with agreeing the overall Service Strategy. This is planned to be completed by the end of Q2.

1.2 Priority: Regulatory Requirements, 05 has also been rated as RED this month. This is the priority for continued membership growth. This quarter has seen an overall reduction in the number of members as a consequence of slowed recruitment and an increase in resignations. If membership growth is not addressed over the remaining Quarters then the Trust will be at risk of missing Membership targets. During Q2, a review of the Trust's membership Strategy will be undertaken by the Trust Secretary. Membership targets will also be included as KPI's for the Divisional Directors and further recruitment activities in line with existing membership strategy will continue.

There are 28 milestones rated as AMBER this quarter. In the main this relates 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) and several of the clinical plan priorities.

The reasons for variance, and any action being taken, are set out in Appendix A.

2. Risk Report

Risks to the Trust achieving its objectives are contained within the Assurance Framework. The Quality Improvement Committee monitors risk and agree action needed to mitigate the risks. 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.

The risk report attached at appendix B shows there are 2 objectives which have extreme or high risks associated with them. It should be emphasised that the Assurance Framework highlights potential risks. With the acquisition of Community Services Oxfordshire, a significant transaction, the Trust needs to be assured that controls have been adopted across the newly integrated organisation and are working effectively to mitigate any potential risk. The deployment of the Rio patient information system has also impacted on the ability to provide data to ensure monitoring of service quality.

The objectives deemed to be currently at risk are:

2.1   To improve safety and quality continuously – The risks relate to the effective management of service quality, audit arrangements, evidence based practice and patients being able to raise concerns and complaints.

2.2   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 (delivery of savings plans, achievement of CQUIN targets and payroll arrangements). The risk relating to the introduction of PbR is rated as extreme given the need for new capabilities as well as new systems and processes to support the changing business environment.

Risks that have been escalated to high or extreme will continue to be reported to the Board of Directors until assurance has been gained through audit, performance monitoring or other reporting mechanisms.

The Board will be updated on a quarterly basis with the effectiveness of the risk mitigation plans, as reflected in the detail of Appendix A.

Recommendation
The Board of Directors is asked to note the Q1 position.

Author and Title: James Venables, Head of Strategy
Lead Executive Director: Stephen   Cass,   Director   of   Strategy   and Commercial Development

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
1. To improve safety and quality continuously		
09.FT BR05 Ineffective control of service quality	H	Director of Nursing & Clinical Standards
09.FT GOV05 The Trust's services, systems and procedures are not regularly tested	H	Director of Nursing & Clinical Standards
09.FT GOV18 Practice not based on evidence including the effective implementation of NICE guidelines	H	Director of Nursing & Clinical Standards
09.FT OPS25 Service users and carer or advocates are unable to raise concerns and complaints in a confidential and non-discriminatory manner	H	Head of Performance and Information
3. To use the funding we receive effectively to bring about excellence of care and patient satisfaction		
09.FT FIN03 Non-delivery of Cost Improvement Plans could cause the Trust to fail in the delivery of it 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 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.	H	Director of Human Resources
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

