# Annual Plan Progress Report – Quarter 2 Summary
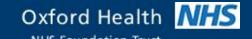
**Oxford Health NHS** — NHS Foundation Trust

| STRATEGIC DRIVER | ACHIEVEMENTS THIS QUARTER | ACTIONS TO MITIGATE ANY SLIPPAGE | SUMMARY OF RISKS, ISSUES, CONCERNS AND CHANGES |
|---|---|---|---|
| **Driving Quality Improvement** | **DQI 1 – Suicide Prevention** - Best practices presented at suicide prevention conference which took place on 10th September. This with the completion of learning events will be included in final report which is due December 2013.<br><br>**DQI 2 – Safer Care** – Pilot populations have now been identified for pressure ulcers and venous leg ulcers. Falls population to be identified within a month.<br><br>Culture survey now embedded in annual cycle of audit as part of business as usual.<br><br>**DQI 5 – Reducing Preventable HCAI** - Numerous Audits have been completed in Q2 according to the audit programme and work is on track. A summary report for Q2 will be produced and presented to the infection control committee and safeguarding committee.<br><br>**DQI 6 – Preventing vulnerable groups from Flu** - Flu Campaign documentation now complete and circulated to all DN teams 19-08-13. DN teams are now actively planning their Flu vaccinations in liaison with GP practices ready for when the vaccines are available<br><br>**DQI 8 – Routine collection, analysis and publication of patient experiences** – Patient experience strategy approved at IGC | **DQI 1 – Suicide Prevention** – Scoping exercise and data gathering have been delayed by a month; Strategic Executive Information System (STEIS) analysis completed.  Questionnaire completed for region. Has been extended to South of England.  Will be on-going to mid December.  Continuing to meet with carers as they come forward.  All analysis will be included in final report due December 2013.<br><br>**DQI 2 – Safer Care** - 100% outcomes measures reported on the extranet has been delayed as development of cube information and outcome measures are being inputted at present. No impact upon project development. | **DQI 2 – Safer Care** - Re-modelling programme and clinical demand is placing considerable pressure on the implementation of projects in some areas. Programme Manager continues to work with no secretarial support to the programme.  Improvement lead post commences on the 14th October to support the clinical delivery of projects for 12 months.<br><br>**DQI 3 – Productives** - Moderate risk in Oxon MH wards , offering specific support as required by Modern Matrons. |
| **Delivering Operational Excellence** | **DOE 1.1 Integration of Children's services physical and MH services** - Divisional management structure chart in place for Oxfordshire and applied to Intranet.  New meetings structure in place to support above. Perinatal Mental Health and ASD Pathway work in place through defined projects.<br><br>**DOE 1.2 Improving Transitions for young people into adult services** - Service live as from the 1st October and being monitored through OCC project board and operations. No further meetings of project Board required.<br><br>**DOE 2.2 Integrated Psychological Therapies and medicines services pathway** - Acute psychological medicine service development (with OUHT) live. Staff recruitment underway to provide extended hours service 7 days/week<br><br>**DOE 2.6 Review and redesign complex needs service** – Review complete. Single management structure agreed and service being developed alongside MH re-modelling.<br><br>**DOE 3.7 Rehabilitation and Therapies** - Frail Elderly pathway redesign complete, implementation plan and timetable agreed and started<br><br>**DOE 4.2 Systems will go live and full training programme will be implemented (CUBE)** - Basic RiO, ESR, Finance and safeguard data successfully integrated into CUBE<br><br>**DOE 5.1 Implementation of detailed plans and business changes to deliver cost improvement** - Finance reserves to cover majority of shortfall short-term. Programme being viewed in 3 year totality, with additional pressure now on years 2 & 3.<br><br>**DOE 5.2 Implementation of patient level costing** - Final sign off completed with the supplier, system implementation complete | **DOE 1.3 Review and Redesign Early Intervention in Psychosis Service** – Slight delay, Draft model and options prepared and anticipated to be sent to Operations SMT for approval in October<br><br>**DOE 1.2 Integrated locality-based community MH services** – Delayed, operational policy in draft and still being consulted with staff. Consultation with staff due to be completed November. Consultation with 13 carer and service groups and third sector organisations continue.<br><br>**DOE 2.2 Integrated Psychological Therapies and medicines services pathway** – Still work required to integrate psychological therapies pathway<br><br>**DOE 2.3 – Development of maternal health services** – slight delay, study day planned in November to produce options for service development<br><br>**DOE 2.4 Forensic services – strategic review** – Awaiting feedback from presentation at Extended Executive<br><br>**DOE 2.5 Eating disorders service development** – Slight delay, draft pathway has been produced and is being consulted on.