

Oxford Health NHS FT Business Plan

Each year the Trust completes a Strategic Plan which is approved by the Board of Directors and is submitted to Monitor, the sector regulator for health services in England. The plan is developed by consolidating information from a range of business plans from across the organisation to establish its key priorities and ensure the Trust's strategy is delivered. If you would like to read the full version please [click here](#).




Driving Quality Improvement



Delivering Operational Excellence



Delivering Innovation, Learning and Teaching



Developing Our Business



Developing Leadership, People and Culture



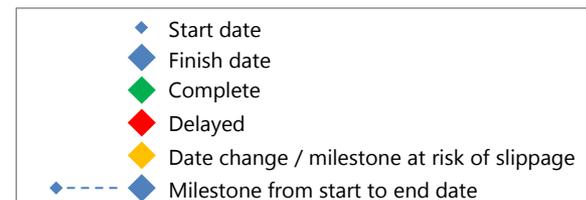
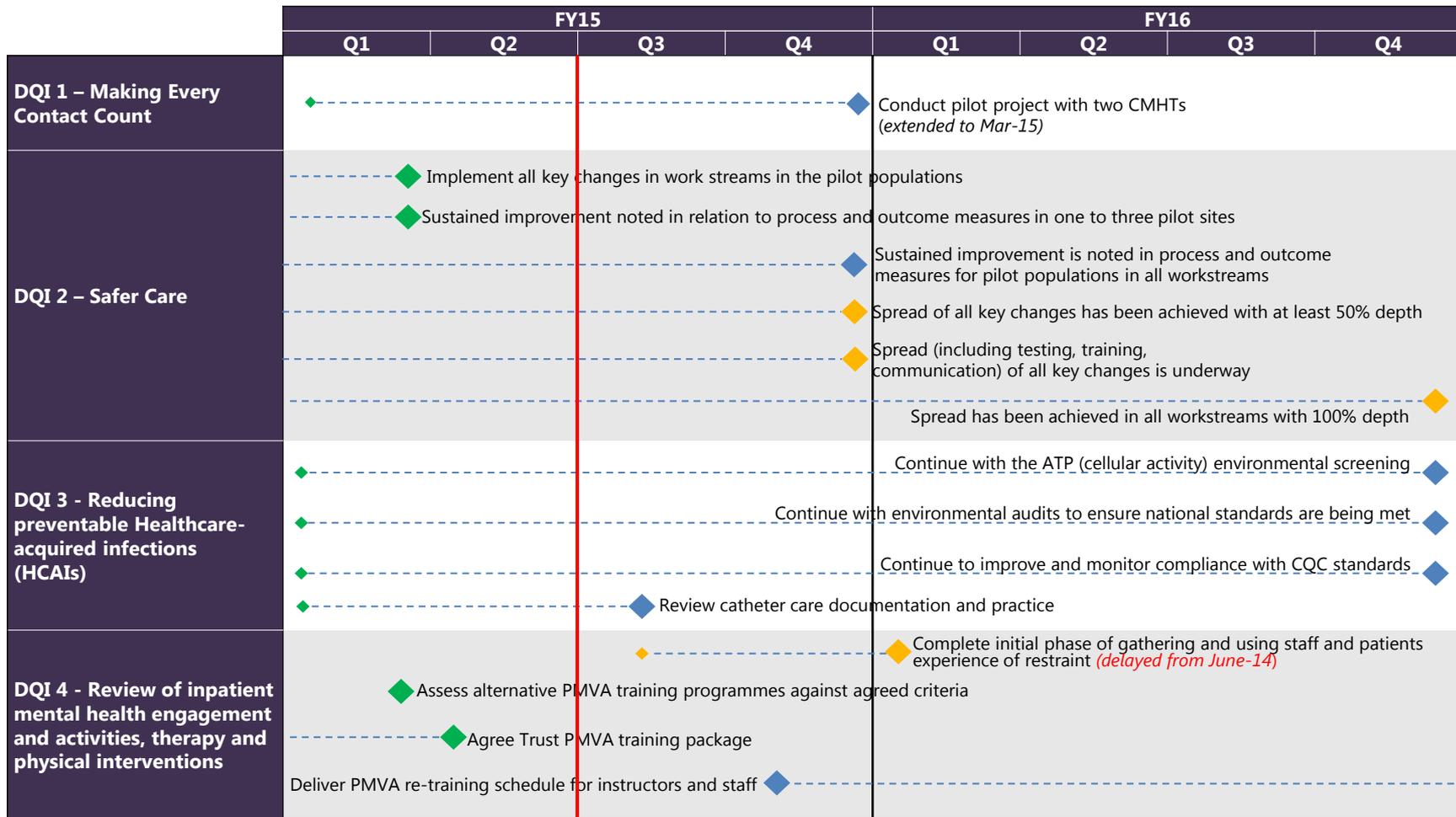
Getting The Most Out of Technology



Using Our Estate Efficiently



Driving Quality Improvement

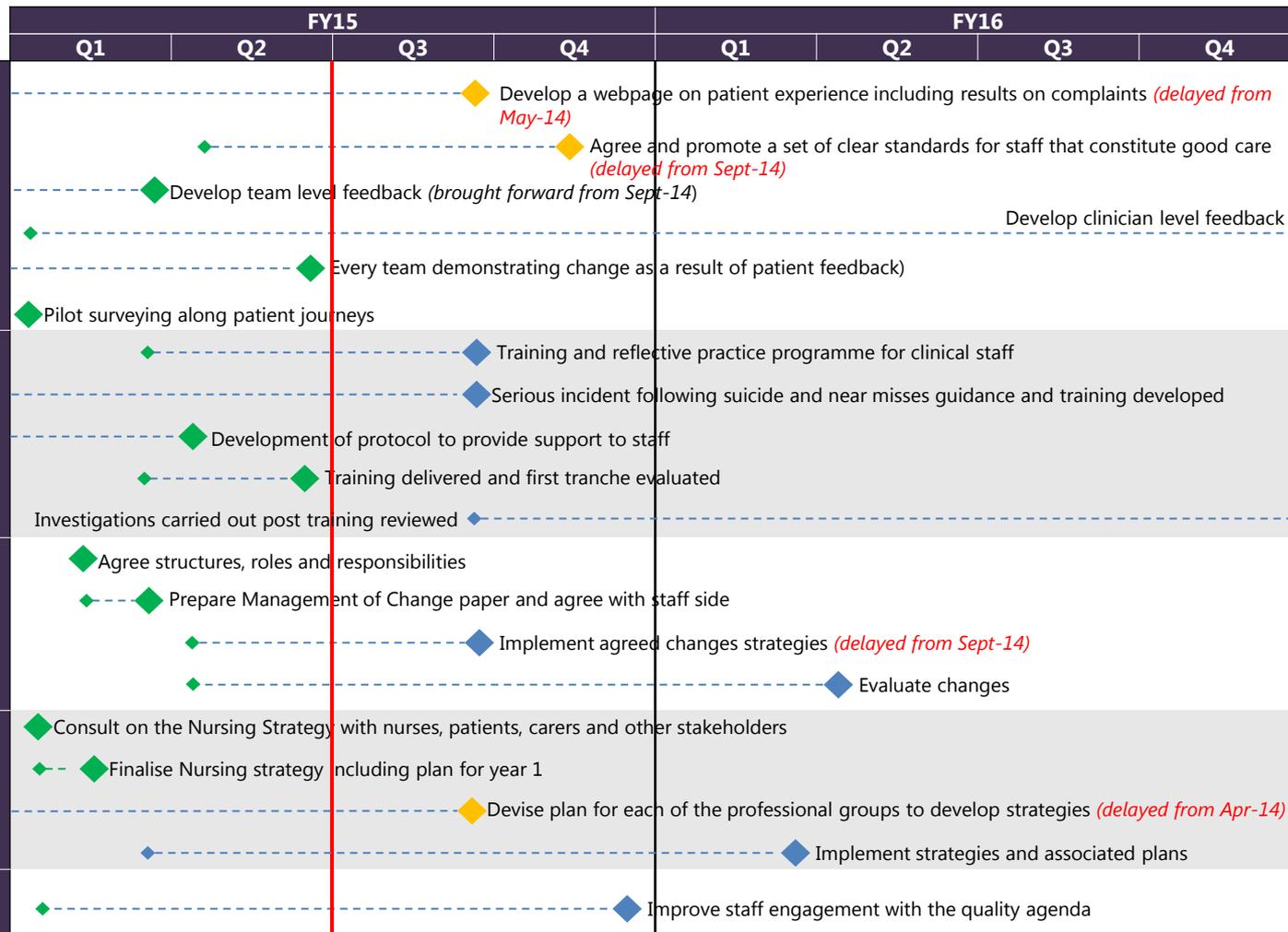




Driving Quality Improvement



DQI 5 - Improving patient experience



- ◆ Start date
- ◆ Finish date
- ◆ Complete
- ◆ Delayed
- ◆ Date change / milestone at risk of slippage
- ◆ Milestone from start to end date