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Accountability Title	Accountability Owner	Key Achievements in first quarter	Current Concerns	Reasons for variance and Actions Taken	(1)
Strategy - overall key priorities					
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 FY12 Quality Account; Achieve FY12 CQUIN targets	Director of Nursing & Clinical Governance	Oxon community services and, East of England (Eating Disorders) and Bucks CAMHS CQUIN goals not yet finalised. Current risk against 1 proposed CQUIN goal if finalised.	-	-	A
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	Progress made against service development plans (see below). Some priorities continue to be rated as amber.	-	-	A
Overall key priorities 03 - Improve the quality and functionality of the Trust's estate (x-ref service development and capital programme Milestones for detail)	Director of Strategy and Commercial Development	In addition to the major schemes in capital programme an extra £900k has been allocated to improve inpatient environments this year.	-	-	A
Overall Key priority 4 - Delivery of the 2-3 year Improvement and Innovation Programme across the Trust	Chief Operating Officer	Improvement and Innovation Team established. Advisory Board set up and should be meeting in September.	-	-	A
Overall key priorities 05 - Implementation versions of the RiO Syetem for Mental Health and Community Services - Embedding Rio Use. Upgrade to RiO R1. Upgrade to RiO R2.	Director of Strategy and Commercial Development	MH Rio implementation completed. Phase 4 of community health Rio outstanding (circa 300 users). Optimiation and release 1 planning currently taking place. Business case in preparation.	Inconsistent use of Rio by clinicians and clinical admin staff is emerging. Options are being considered to address e.g. further training, a standard operating procedure manual.	-	A
Key External Impacts					
Management of External impacts. 1. Impact of the economic climate on funding in NHS, Social Care and 3rd Sector.	Director of Finance	Continued monitoring and work around downside scenario planning.	-	-	A
Management of External impacts. 2. Impact of the changes as set out in the Health and Social Care Bill 2011	Director of Strategy and Commercial Development	Meetings held with newly appointed Trust Lawyers to review the impacts of the Health and Social Care Bill. Further training session planned.	-	-	A
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	Chief Operating Officer	Dementia pathway review scoping in Bucks completed and proposal for full pathway redesign project made to ImPact Board - awaiting decision on funding.	Funding requested of £200k, still no decision from Commissioners to release this.	-	A
Management of External impacts. 04. Market Testing	Director of Strategy and Commercial Development	Full market analysis planned as part of Strategy Development. Meeting planned with NHS Elect end July 2011.	-	-	A
Management of External impacts. 05. Changes to the local NHS landscape e.g. Merging Trusts (opportunities and threats) other providers looking to provide traditional NHS services	Director of Strategy and Commercial Development	Strategy Development reviewing changes to the NHS landscape and new opportunities of the Health and Social care Bill. Board sub group now formed - Final Strategy to be agreed Autumn 2011.	-	-	A
Financial Plans: Service developments					
Financial Plans: Service developments. 01. Consolidation of all inpatient services in Buckinghamshire on the Manor House site	Director of Strategy and Commercial Development	Project Board has approved Stage C Report from Kier Health (Procure 21 Principle Supply Chain Partner) design proposals for the new Manor Development. Outline Business Case due for approval in September and Full Business Case in December 2011	-	-	G
Financial Plans: Service developments. 02. Delivery of integrated locality teams delivering care tailored to individual communities.	Chief Operating Officer	Programme for review of the opportunities for integrated working across the older adults pathway in Oxon commenced.	-	-	A
Financial Plans: Service developments. 03. Re-provision of adolescent inpatient services on the Warneford Hospital site	Director of Strategy and Commercial Development	Final approvals has been received and the Trust is now in P21 Contract to start on site 25 July 2011	-	-	G
Financial Plans: Service developments. 04. Bring together Forensic Mental Health services into a two hub/spoke model with consistent pathways	Chief Operating Officer	5 year Strategic plan being developed which outlines proposal for two hub/spoke model. In parallel, a sites/buildings are being identified for a Bucks Pre discharge unit.	-	-	G
Financial Plans: Service developments. 05. Reconfiguration of adult and older adult community teams to improve continuity of service, access and demonstrate value for money	Chief Operating Officer	Oxon changes complete. Proposal for Bucks in final draft to go to executive in August.	-	Mitigation plans are being developed	A
Financial Plans: Service developments. 06. Integration of specialist inpatient Eating Disorders business, maximising opportunities to develop community services	Chief Operating Officer	Successful in bidding for provision of Community and Inpatient Eating Disorder Service for NHS Wiltshire. New Service operational from May 2011. Awaiting possible tender of community ED service for Swindon.	-	-	G
Financial Plans: Service developments. 07. Delivery of specialist addictions services in a range of community settings	Chief Operating Officer	Oxfordshire DAAT successful in bidding to become an Addictions PbR Pilot site. Notice given to all providers of addictions services across Oxfordshire and tendering process begun. Current intentions for the Trust is to tender for the Harm Minimisation and Recovery components of the new oxfordshire addictions system. Addictions Services will remain within C & F Division until after completion of tendering processes. Notice of termination of contract by Oxford has been received for the addictions service, due to a national pilot changing the structure of the pathway and PBR based contracts. An exec paper was presented covering the issues which concluded that Oxford Health should attempt to win tender for Oxford addictions service. The Bucks addictions service continues to perform well. Due to the risk of the Oxford contract, it was decided to keep the addictions business within the current management arrangements and transfer this over to the Specialised Services division once the tender has been won.	Destabilisation of Oxfordshire Service due to tendering processes.	-	A
Financial Plans: Service developments. 8. Delivery of a range of accessible psychological service pathways from primary to specialist	Chief Operating Officer	Services operational in both Oxfordshire and Buckinghamshire. Oxfordshire work is focusing on development of new service models for Long Term Conditions and Medically Unexplained Symptoms. These are being undertaken in conjunction with Community Health Division as well as Commissioners	-	-	G