<br><br>**DOE 3.1 Review of Inpatient services for older adults** – Slight delay with consultation with SPNCC and HOSC. Business case developed; workshop held with staff 3rd October to develop draft clinical framework and recommendations re ward configuration<br><br>**DOE 3.5 Single Point of Access (SPA)** – Delay, SPA Phase 3 will commence once OCC review of pathways complete and changes agree.  Currently assessing potential impact of  Integrated Front Door now in situ, monitoring capacity and demand and formerly agreeing pathway and SOPs<br><br>**DOE 4.2 Systems will go live and full training programme will be implemented (CUBE)** - Integrated SPA delayed. Work with partners continues. SPA protocol signed. End date still unknown until data extracts have been received by partners and first assessment of data has been completed.<br><br>Expansion of training material delayed, Resources being prioritised<br><br>**DOE 5.1 - Implementation of detailed plans and business changes to deliver cost improvement** Majority of briefs now received & entered. Weekly updates to Exec are maintaining momentum. 75% briefs reviewed. Assurance (with finance & clinical) imminent. | **DOE 3.7 Rehabilitation and Therapies** - Insufficient project management time to support CQUIN delivery has been raised as a risk in the service<br><br>**DOE 4.1 To develop the productivity/capacity dashboards aligned with service models** - Audit in progress. Due to complete in October so that SYSTEM status can change to LIVE. Individuals dashboards will move from PILOT to LIVE as appropriate.<br><br>**DOE 5.1 - Implementation of detailed plans and business changes to deliver cost improvement** - Delays to brief submission will delay CIP programme implementation and reduce value.<br><br>Risk that if CIP slips any further there will not be sufficient reserves to mitigate. value of existing plans under development is too low. Further plans required.<br><br>**DOE 5.2 Implementation of patient level costing** - Main risk / concern at present is the amount of available resource in the Information team to produce outstanding reports. This will delay the project and put at risk the cluster pricing needed for the CCG's. |
| **Delivering Innovation, Learning and Teaching** | **ILT 2 – CLAHRC** - CLAHRC confirmed by NIHR and detailed planning underway. Considering developing a paper for NHS Futures "What Should the NHS look like in ten years' time?<br><br>**ILT 3 – OAHC/AHSC** – Academic Health Science Centre (AHSC) Full application submitted. | **ILT 3 – OAHC/AHSC** – Milestones for Oxford Academic Health Consortium (OAHC)have significantly slipped and AHSN activities have overtaken the consortium activities.<br><br>**ILT 4 – Establish internal R&D capacity** -  R&D strategy slightly delayed; Emma Stratful (Head of Research and Development) and Bill Wells (Head of Research and Development Finance) have developed, currently with Professor John Geddes (Head of Department and Professor of Epidemiological Psychiatry, Department of Psychiatry, University of Oxford) for review. Increasing recruitment of patients and income from research funding is dependant on the recruitment of a manager into R&D. | **ILT 2 – CLAHRC** - The CLAHRC is about to advertise for a manager to oversee and support the implementation, Routine finance meetings have been established and the CLAHRC. Executive will shortly meet to agree governance arrangements. Justinian Habner (Trust Secretary) is working with partners of the CLAHRC to develop sharing agreements and Memorandums of Understanding (MoUs).<br><br>**ILT 3 – OAHC/AHSC** - The parent group of the Oxford Academic Health Science Consortium need to consider how the Academic Health Science Consortium fits into the new R&D landscape with AHSN, CLAHRC and Academic Health Science Centre.<br><br>**ILT 4 – Establish internal R&D capacity** - Need to work with R&D team to develop detailed business plan for FY15 onwards |
| **Developing our Business** | **DOB 1.1 - Develop capacity to design and develop innovative and new service models** - Initial framework developed outlining principles, process and direction of travel for commercial services. Ideas being collated and reviewed are being provisionally assessed to understand the impact and time to establish. These are then being programmed to review and establish on a short or long term basis. At this stage some established work that requirements development are being programmed to move forward sooner to provide immediate return on investment.<br><br>**DOB 2.1 - Develop & Improve Trust information platforms** - The current 'interim' arrangements have been put in place and are operating satisfactorily to ensure that the Trust's base-level information / communication platforms are maintained.  In terms of developing and improving the platforms, the Trust Secretary and CEO are reviewing the resource distribution and allocation to take forward this work.  