Driving Quality Improvement



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DQI 1 – Making Every Contact Count ('MECC')	Benefits maps are used in all MECC meetings to maintain focus on outcomes. Methods to capture outcomes are constantly reviewed. A patient signposting leaflet was designed, and intranet/internet pages are under development. Motivational Interviewing will be designed and delivered with L&D. A staff support tool was developed, incorporating motivational interviewing principles and lifestyle information. A pilot of the patient experience questionnaire was presented at the Staff Wellbeing Group. Links with OUH and Oxfordshire County Council were developed, and joined-up working agreed.	<p>An issue is that pilot teams are unable to release time to participate fully. There are concerns in getting measurables in getting outcomes and showing benefits because of the nature of the programme.</p> <p>The end date of Dec-14 was reviewed as Health Education Thames Valley (HETV) has agreed that funding can be carried forward to the end of the financial year.</p>
DQI 2 – Safer Care	Sustained improvement is evident in the AWOL and missing patient pilot site – there is a 74% return of patients on time from a baseline of 30%. A further five wards are now testing these interventions and two are showing improvement. Self-harm reduction work commenced in two pilot areas. The Skintelligence programme is not yet embedded in pilot sites – it is awaiting leadership plans in the Older People Directorate. Institute for Healthcare Improvement (IHI) programme participants were identified. Further work is also required by the Adults Directorate to embed suicide reduction work.	<p>Spread (including testing, training, communication) of all key changes by 50% by Mar-15 and 100% by Mar-16 is at risk, but action plans are in place to mitigate this. Further training in measurement was agreed for the AWOL work as problems exist in reporting project progress. Safer Care team will support the Skintelligence programme. Attendees agreed for the Older People Directorate. Magnifiers identified for enhanced support from Safer care Team. Current changes to clinical model and pressures on clinical teams caused patchy implementation of the suicide reduction project into the AMHTs.</p>
DQI 3 - Reducing preventable Healthcare-acquired infections (HCAIs)	Several audits were completed and work is on track. Further audits are planned for Q4. Work is on-going to improve and monitor compliance with CQC standards and ATP (cellular activity) environmental screening is progressing.	
DQI 4 - Review of inpatient mental health engagement and activities, therapy and physical interventions	Recommendations for a new PVMA training package have been finalised. The cost of retraining has been calculated and presented to the steering board. The Director of Nursing will take it to the Board.	<p>The initial phase of gathering and using staff and patients experience of restraint using an Evidence Based Co-Design model is not completed, due to problems around identifying patient and staff groups to interview. Discussion continues to identify a pilot site.</p>