Financial Plans. Service Developments. 9. Provision of integrated CAMHS care pathways across Tier 2-4	Chief Operating Officer	Successful in bidding for provision of Tier 2 Mental Health Services in BaNES. Contract to begin in August 2011. Now deliver Tiers 2 -4 in Oxon, Bucks and B aNES with tiers 3 and 4 in Swindon and Wiltshire. Much closer working arrangments with Tier 2 services in Swindon and Wiltshire. Intention to bid to be a pilot site for implementation of CAMHS IAPT.	-	-	G

Workforce priorities

Workforce 01 - Achieving sustainable performance against key Workforce KPIs within Divisional and Corporate Directorates. Year on year achievement of: • Sickness rates 3.5% - 2.5% • Turnover 10% average • Use of bank and agency 4%, 3%, 2% • Average staff cost £38K, £35K	Director of Human Resources	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. Continuous monitoring of HR KPIs with performance as at end M3 being Bank 1.5% Agency 1.6% sessional contracts 1.7%, Turnover 10.54%, Stability 85.15% and Sickness 3.43%	With the level of organisational change sickness rates may increase. Tis is being closely monitored by the HR Teams. The same could also occur with B/A/S contracts.	-	G
Workforce 02 - Developing management and leadership capacity for the future. Developed as part of OD planning.	Director of Human Resources	The re-designed Management Development Programme (MDP) is being delivered with 28 courses available of 70 dates throughout the year. MBTIhas been used with around 50 managers as part team development programmes. Additional places have been obtained on SHA organised leadership events. Coaching services continue to be used for individuals. A second cohort of the Talent Pathway Programme has begun.	Progress on an integrated Leadership programme is delayed whilst funding and organisational change issues are addressed. HR support for some of the MDP events is constrained by focus on organisational change.	-	G
Workforce 03 - Succession planning - developed as part of OD planning	Director of Human Resources	First cohort of Talent Pathway Programme resulted in identified development needs for individuals. Second cohort scheduled for May-July 2011.	This objective needs to be linked closely to be integrated with the OD Plan. Dir HR/OD tom address.	Review of Executive succession planning by RemCom in Autumn 2011. OD plan to support strategy in place by end August 2011	G
Workforce 04 - Organisational change programme	Director of Human Resources	Organisational Design and Development Strategy in draft.	Approval of Board still outstanding. Trust 'Strategy' development needs to be agreed by Board by Autumn 2011	Organisational re-strucutring taking place and is now on track with CIP plans and integration plans. OD Strategy / Plan will be presented to Board in August 2011	G
Workforce 05 - 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	2010 results received and circulated to Divisional Directors and Board. Poor results for 2010 lhas lead to the following actions:- Dir HR/OD taking lead within the Staff Survey Working Group, Executive walk arounds agreed, membership of SSWG reviewed, identifying quick wins for 2011 and taing longer term view with revised and improved action plan.	2010 results show a deterioration in many of the key findings. There is a likelyhood that 2011 results show little improvement if no immediate action taken.	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 are addressing issues locally e.g. Forensic local staff survey, Children and Families increasing staff and team leader involvement in planning decision making. Effective Teams initiative being extended by Dir of HR/OD. Revised action plan to be implemented by September 2011	A
Workforce 06 - 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	HR Director currently holds the role of Programme Director for the Project Management Office which is to be continued for the next year to continues to monitor key strategic milestones. Programme of skills transfer from original project support to internal management has been achieved.	Alignment between 'Strategy ' and OD plannning necessary to ensusure delivery of the medium / long term stategic direction	Dir HR/OD working in close collaboration with Dir of Strategy.	A
Workforce 07: Workforce strategy. A new Workforce strategy has been agreed to address significant reduction/change to workforce over next 3 years incl: • Introduction of more flexibility in service delivery e.g. changes to working hours • Changes in workforce profile require specific actions e.g. areas where we have an aging workforce. • Changes in roles and introduction of new roles in light of CHO integration	Director of Human Resources	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. E-Rostering programme brought forward with implementation from August 2011. Feedback from performance meetings identifying divisional hot spots for HR activity and support e.g. appraisals and mandatory training, staff satisfaction and control of agency costs	Workforce strategy needs to tie in with ICT and Estates strategies and this piece of work is still to be undertaken. PMO is developing the aligment of services ICT and estates in line with the CIP programme.	Dir HR/OD taking proposal to CEO re alignment project and changes to the programme board. To be agreed by end July 2011	G