During Q3, the allocation will be agreed, and milestones developed commensurate with such. | **DOB 2.2 – Establish a marketing programme and strategy for the trust** - Strategy being developed alongside opportunities being developed. Initial feasibility study is being reviewed and tested to provide a bench mark for development. Market analysis of each opportunity will be developed and an organizational one to assess the Trust against other providers. Current competitor analysis is being developed looking at private and NHS organisations. | **DOB 1.1 - Develop capacity to design and develop innovative and new service models** - The largest concern that has arisen relates to strong opportunities identified with occupational health but there is a concern that existing structure is insufficient to be able to deliver current services.<br><br>**DOB 2.2 – Establish and marketing programme and strategy for the trust** - Trust wide strategy is required which builds on commissioned services organizational development. A commercial strategy will be a subsection of this organizational report but is required to be delivered by Trust business development post (for commissioned services). |

| STRATEGIC ENABLER | ACHIEVEMENTS THIS QUARTER | ACTIONS TO MITIGATE ANY SLIPPAGE | SUMMARY OF RISKS, ISSUES, CONCERNS AND CHANGES |
|---|---|---|---|
| **Developing Leadership, People and Culture** | **DLP 1.1 - Staff Health & Wellbeing programme of activities rolled out** – Wellbeing guide launched on the 1st October and wellbeing site on intranet and associated communications materials<br><br>**DLP 2.7 - HR advice and casework** - Additional training sessions rolled out, over 40 additional staff trained. Review average times of investigations including time to allocate investigator.<br><br>**DLP 3.2 - Enhance patient and personal safety training with all business units** - Revised PMVA programme scheduled from Q2. Initial eAssessments successfully delivered; on-going plan to extend where appropriate.<br><br>**DLP 4.4 Right people, right skills, attitudes and behaviours to reflect trust values** - Review of value based approach across the NHS under review. Value statements will be evident in all job adverts by end of September 2013 | **DLP 2.7 - HR advice and casework** – Slight delay in developing metrics and providing divisional directors with information on a monthly basis. This is being developed and will be produced to reflect Q3 information which will be shared with Operations Directors and Executive as necessary by the end of October 2013.<br><br>**DLP 4.4 Right people, right skills, attitudes and behaviours to reflect trust values** – Delay to extending competency based interviewing across the trust; Work has started but not completed.<br><br>**DLP 4.6 - Reduce  costs on agency spend and use of temporary staffing** – extending recruitment solutions to other occupational groups has been delayed. Medical staffing team reviewing current spend/process for locum doctors to recommend improvements and reduce spend.<br><br>**DLP 4.7 - Job evaluation: Improve cycle time and consistency** – Job evaluation review delayed until December 2013. Work has commenced on library of standard job descriptions and will be completed by end of October 2013 | None |
| **Getting the Most of Technology** | No milestones due this quarter | **GMT 1.2 Strategic telephony solution implemented** – Slight delay in procurement and subsequently, implementation; New solution offering a single telephony platform for fixed line phones at all Trust sites saving £1m over five years.<br><br>Currently engaged in the final elements of the procurement process – some issues need further negotiations.<br><br>In 2014 all phone handsets will be replaced and the amount reduced by 25%. Many phone numbers will change.<br><br>**GMT 1.3 Lifecycle management (IT assets)** – Citrix upgrade has been delayed; Essential requirement as the current version is no longer supported by the supplier. The capital component of the Business Case has been approved. Option to outsource on-going support not approved as no new funding to support this. Procurement activities yet to start.<br><br>GMT 1.4 PC replacement additions – During this year the major proactive replacement activities will be delayed until the new EHR solution has been defined. This will allow the Trust to procure the most suitable devices. Only essential replacements have taken place to date.<br><br>**GMT 1.5 New Electronic Health record** - A new solution offering local / flexible configuration, mobile access, patient access and integration potential.<br><br>Currently engaged in the procurement dialogue process - three potential suppliers remain in the process.<br><br>Expectations are to transition to the new solution during 2014 and then expand transformational features from 2015. | None |
| **Using our Estate Efficiently** | Since the appointment of the Director of property strategy and services, the business plan has been reviewed and amended to better fit the needs of the clinical services.<br><br>**UEE 1.5 Develop an effective environmental strategy, incorporating green travel planning** – Schemes are currently designed and developed so that all new building and major building refurbishments meet BREEAM standards and local authority sustainability standards<br><br>**UEE 1.6 Develop and implement Space Management processes and procedures to ensure effective use of the estate** – Completion of the desk/room booking system for HQ<br><br>**UEE 1.8 Support delivery of CIP plans** – We have determined our delivery obligations regarding existing CIPs | None | None |