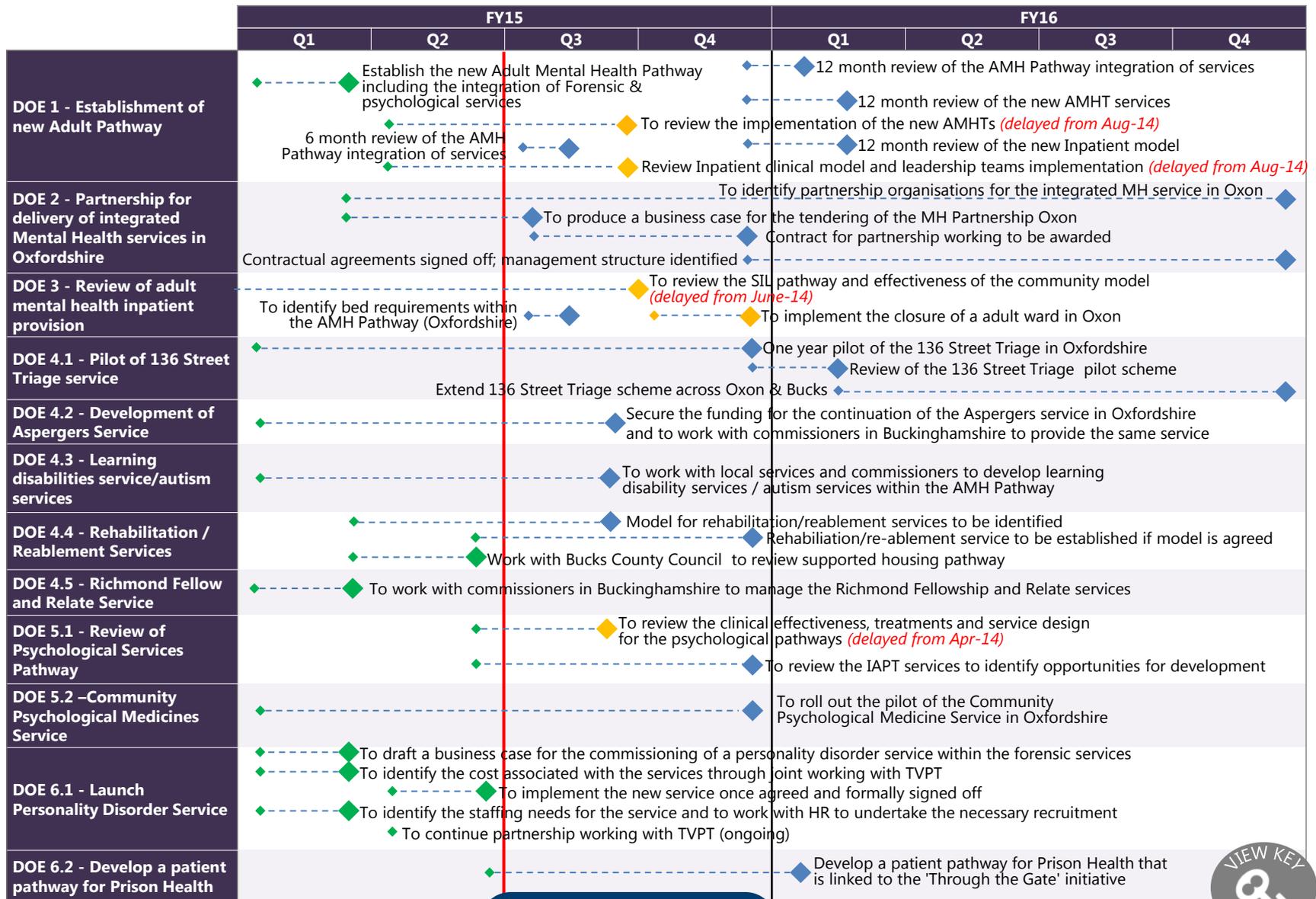


Driving Quality Improvement

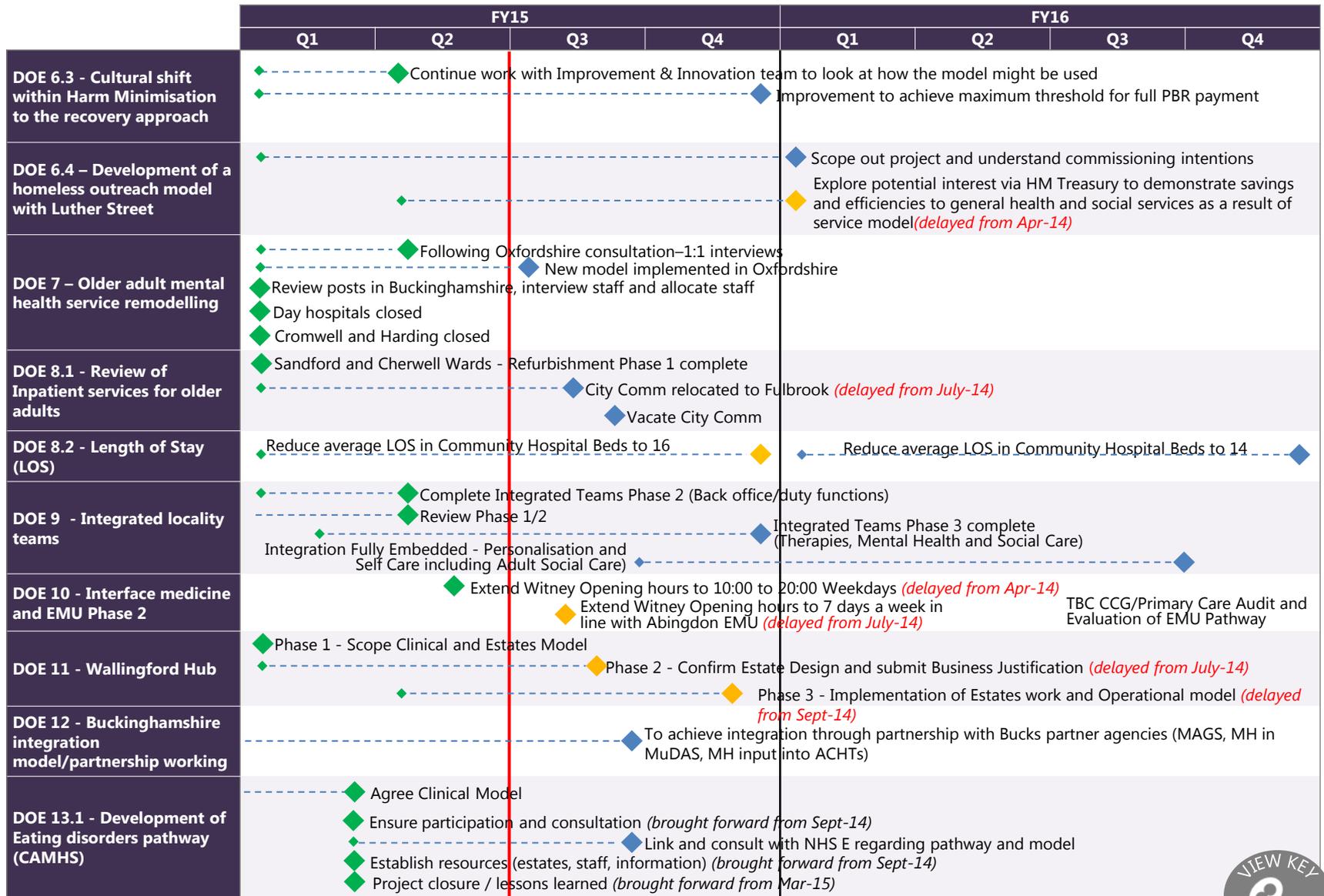


Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DQI 5 – Improving patient experience	The webpage is being developed, and will include feedback from patients, carers and parents (collected by every service) including Family and Friends Test results, and a link to Patient Opinion. Complaints and patient feedback are currently published quarterly. The directorate patient experience leads report on themes and what changes have been made. This is shared in the trust wide 'Taking action on patient feedback' group.	Development of the webpage is delayed to Dec-14. Development of a set of clear standards for staff that constitute good care is also delayed. Standards are being developed with patients by many services. The trust-wide 'Taking action on patient feedback' group will review all the patient experience strategy objectives in Oct-14 and decide whether a set of trust wide standards for staff is possible.
DQI 6 - Suicide Prevention	Development of a training and reflective practice programme for clinical staff is ongoing. Development of guidance and training for serious incident following suicide and near misses is on track. Protocol to provide support to staff is complete and awaiting formal sign-off. A training date (Dec-14) was set for psychological debriefers. Evaluations of first tranche completed: staff are receptive to interpersonal theory and training is proving effective in knowledge advancement. Optimum benefit is derived when training is followed with reflective practice sessions.	Development of protocol to provide support to staff was delayed due to the need to ask for wide consultation, however this is now complete. There is a difficulty in identifying psychological debriefing facilitators. Senior level support is required to enable effective implementation once the proposal has been signed off. It was agreed that input in critical incident reviews using the interpersonal theory of suicide will now be offered to root cause analysis lead authors.
DQI 7 - Revise the Quality and Safety, and professional leadership structures	New roles have been appointed to in the Quality and Safety team. Discussions are on-going with clinical directors regarding nursing roles.	
DQI 8 - Development of clinical/ professional strategies	Consultation on the Nursing Strategy with nurses, patients, carers and other stakeholders is complete. A final draft is awaiting sign-off in Oct-14.	
DQI 9 - Staff engagement with the quality agenda	Work is in progress by the project team to prepare for the CQC inspection. Around 40 staff engagement events have been held. The are monthly reports to the Executive on progress.	