Captial Programmes (including estate strategy)

Capital Programmes. 01. Manor House redevelopment – new build 80 beds and community services - Buckinghamshire	Director of Strategy and Commercial Development	Project Board has approved Stage C Report from Kier Health (Procure 21 Principle Supply Chain Partner) design proposals for the new Manor Development. Outline Business Case due for approval in September and Full Business Case in December 2011	-	-	A
Capital Programmes. 02. Highfield Adolescent inpatient unit re-provision.	Director of Strategy and Commercial Development	Final approvals has been received and the Trust in now in Contract to start on site 25 July 2011	-	-	G
Capital Programmes. 03. Forensic –Phoenix and Windrush (Littlemore, Oxfordshire) subject to delivery of strategic service plan	Director of Strategy and Commercial Development	Forensic Service Strategic Plan in development and outcomes awaited. Due second quarter	Without agreed service strategy the ability to utilise the physical estate is compromised. Divisional Directors are meeting to finalise service plans.	-	R
Capital Programmes. 04. Marlborough House – Improve security and enhance the patient environment - Milton Keynes	Director of Strategy and Commercial Development	Scheme designed and perimieter fencing project due to start on site July 2011. New Reception and Air-Lock scheme being developed	-	-	G
Capital Programmes. 05. CHO Estate Rationalisation – optimisation of community estate	Director of Strategy and Commercial Development	Some progress with a few leases under notice not to renew.	-	-	G
Capital Programmes. 06. Inpatient wards – improving environmental standards – Littlemore and Warneford (Oxfordshire)	Director of Strategy and Commercial Development	In addition to major schemes in capital programme an extra £900k has been allocated to improve inpatient environments this year.	-	-	A
Capital Programmes. 07. Forensic Womens Enhanced Low Secure (WELS) (Oxfordshire) – extension to existing ward to provide net two additional beds	Director of Strategy and Commercial Development	Scheme designed and Planning Approval expected in July 2011.	-	-	A

