

# PAPER

BOD 126/2014

(Agenda Item: 15)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**24th October 2014**

**Business Plan 2014/15 Quarter 2 Report**

**For: Information**

This report summarises the progress of the Trust’s Business Plan in Quarter 2 2014/15 (July-September 2014). The content of this report has been approved by Executive Leads and approved by the Director of Finance.

**Report**

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This report summarises the progress of the Trust’s Business Plan in Quarter 2 2014/15 (July - September 2014). The content of this report has been approved by Executive Leads and the Director of Finance.

This report has been developed as an interactive report. Select the icons to view each plan and use the links to move between them. The commentary in the report outlines key achievements for Quarter 2 for each project. The milestone maps show plans and progress for each of the projects. Please do not print the slideshow – the report is also also available as a printable PDF.

Key points requiring attention for each of the drivers and enablers are outlined below.

**Driving Quality Improvement**

* There are several delays in these projects which are largely due to capacity and resource issues, for example the development of the patient experience website (DQI 5). Preparation for the CQC inspection is impacting on other projects; however mitigations are in place.
* Spread (including testing, training and communication) of all key changes in the Safer Care project (DQI 2) by 50% by Mar-15 and 100% by Mar-16 is at risk, but action plans are in place to mitigate this.

**Delivering Operational Excellence**

* Closure of an adult ward in Oxfordshire by Mar-15 (DOE 3) is at risk. This is due to high bed pressures and patient flow issues. The review of the SIL pathway and bed requirements within the pathway must happen first.
* Reducing the length of stay in Community Hospital Beds to sixteen by Mar-15 (DOB 8.2) remains a challenge as it has remained steady at twenty-two days for the past six months; however support is in place to achieve this.
* Extended hours working in Oxfordshire for Older People’s services (DOE 7) is a challenge due to a lack of adequate staffing and appropriately trained staff,but recruitment and use of temporary staff is on-going.
* Several key risks to the CUBE project (DOE 15) have been identified. These include a lack of resource in the business information team, capacity of the directorate information leads and the impact of the NGEHR implementation on data quality and data submission. A disconnect in terms of understanding exists between the IMBI team and the directorates, but workshops planned for Jan-15 should help to mitigate this.

**Delivering Innovation, Learning & Teaching**

* Rollout of the CRIS Research Database (ILT 11) is delayed from July-14 to Oct-14. The R&D team are now overseeing the non-technical part of the implementation. Risks and issues include the transfer of budget to the R&D team, a lack of resource and the impact of the NGEHR implementation.
* Development of a research strategy and portfolio for pharmacy with Bath University (ILT 8) by Apr-15 is at risk as the Memorandum of understanding is still to be agreed.

**Developing our Business**

* Development of bid/tender response material and a proof-reading process (DOB 3) and development of marketing workshops for identified specialist services (DOB 4) remain at risk. This is because the structure and working processes of the Business Development and Partnerships directorate have yet to be agreed, and the restructure of the divisions into directorates has affected work already completed.
* Directing of resource to Bicester Community Hospital has delayed work to establish a marketing programme and strategy (DOB 5) and to scope innovative and new service models (DOB 2). Work will still be completed.
* Creation of a more in-depth iteration of the Trust Communications Strategy (DOB 8) by Dec-14 is at risk. Current capacity issues mean that operational need may override strategy development.
* Development of a private oral surgery service (DOB 9) has not progressed due to further consultant staff changes at the OUH. A service launch by Mar-15 appears unlikely.

**Developing Leadership, People & Culture**

* Work to ensure workforce plans reflect service remodelling programme and plans (LPC-3) is delayed to Dec-14. Work is progressing, as an overall plan and one directorate plans were created, but some plans remain outstanding.

**Getting the Most out of Technology**

* There are no significant delays highlighted for Q2. The anticipated first go-live of the Next Generation Electronic Health Record (GMT 1) is on track. The Urgent Care/Adastra transition is scheduled for the 4th Nov-14. Further Transition events have been agreed for Mar-15 and July-15. The Windows 7 migration (GMT 4) is well underway.

**Using our Estate Efficiently**

* Implementation of a revised catering approach throughout the Trust (EE 4) will now be reviewed alongside the domestic/portering service. It should to be completed by Mar-15 but is at risk. Creation of a health and safety procedure document (EE 1) is delayed to Q3.

**Recommendation:** The Board is asked to note the Quarter 2 position.

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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.*
2. *This paper (including all appendices) has been assessed against the Freedom of Information Act and the following applies: [delete as appropriate]*

* *THIS PAPER MAY BE PUBLISHED UNDER FOI*