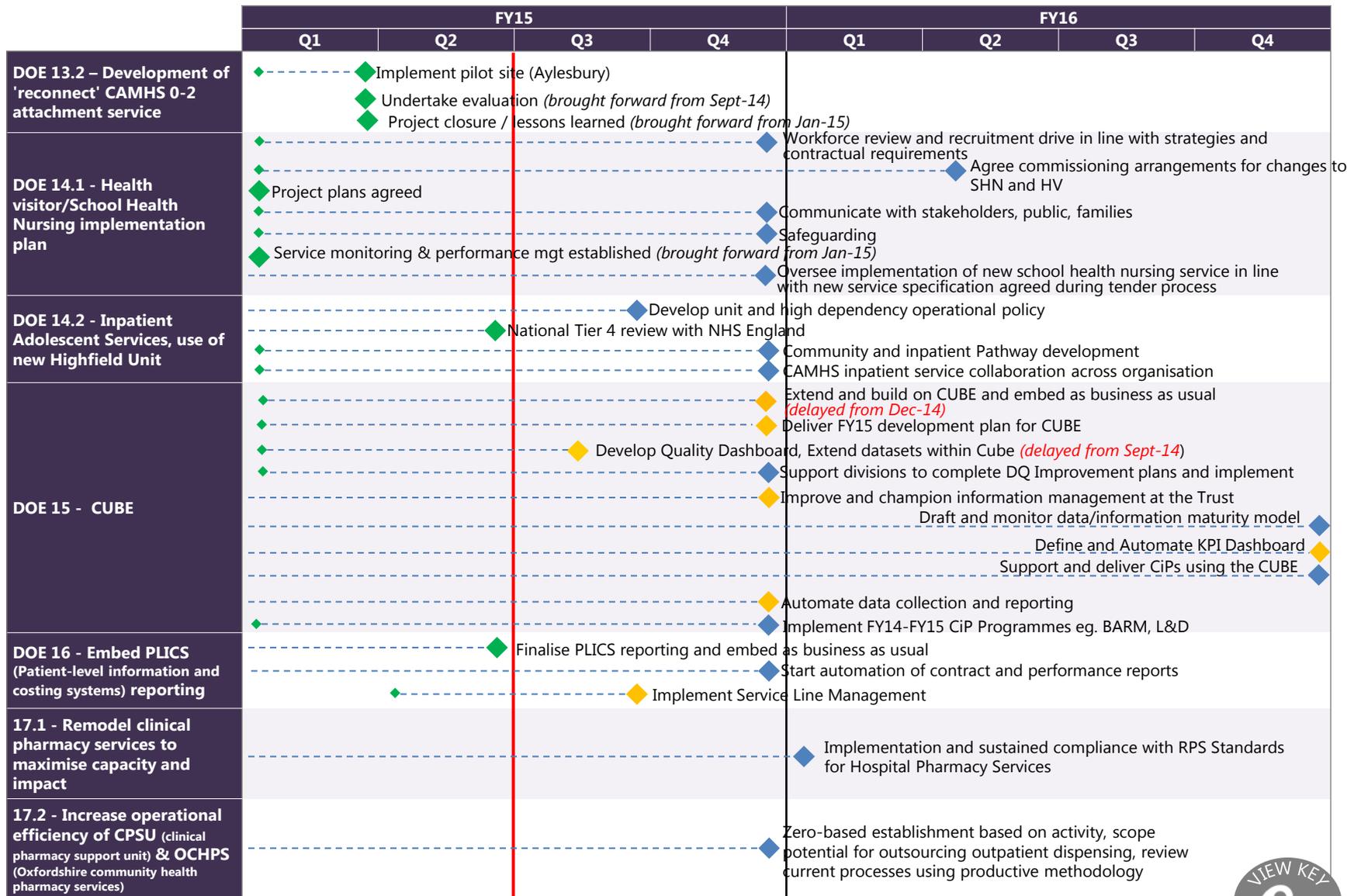
Delivering Operational Excellence



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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 1 - Establishment of new Adult Pathway	Quantitative/qualitative reviews of the AMHTs have commenced. The Chiltern AMHT review has been completed and Aylesbury is currently underway; Oxfordshire teams will commence in Q3. PTP review workstreams have commenced. The tender preparation for IAPT is underway.	
DOE 2 - Partnership for delivery of integrated Mental Health services in Oxfordshire-	The Oxfordshire Mental Health Partnership outcomes-based commissioning proposal was agreed at the Sept-14 CCG governing body. Contract negotiations will begin shortly. Financial discussions are due to be completed by end of December with a formal contract commencing in April-15.	
DOE 3 - Review of adult mental health inpatient provision	Work has commenced to identify bed requirements within the AMH Pathway (Oxfordshire). This is included in the outcomes-based commissioning (OBC) contract. We will look at step down / alternative to admissions as part of this work.	Work to implement the closure of a adult ward in Oxfordshire is at risk due to high bed pressures and patient flow issues. The outcome of the review of the Supported to Independent Living (SIL) pathway will affect whether or not this ward is able to close.
DOE 4.1 - Pilot of 136 Street Triage service	The pilot is still ongoing and data is being captured around the effectiveness of the work.	
DOE 4.2 - Development of Aspergers Service	Work is underway to set up the Buckinghamshire service. Oxfordshire service continues	
DOE 4.3 - Learning disabilities service/autism services	The Autism paper due to go to the commissioners in Nov-14. Pathway work commenced in Bucks for the service. We are the Any Qualified Provider (AQP) service for Autism Spectrum Disorder (ASD) in both counties.	
DOE 4.4 - Rehabilitation / Reablement Services	Primrose House (Whiteleaf site) has been opened. A model for rehabilitation/re-ablement services is to be identified. Rehab services in Bucks are fit for purpose but an issue for Oxfordshire. This will be picked up by the OBC contract.	



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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 5.1 - Review of Psychological Services Pathway	Partnership arrangements for the IAPT tender are completed.	Release of the IAPT tender document is delayed by the CCG but expected in Nov-14. The review of the pathway remains delayed due to the transfer of services into the Adult Directorate. It is expected that this review will commence in Autumn 2014 and end in Jan-15.
DOE 5.2 - Community Psychological Medicines Service	We are in discussion with commissioners as part of the 15/16 contract regarding the rollout of community psychological medicine. Assuming that this is agreed, we will be integrating community and liaison psychiatry with existing services in 2015.	
DOE 6.1 - Launch Forensic Personality Disorder Service	The service is operational as of Q2. Partnership working with Thames Valley Probation Service is on-going.	
DOE 6.2 - Develop a patient pathway for Prison Health	A prison pathway blueprint design has been agreed. The implementation plan and associated organisational change within prison teams to be agreed within directorate with HR advice.	
DOE 6.3 - Cultural shift within Harm Minimisation to the recovery approach	Work to see how the model might be used was completed with the Improvement & Innovation team. An audit was completed on all patients to review recovery plans in all GP practices. Operational actions were agreed with commissioners in response to findings. Payment by Results continues to be monitored quarterly but will not be fully implemented until the new provider starts in Apr-15.	Oxford Health has not tendered for the new contract due to concern with the clinical model proposed. Our priority over the next six months is to ensure the service continues to run safely until the handover to the new provider. When the new provider is formally identified we will begin discussions regarding a safe transfer. Actions include utilising agency staff, holding a weekly management meeting to monitor any clinical risk and regular updates to the Clinical Director.
DOE 6.4 - Luther Street to develop the homeless outreach model	Scoping continues through wider UK and international homeless health network. Regional commissioning intentions are still being understood. GPs remain keen to commence research project and link in with HM treasury. GP backfill to be agreed in order to free up research time.	Project remains delayed – see Q1 update. To mitigate further slippage this will be addressed in line management with practice manager. Project is likely to commence in Q3 when extra staffing is secured.



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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 7 – Older adult mental health service remodelling	Oxfordshire Model - Operational/clinical delivery of plan has started. A duty function (9-5) is in place within each team. Recruitment to vacant posts is underway. Extended hours working is not fully implemented in Oxfordshire. A Ward Manager and inpatient Modern Matrons have been appointed.	There have been difficulties in recruitment but work with HR and the use of temporary staff is ongoing. A lack of adequate staffing and appropriately trained staff has made the implementation of extended hours difficult. Actions taken include training duty staff in advanced assessment, step up/step down interventions and a phased plan to deliver extended hours.
DOE 8.1 - Review of Inpatient services for older adults	Work is underway to relocate City Comm to the Fulbrook. This should be completed and the transfer to happen by the end of Nov-14.	
DOE 8.2 - Length of Stay (LOS)	The LOS over the last 6 months has remained constant at 22 days.	Reducing LOS is a challenge - teams are closely monitoring choice and complex discharges, with support from the Urgent Care Team, seeking solutions to long stayers and out of county discharges. Other support is sought from Discharge Pathway Steering Group to address wholes system concerns in delayed transfer of care to improve patient flow and timely discharge.
DOE 9- Integrated locality teams ('ILT')	There are key vacancies in the teams but recruitment is active and new staff are coming into posts in Oct-14. Three consultations are active at the same time. These have been co-ordinated and fully supported by HR.	Difficulties include a lack of a hub office and base for the South West team, but design options are in place. No dedicated management structure is in place to drive day-to-day operational change, but will be in place in early Dec-14, working closely with the Band 7 team leads.
DOE 10 - Interface medicine, EMU Phase 2	Witney EMU opening hours were extended to 10:00 to 20:00 from Monday to Friday from 1 Oct-14.	Opening of the Witney EMU on Saturday and Sunday from 10am-4pm is delayed from Oct-15 to Nov-15.



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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 11 - Wallingford Hub	Staff resources are used more efficiently with a reduction in Community Therapy Service waiting list.	Phase 2 of the project (confirmation of estate design, submission of business justification) is delayed to Nov-14. Allocation of the estates project manager is awaited. The new outreach and in-reach assessment model in place is to be renamed the 'Nursing and Therapy Assessment unit'. The League of Friends will consider a quote for a new gym, so the project manager from estates can support the tender. Recruitment of Nurse Manager joint post with Integrated Locality Team interviews in Oct-14.
DOE 12 - Buckinghamshire integration model/partnership working	57 Multi-agency groups (MAGS) are in place with older people mental health staff attending most meetings as capacity allows. Multi-disciplinary assessment unit (MuDAS) – the South older people community mental health team is providing input for the whole county. Mental health into adult community health teams (ACHTs) – informal networking is taking place. Plans to provide integrated care within Bucks are at an early stage and being lead jointly by Buckinghamshire County Council and Bucks Healthcare NHS Trust.	Lack of additional funding to provide mental health input into MAGs is creating capacity/contract issues. We are in constant dialogue with the CCG and MAGS project board to mitigate this. The lead for mental health input into ACHTs/integrated care within Bucks is not within our Trust and so we are subject to whole systems timescales.
DOE 13.1 - Development of Eating disorders pathway (CAMHS)	Discussions with NHS England are ongoing, with positive interest in the draft new model. An initial data report was presented and further work was agreed to identify the need within locality areas. A project board is in place. Team managers are involved in the clinical/operational discussions regarding the model and delivery.	The next stage of the project (to agree the new model) was agreed to be Sept-14 to Jan-15.



Delivering Operational Excellence



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 14.1 - Health visitor/School Health Nursing implementation plan	<p>Health visiting - Workforce growth is on track. Commissioning arrangements are under discussion for the transfer from NHS England to Oxfordshire County Council. A new leaflet is in use and new webpages have been developed. Safeguarding assurance is at the quarterly project board.</p> <p>School Health Nursing – Recruitment is on track to ensure that there is a named school health nurse for every school. Stakeholder analysis was undertaken, a communications plan agreed and new webpages developed. A project plan was agreed and is being overseen through a monthly project board (of which commissioners and providers are members)</p>	<p>Bodyzone will no longer be delivered from Apr-14, so the risk is that not all skilled school health nurses will be trained in prescribing sexual health. The mitigation is to ensure that we have appropriately-trained staff who can be called-in if required, taking patients to a central clinic, or accessing sexual health service's outreach worker; and training up staff quickly for patient group directives.</p> <p>Recruitment and retention of enough specialist community public health nurses in schools is a risk, but mitigated by local and national advertisement and accommodation of staff preferences where possible.</p> <p>A final risk is that schools are unable/unwilling to provide network access for nurses. Mitigation is good communication and providing exception reports.</p>
DOE 14.2 - Inpatient Adolescent Services, use of new Highfield Unit	<p>Work to develop the unit and high dependency operational policy is continuing. The national Tier 4 review is completed. The outcome was not published and there is no indication of when this will happen. Dr Hindley is now a member of the CAMHS National Task Force CRG so we have influence over national CAMHS developments. Pressures remain nationally on Tier 4 CAMHS inpatient provision.</p> <p>The project board is fully established. Current tasks are to create a discharge proforma and a single referral form. Future actions include creating Daycare Pathway routes. This work is interlinked with the CAMHS eating disorder pathway project.</p>	<p>Current risks include the complexity of patients and issues around transferring patients.</p>



Delivering Operational Excellence



Project Name

Summary of Progress

Summary of Risks, Issues, Concerns and Changes

DOE 15 - CUBE. Deliver high quality information to everyone by extending the reports and dashboards on the CUBE, training more users and empowering staff to use and understand their data

Development of CUBE processing layer and presentation layer (dashboards and reports) is being regularly managed. Bi-monthly CUBE training is available. Performance dashboards require specification from each directorate. A Quality Dashboard specification was produced - automation of the dashboard is partly dependent on the Safeguard hierarchy refresh.