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Capital Programmes. 08. Woodlands (Buckinghamshire) – major refurbishment to inpatient ensuite bedrooms.	Director of Strategy and Commercial Development	Scheme well advanced with completion due in August 2011	-	-	G
Capital Programmes. 09. Other minor schemes/unallocated	Director of Strategy and Commercial Development	Range of minor schemes now being picked up, scoped and programme of delivery to be agreed	-	-	G
Capital Programmes. 10. Estate Capital maintenance – to reduce backlog maintenance, comply with statutory standards, address PEAT findings and infection control.	Director of Strategy and Commercial Development	Part of £500k allcoation from revenue to support delivery of statutory standards, PEAT etc.	-	-	A
Capital Programmes. 11. Information technology. The implementation of key initiatives such as: the merger of all former CHO users and infrastructure into the Trust's network domain; expansion of the number of devices in use, including remote working support where possible; the implementation of a new risk management system (Safeguard); the implementation of a new Patient Level Costing system; the implementation of a new Occupational Health system.	Director of Strategy and Commercial Development	Migration of former CHO is progressing slight delay due to technical complexity, will result in a circa two week delay. Safeguard deployment prgressing on schedule. Research taking place into supporting mobile working.	Due to delays with migration project an additional £50k penalty has been incurred which will need to be managed within the informatics budget. Awaiting feedback from the services strategy.	-	G
Clinical Plans					
Clinical plans. 01. Reduce towards zero the number of inpatient deaths from suicide	Director of Nursing and clinical governance	There have been no in patient suicides in this financial year. It has been agreed that the Transformation Team will create a LIPS (Leading Improvements in Patient Safety) Steering board chaired by the Director of Nursing to oversee the LIPS Suicide prevention project. A new LIPS training module provided by the NHS Institute has begun and the Trust is well represented.	Board has not yet met.	-	A
Clinical Plans. 02. Reduce towards zero the number of community deaths of patients in Trust services	Director of Nursing and clinical governance	There have been 11 apparent suicides in the community in the first quarter which does not demonstrate a fall in numbers. LIPS programme update as above.	Numbers not falling. LIPS board not yet active.	-	A
Clinical Plans. 03. Reduce to 30 from 34 (the previous target) the number of cases of Clostridium Difficile by March 2012	Director of Nursing and clinical governance	Action plan in place - current slight risk to achieving year end target.	-	-	A
Clinical Plans. 04. Preventing avoidable skin breakdown which can lead to pressure ulcers. 85% of patients will be assessed for pressure ulcer risk factors and preventative measures implemented within 2 days.	Director of Nursing and clinical governance	TBC in Q2	-	-	
Clinical Plans. 05. 100% of mental health patients on CPA have a current care plan, had care review in the last 6 months; a care coordinator and a risk assessment which has been reviewed in the last 12 months.	Director of Nursing and clinical governance	% of records with all 4 elements in place - 79% % with a care co-ordinator identified - 96% % with a current care plan - 89% % with care plan been reviewed in the last 6 months - 86% % with a current Safety/Risk Assessment & Management Plan - 88%	-	-	A
Clinical Plans. 06. Further reduce the incidence of emergency readmission within 28 days of discharge (2.9% March 2011) by careful discharge planning and assertive follow up.	Director of Nursing and clinical governance	To be updated in Q2	-	-	
Clinical Plans.07. To increase to 72% by year end the number of patients who have been receiving care for 9 months or more, that have a baseline and follow-up HoNOS rating.	Director of Nursing and clinical governance	Developed recording and reporting system for patient level monitoring	-	-	G
Clinical Plans. 08. Deliver Hospital at Home services for the population of Oxfordshire.	Director of Nursing and clinical governance	PQQ submitted in partnership with PML for North of County.	-	-	A
Clinical Plans. 09. For the trust to score better than average in the National Patient Survey (community) in the following areas: - Service users knowing who their care coordinator was. - Service users being offered a copy of their care plan. - Service users who have had a care review meeting in the past 12 months - Physical Health of Service users checked - Having a contact number out of hours	Director of Nursing and clinical governance	2011 community mental health patient survey results provided to the trust in May 2011. Presentation of the results to senior managers of the Trust in June 2011. Divisions have been asked to identify leads to develop action plan (s).	-	-	A
Clinical Plans. 10. Community services to improve the % of patients who rate their care good, very good or excellent. To achieve results comparable to the national top 20% of acute trusts satisfaction rating for both out-patients and in-patients as no comparable survey for community services.	Director of Nursing and clinical governance	2011 community mental health patient survey results provided to the trust in May 2011. Presentation of the results to senior managers of the Trust in June 2011. Divisions have been asked to identify leads to develop action plan (s).	-	-	A
Regulatory requirements					
Regulatory requirements. 01. Maintain Monitor Financial Risk rating.	Director of Finance	Current forecast in line with plan	-	-	G
Regulatory requirements. 02. Maintain Governance risk rating.	Director of Strategy and Commercial Development	We continue to monitor all targets on a monthly basis and utilise performance improvement resources where risks are apparent.	Q1 performance for incidence of Clostridium Difficile and self certification against requirements relating to healthcare for people with Learning Disabilities are at risk. Update to be provided at Trust Board meeting.	Action plans to be updated at Trust Board meeting.	A
Regulatory requirements. 03. Not prepared for the introduction of the community services governance indicators post outcome of Monitor consultation.	Director of Strategy and Commercial Development	We are developing information management reports to monitor compliance against the draft indicators to ensure action can be taken prior to formal reporting commencing in Q3	-	-	A