A method to develop baseline plans for data quality (DQ) improvement was agreed with the directorates. A DQ dashboard is already available in CUBE for completeness monitoring.

The Information Management concept was introduced at the Information Steering Group and Information Forum.

The maturity model will be shared at Extended Exec as part of IM presentation. Monitoring to be managed via the Information Steering Group.

Implementation of Mental Health and Learning Disability Data Set data submission remains on track. Development of CAMHS dataset is dependent on the final specification from the Health and Social Care Information Centre (due Oct-14).

Reconciliation of data submissions against contract schedules is being set-up (in accordance with Schedule 6) with an initial focus on the Community contract.

Business and Activity Review Meetings dashboard produced. Hierarchy refresh in progress. Expect pilot to conclude by end of Q3.

L&D dashboards available via CUBE summary screen but data is not integrated (due to resource constraints).

Development of frozen data, and therefore contract automation, is delayed due to lack of resource in the Business Information (BI) team. The BI Manager will start in Nov-14 and a new BI Developer has just started.

The Next Generation Electronic Health Record (NGEHR) implementation impacts on data submission implementation/general data quality, and so the IM&BI team must be involved in the NGEHR configuration to avoid any data quality issues.

Directorate Information lead capacity is impacting on report migration sign-off and testing. Temporary resource is needed. Information Management (IM) remains misunderstood - a culture shift is required to enable directorates to make best use of IM. IM Workshops, planned for Jan-15, should help to build stronger understanding between the IM&BI team and the directorates.

Work to define and automate KPI Dashboard and interface for Exec, to build on FY14 KPI database and roll-out for Trust use, and to deliver KPI reporting on the CUBE is delayed as additional resource is required.

Work is progressing to automate reporting and reduce manual spreadsheet reporting but this can be hampered by the complexities of reports and system limitations.

The IT team and Advanced Health Care (system provider for NGEHR) are working together to resolve issues surrounding data submissions produced by the new systems.

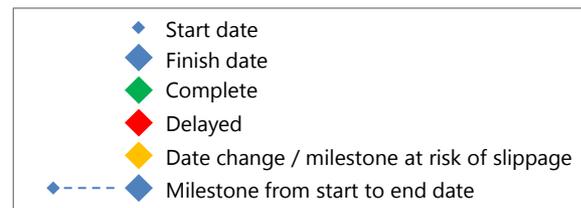
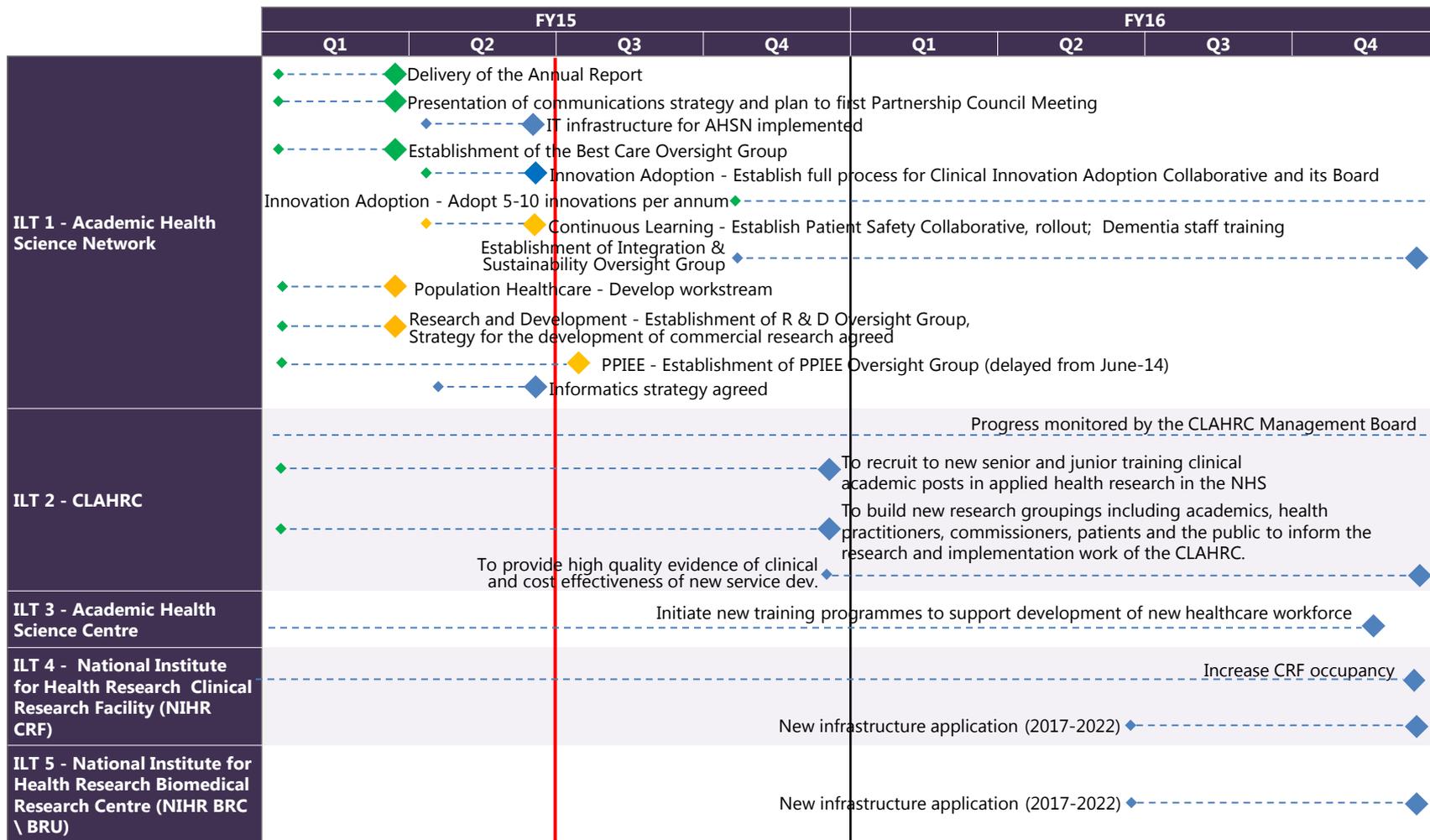


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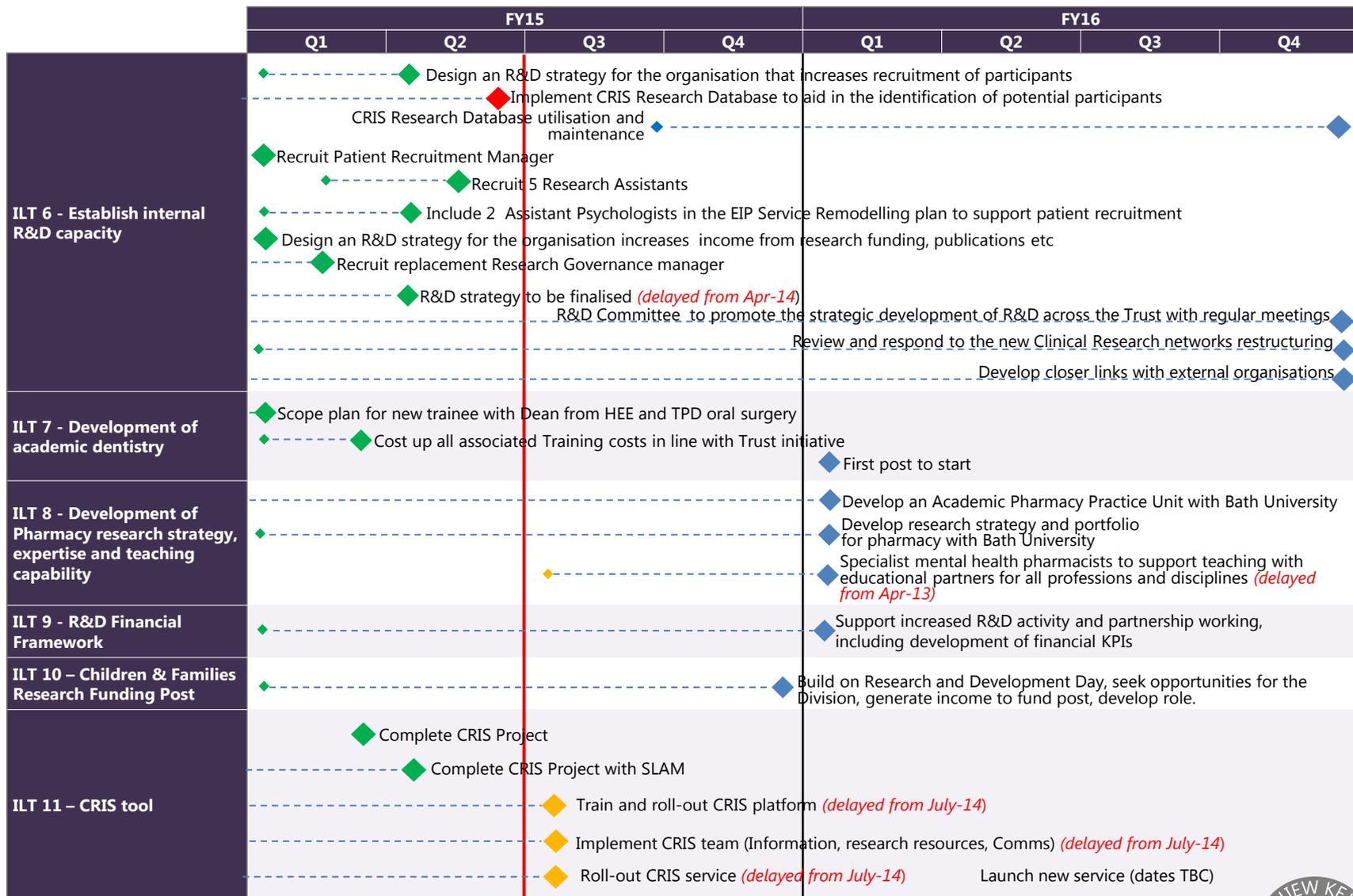


Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 16 - Embed Patient-level information and costing systems (PLICS) reporting		Specified reports are not yet completed. There is a risk that reporting is not completed for clinical rollout. Mitigation is to look at reporting solutions. Service line management cannot start until service line reports are completed and service lines agreed by Execs.
17.1 - Remodel clinical pharmacy services in conjunction with trust-wide service model review	Q2 review of self-assessment against Royal Pharmaceutical Services standards underway.	Review may be delayed due to capacity constraints but the overall plan will stay on track.
17.2 - Increase operational efficiency of CPSU (clinical pharmacy support unit) & OCHPS (Oxfordshire community health pharmacy services)	A revised workforce plan is in progress. An initial meeting with potential provider for clozapine dispensing was held. We need to engage procurement to advise on the process. Workshops were held to review the current processes.	

Delivering Innovation, Learning and Teaching



Delivering Innovation, Learning and Teaching





Delivering Innovation, Learning and Teaching



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
ILT 1 - Academic Health Science Network	A patient safety collaborative was launched in Oct-14, which is part of a national network designed to put quality care at the heart of all contact with patients.	
ILT 2 – CLAHRC	The NIHR CLAHRC Oxford and AHSN Out of Hospital Care Clinical Network is working with the Emergency Multidisciplinary Unit (EMU) team based at Abingdon Hospital to plan a wider roll-out of the care model across UK wide NHS trusts. The CLAHRC has joined the James Lind Alliance Priority Setting Partnership, which will study bipolar disorder.	
ILT 4 - National Institute for Health Research Clinical Research Facility (NIHR CRF)	More expressions of interest and feasibilities are being completed which should increase the number of studies (commercial and non-commercial) being conducted within the CRF. New processes are in place to assess the undertaking of studies. There are increasing connections across four sites of the CRF and cross-coverage of nursing staff.	Requests for costing of studies has increased over last three months, but this may not be sustained as feasibility assessments may not be converted into site acceptance.
ILT 6 - Establish internal R&D capacity	A staff survey of the recruitment strategy is being developed. A permanent Research Implementation Manager was recently appointed. Five Research Assistants were appointed within the Adults Directorate. A R&D governance committee agreed future plans and what should be brought to the meeting in terms of governance assurances and patient safety while in studies. New pipeline meetings were set up which include representation from Division Four (Dementias and neurodegeneration, mental health, neurological disorders). Contact has been made with managers from other divisions. We are working closely with Oxford University Hospitals. There is repeat business from within the CRF and better links with the Clinical Research Network. Contact was made with the military regarding nursing placements. R&D continue to seek new opportunities to collaborate in research activity.	Due to delays in document preparation and ethics submission the CRIS (clinical record interactive search) implementation and usage has been delayed. Emma Stratful has now been appointed as CRIS project manager and will oversee this development. CRIS Research Database utilisation and maintenance is awaiting ethic approval, which is dependant upon document completion and submission.