Regulatory requirements. 04. Maintain registration with CQC. Ongoing registration.	Director of Nursing and clinical governance	Registration with CQC maintained. A number of queries have ben made by the CQC in relation to patient involvement and care planning on adult in-patient wards. The Trust has responded to therse queries and a response letter recived from the CQC.	-	-	G
Regulatory requirements. 05. FT Membership - continued membership growth.	Chief Executive	During Q1 (2011/12), the Trust has seen an overall reduction in the number of Members (excluding staff) as a consequence of a slowed recruitment rate and an increase in resignations. Specifically, during Q1 (2011/12), 25 new Members joined compared to 36 new Members in Q4 (2010/11) and for the same period, 44 existing Members left compared to 5 leaving in Q4 (2010/11). Throughout Q1, a range of Membership engagement and recruitment activities occurred, including: advertising FT Membership in Oxfordshire Mind's publication; attending Oxford Pride; support provided to staff to recruit Members; and liaison with Oxfordshire County Council, Social and Community Services to promote the Trust's Membership to their members by direct mail.	The Trust's Annual Plan requires a growth of 66 new Members each a quarter. Subtracting the number of Members leaving from the number joining, the Trust did not achieve any growth this quarter. Despite having an updated Membership Strategy in place and the opportunities that the community health services integration presented, the Trust continues to struggle to attract and retain Members. If Membership growth is not addressed over the remaining Quarters then the Trust will be at risk of missing its Membership targets.	Possible reasons for the variance include: running elections during Q1 means many Members receive much literature, which can encourage those with little interest in the Trust to resign; and lack of support from staff, governors and directors to recruit Members. During Q2, a review of progress against the Trust's Membership Strategy will be undertaken by the Trust Secretary. Membership targets will also be included as KPIs for the Divisional Directors (to be monitored through the divisional performance reviews). In addition, further recruitment activities in line with the existing Membership Strategy objectives will continue to be undertaken to increase the Membership in mental and community health services. Progress is reported to the Executive Board on a quarterly basis (with reports due in July 2011 and September 2011).	R
Leadership and governance					
Leadership and governance. 01. Executive Director changes	Chief Executive	Finance Director role to be appointed Q2. During Q1 the vacancy was advertised and applications will be shortlisted and interviews held during July 2011.	N/A	On track	G
Leadership and governance. 02. Revise non Executive Appraisal process	Director of HR	On track for Q2	N/A	On track Q2 FY12	G
Leadership and governance. 03. Substantive vacancy for the Oxfordshire Community Services Divisional Director	Chief Operating Officer	Substantive appointment made to vacant Divisional Director post June 2011.	N/A	Complete	G
Leadership and governance. 04. Non Executive re-appointments. Three Non Executive ED terms expire during 2011/12 (October 2011, January 2012, February 2012)	Director of HR	The members council will be supportedto (re) appoint NEDs in line with the provisions and procedures set out in the trust's constitution.	N/A	On track	G
Leadership and governance. 05. Ensure Governers and the Board of Directors are aware of the changing role of Governors	Chief Executive	The role of NHS Governors (and Directors) is likely to change through the Government's plans for the NHS (as set out in the Health and Social Care Bill 2011). Following the Government's listening exercise on the Bill, the NHS Future Forum published their recommendations on the future for NHS modernisation and the Government published its response on 20 June 2011, setting out the changes it intends to make in response to the recommendations. Until the Bill is formally enacted, at this stage it is still not clear what, if any, new roles and responsibilities Governors (and Directors) will have. Nevertheless, the Trust has started to prepare for possible changes by instructing solicitors to assist in reviewing the Trust's Constituion and linking in with the FTN.	N/A	On track (but is dependent on externalities)	G