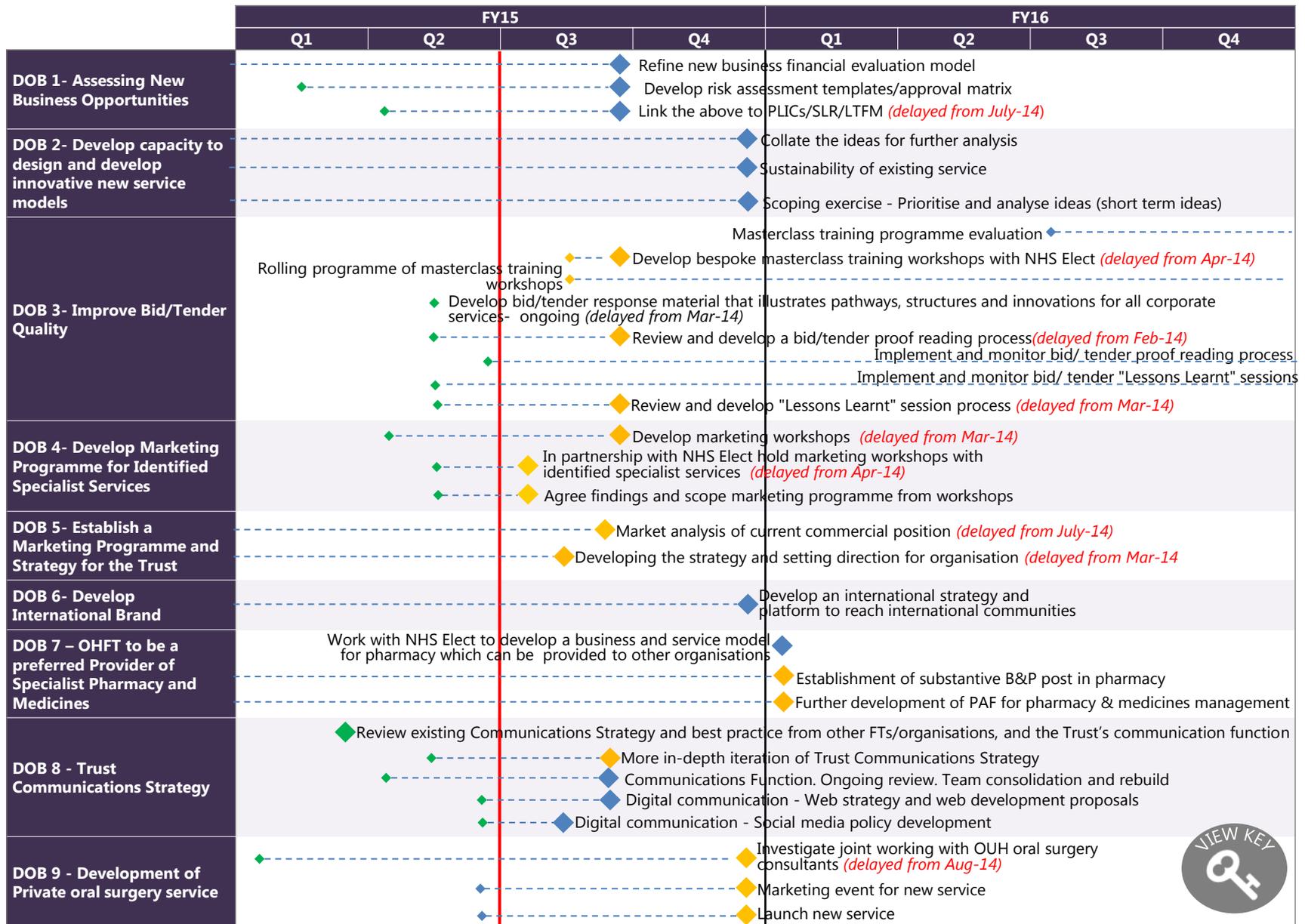


Delivering Innovation, Learning and Teaching



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
ILT 7 - Development of academic dentistry		Oxford Health and Kings College London will share individual aspects of this training – how it can be delivered is to be finalised with the dental dean. It is unlikely that this post will start before Apr-14.
ILT 8 - Development of Pharmacy research strategy, expertise and teaching capability		The new Clinical Trials Pharmacist post will be re-advertised in Oct-14. A Memorandum of Understanding (MoU) with Bath University to develop an Academic Pharmacy Practice Unit is still to be agreed. Development of a research strategy and portfolio can't progress further until the MoU is agreed.
ILT 9 - R&D Financial Framework	Work to support increased R&D activity and partnership working, including development of financial KPIs is ongoing.	
ILT 10 – Children & Families Research Funding Post	John Heine was appointed as Research Support Facilitator.	
ILT 11 – Clinical Record Interactive Search (CRIS) tool	Funding was approved but not yet released to budgets. Technical implementation with South London and Maudsley is completed. Internal implementation of CRIS is dependent on budget, business owner (R&D now identified) and clinical leadership.	R&D will complete the internal implementation (Ethics, Oversight Committee and PPI tasks). Current technical implementation is based on collaborative work with the five other Trusts. IM&BI will remain the technical leads but further work is dependent on funding being transferred to budget - circa £70k now overdue. Specification for service (now and future) and resource implications to be drafted by R&D for review with IMBI. NGEHR implementation assumed a 6-month gap between go-live for MH RiO and CareNotes CRIS, and the technical design is dependent on data migration and archive solution implemented by IM&BI. Significantly more resources would be required to align the CRIS CareNotes implementation with the MH RiO CareNotes go-live date.

Developing Our Business





Developing Our Business



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOB 1- Assessing New Business Opportunities	Work is linked to the planning and analysis function and current review of Trust standing financial instructions.	The PLICs system is implemented and complete, and reports designed, but development is delayed due to competing priorities in other teams. Alternative solutions are being investigated.
DOB 2- Develop capacity to design and develop innovative new service models	Collation of further ideas and opportunities continues to be undertaken. Performance and quality of core services must be sustained before any new opportunities are explored. A long term strategy and focus for the organisation is being developed by the Director of Business Development and Partnerships. Intelligence from year 1 indicated three areas of focus: international development, consultancy and training.	Current resource is directed to Bicester Community Hospital, limiting the ability to robustly explore new opportunities. Cost improvement programmes could reduce resources which could be utilised to support commercial opportunities, and so any new opportunities are fully costed to include resource time and cost. The introduction of a new commercial strategy and realignment of resource could limit exploration and development of further opportunities. Any new opportunities should be carefully considered against new strategy and resource for development/analysis.
DOB 3- Improve Bid/Tender Quality	The first bespoke tendering workshop is to be held in early Nov-14, if confirmed by NHS Elect. The proof-reading process is still being reviewed.	See Q1 update. The structure/working processes of the Business Development and Partnerships directorate has yet to be agreed, and so work carried out so far and future milestones will be affected.
DOB 5- Establish a Marketing Programme and Strategy	New annual reviews issued by Trusts are being studied to understand further developments from other services. Our geographic areas of focus are currently not conflicting with others to cause concern or competition. Our work on Mapmydiabetes would make us be seen as a leading provider, although four other providers are now beginning to introduce the system. The director of Business Development and Partnerships continues to develop the service strategy to complement the organisational strategy for developing core NHS services and contracts.	Sufficient time to undertake a thorough market analysis is limited due to priority commitments at Bicester Community Hospital. This will mean analysis will take longer than expected.



Developing Our Business



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOB 6- Develop International Brand	International development continues to be our key area of success, generating small amounts of income and great reputational growth. Our focus continues to be Hong Kong and the delivery of our commissioned training. We have two sessions being delivered in Hong Kong by our staff towards the end of 2014. We have repeat visits from South Korea planned, highlighting the success of previous visits. The two regions are our gateway to China and ASEAN region.	Services continue to utilise spare capacity to support visits to the Trust and delivery of programmes abroad, thereby removing any risk or potential for disruption to services.
DOB 7 - Preferred Provider of Specialist Pharmacy and Medicines	Work with NHS Elect to develop a business and service model for pharmacy which can be provided to other organisations is linking in with the internal re-modelling process. Work to actively encourage the use of Oxford Pharmacy Service as a provider of pharmaceutical products through continued opportunistic marketing is ongoing.	A substantive Business and Performance Assistant post will only be generated as part of restructuring. Use of temp staff has reduced effectiveness of post and delayed implementation of developments.
DOB 8 - Trust Communications Strategy	Review of the Communications function, team consolidation and refreshed roles is on track. Work to develop a web strategy, web development proposals and a social media policy development are on track.	Development of a more in-depth iteration of Trust Communications Strategy is at risk. This is due to some dependencies around establishing the position on R&D, PPI, etc. Operational need takes precedence. Current capacity issues mean that operational need may override strategy development. There are known areas of demand including, web and intranet redevelopment, CQC preparation, internal role and systems redesign, flu campaigns, strategy and unquantifiable areas of demand, such as the media environment and demand for fresh campaigns on specific pieces of trust work. This may mean slippage into the New Year. Mitigating action includes recruitment, team building and regular team-wide reviews of work streams.
DOB 9 - Development of private oral surgery service		Work has not progressed as the replacement clinical lead has now gone on temporary sabbatical. The only conduit for communication is with the original OUH Consultant who caused the original consultations to stall.

Developing Leadership, People and Culture

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
LPC 1- Job evaluation: Improve cycle time and consistency	◆ Review and streamline job evaluation process	◆ Train more job evaluators	◆ Develop a library of standardised JDs by band <i>(this project has been discontinued)</i>	◆ Develop 'job families' as guidance for managers <i>(this project has been discontinued)</i>				
LPC 2- Reduce costs on agency spend and temporary staffing		◆ Deliver an agreed model for recruitment and placement of temporary staff <i>(delayed from Sept-14)</i>				◆ Extend Recruitment Solutions to include other occupational groups <i>(delayed from June-14)</i>		
LPC 3- Workforce plans baselined and managed			◆ Workforce plans to reflect service remodelling programme and plans. Update of plans following transformation Mar/Apr-14 <i>(delayed from Apr-14)</i>	◆ Complete FY15 plans <i>(delayed from Apr-14)</i>				
LPC 4- Improving cycle time of recruitment process	◆ Review and adjust the Recruitment Process to maximise efficiency and reduce delays	◆ Further develop communication of recruitment process and training of recruiting managers	◆ Develop metrics in order to enable monitoring of compliance with the recruitment process and improve reporting	◆ Roll out recruitment training to all existing managers and new managers upon commencement of employment				
LPC 5- Right People, Right Skills, Attitudes and Behaviours to Reflect Trust Values	◆ Extend competence based interviewing across the Trust		◆ Improve fill rates for job by improving branding and developing more innovative solutions to filling vacancies	◆ Introduce value based interviews				
LPC 6- Staff rewards: more flexible approach to pay and reward	◆ Roll out of Safe Recruitment training to more areas in the Trust	◆ Develop improved staff benefits and communicate to staff	◆ Consider and agree potential for introduction of further salary sacrifice schemes for staff	◆ Develop and implement a reward strategy				◆ Put in place a 'total reward' approach incl. consideration of Employee Assistance Prog.
LPC 7- Improve Staff Understanding of Trust T&C's				◆ Staff handbook developed and made available to all staff				
LPC 8- Ensure all HR policies are clear, succinct, up to date and operationally workable	◆ Improve effectiveness of policy group by increasing management contribution	◆ All HR policies updated and compliant with legislation		◆ Review and improve management training on HR policies				
LPC 9- HR advice and casework: Improve staff productivity by managing casework effectively	◆ Increase number of staff who are trained and can competently carry out investigations	◆ Further develop metrics and provide information to DD's on a monthly basis	◆ Review casework on a regular basis to ensure consistency and develop precedents log					



Developing Leadership, People and Culture

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
LPC 10- Occupational Health	◆	◆						
	Raise managers' awareness of the service. Agree and publish Occupational Health KPI's and SLA's							
	Develop and implement stress management training							
LPC 11- Staff Health & Wellbeing Programme				◆				
	Build network of wellbeing champions across the Trust in all Divisions. Target of 100 champions to be achieved by September '13.							
				◆				
	Implement specific projects/initiatives as agreed in wellbeing group action plan.							
				◆				
	Quarterly wellbeing days on-going across the Trust sites							
				◆				
	Annual programme of public health campaigns on key topics related to staff health and wellbeing							
LPC 12- Design Change Nurse Competency Framework	◆							◆
	Strengthen clinical leadership on forensic inpatient wards							
LPC 13- Reducing time away from workplace for patient and personal safety training (PPST) Levels 1 & 2	◆	◆						◆
	Virtual classroom pilot and business case approval of resources							
		◆						◆
	Set up implementation & communication							
								◆
	Roll-out of v/c programmes							
								◆
	Use of e-Assessments							
								◆
	Reduction in classroom based provision							
LPC 14- Continuous Improvement of Appraisal Process								◆
								◆
	Review appraisal process and identify best approach to linking with changes to T&C							
								◆
	Link values to appraisal process							
								◆
	Incorporate consideration of staff wellbeing into appraisal process							
LPC 15 - Increase team based working across the Trust	◆							
	Ensure HR policies and practices enable and support effective team based working (<i>brought forward from Jan-15</i>)							
	◆							
	Increase in team away days including use of MBTI (<i>brought forward from Jan-15</i>)							
								◆
	Continue to develop and implement Aston team based working							
LPC 16-Increase effectiveness and consistency of performance management								◆
								◆
	Consistent roll out of performance management training for managers							
		◆						
	Develop and implement probationary period policy							
LPC 17- Development of HCAs / Support Workers			◆					◆
			◆					◆
	Consistent workplace induction practices (<i>brought forward from Sept-15</i>)							
								◆
	Certificate of Fundamental Care implementation							
LPC 18 - Improve talent management across the organisation	◆							◆
	◆							◆
	Put in place a consistent approach to talent management and succession planning							
								◆
	Review PDR process to ensure it supports succession planning and talent management							



Developing Leadership, People and Culture

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
LPC 19 - Management development	◆			◆				
		◆						
LPC 20 - Improvement Champions Development Programme	◆			◆				
				◆				
				◆				
LPC 21 - Staff development programme		◆						◆
		◆						◆
				◆				◆
LPC 22 - Staff consultation process								◆
LPC 23 - Effective working relationships with trade unions, professional bodies and governors								◆
LPC 24 - Staff survey programme								◆
LPC 25 - Recognition				◆				

- ◆ Start date
- ◆ Finish date
- ◆ Complete
- ◆ Delayed
- ◆ Date change / milestone at risk of slippage
- ◆ Milestone from start to end date



Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 1 - Job evaluation: Improve cycle time and consistency		Work to develop 'job families' as guidance for managers has been reviewed and the decision is not to proceed with this project.
LPC 2- Reduce costs on agency spend and temporary staffing	A fully centralised flexible resourcing team is planned to be operational by June-15. Procurement of a workforce management system is in progress.	Recruitment of Flexible Resourcing Manager was unsuccessful, and the post will probably remain unfilled until Jan-13. The Senior Programme Manager will cover the work.
LPC 3- Workforce plans baselined and managed	Analysis to review promotion opportunities in light of exit questionnaire data is complete. Succession planning to be discussed with L&D.	Work to ensure that workforce plans reflect service remodelling changes is delayed. An overall plan is completed and one directorate plan is complete.
LPC 5- Right People, Right Skills, Attitudes and Behaviours to Reflect Trust Values	Structured staff interviews were completed on schedule, with results pending. Development of the behavioural framework (with the Said Business School) and 'Train the Trainer' is on schedule. A comprehensive recruitment plan is being developed incorporating branding, website development, recruitment materials, candidate attraction and retention solutions. A draft plan has Executive approval.	Input is required from the Directorates regarding the development of recruitment materials. Senior managers have been identified as part of an action group. Some of the recruitment activity may require funding e.g. targeted recruitment campaigns and possible international recruitment.
LPC 6- Staff rewards: more flexible approach to pay and reward	A decision paper is to be prepared on salary sacrifice for white goods. Trust Reward Statements went live in Oct-14; with communication in Oct payslips. A reward strategy framework was submitted for discussion.	
LPC 7- Improve Staff Understanding of Trust T&C's	Final draft of staff handbook is being checked and the format to be agreed.	
LPC 8- HR policies	A programme of management training is in place and monthly training is delivered.	



Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 11- Staff Health & Wellbeing Programme	Three sites now offer staff exercise classes, and staff access to onsite gyms is being explored. The food content of vending machines is also being reviewed. The staff wellbeing day at Whiteleaf Centre in July-14 was successful, with another planned for Jan-15. We supported Macmillan's biggest coffee morning and are supporting Stoptober.	Any issues are raised at the action group meetings (every two months).
LPC 12- Design Change Nurse Competency Framework	An away day was held with the charge nurses to work on competencies; however this did not lead to the creation of one framework used across the service. Matrons are now leading competency work. A follow-up away day is planned.	
LPC 13- Reducing time away from workplace for patient and personal safety training (PPST) Levels 1 & 2	The tender process for a virtual learning environment platform was completed and a supplier selected. eAssessments are now launched for the following subjects: Information Governance, Equality, Diversity & Human Rights. Fire safety. Alerter / Level 1 is available for Moving & Handling and Safeguarding Adults.	
LPC 14- Continuous Improvement of Appraisal Process	Process changes were identified and the policy re-drafted.	L&D are still awaiting values from HR to link to the appraisal process. The Key Skills Framework & Leadership Academy is being used for the performance development review system.
LPC 15 - Increase team based working across the Trust	As of Q3, 295 managers (52%) completed training. The future of the programme is being reviewed, including how it links to other L&D programmes and the organisational development strategy. Improvement and Innovation have worked with 50 teams across the Trust, supporting them with away day design and facilitation, coaching and further training. Impact assessments are completed after each programme.	69 managers are still to complete day 2 of training. 48 managers are yet to attend training and need to be targeted. Invites have been sent for remaining cohorts.



Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 16-Increase effectiveness and consistency of performance management	Performance management training for managers continues to be rolled out. Training is delivered monthly by HR staff.	
LPC 17- Development of Health Care Assistants / Support Workers (HCA/SW)	A national pilot of the Certificate of Fundamental Care implementation was completed in Sept-14. A local pilot of the draft Care Certificate Framework (CCF) documentation /handbook is within four services across the trust. The 15 standards have been mapped across to corporate and local induction and training gaps identified. A introduction of a new classroom knowledge based course was proposed.	A delay from the national pilot would impact the implementation of CCF across the trust. The additional cost of implementation has yet to be resourced.
LPC 18 - Improve talent management across the organisation	Leadership/talent development is under review with the senior team. The new PDR system will enable succession planning and talent management to be identified and developed.	
LPC 19 - Management development		The process has been withdrawn from the new design.
LPC 20 - Improvement Champions Development Programme	Cohort 5 commenced in Sept-14 with 20 delegates. Cohort 4 learning and sharing event was held in Sept-14, which demonstrated that projects are making improvements.	
LPC 21- Staff development programme	Visits to three trusts regarding their recovery colleges are planned. A project team was set up, working with IMROC (Implementing Recovery through Organisational Change).	



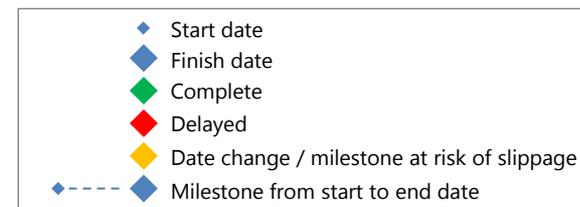
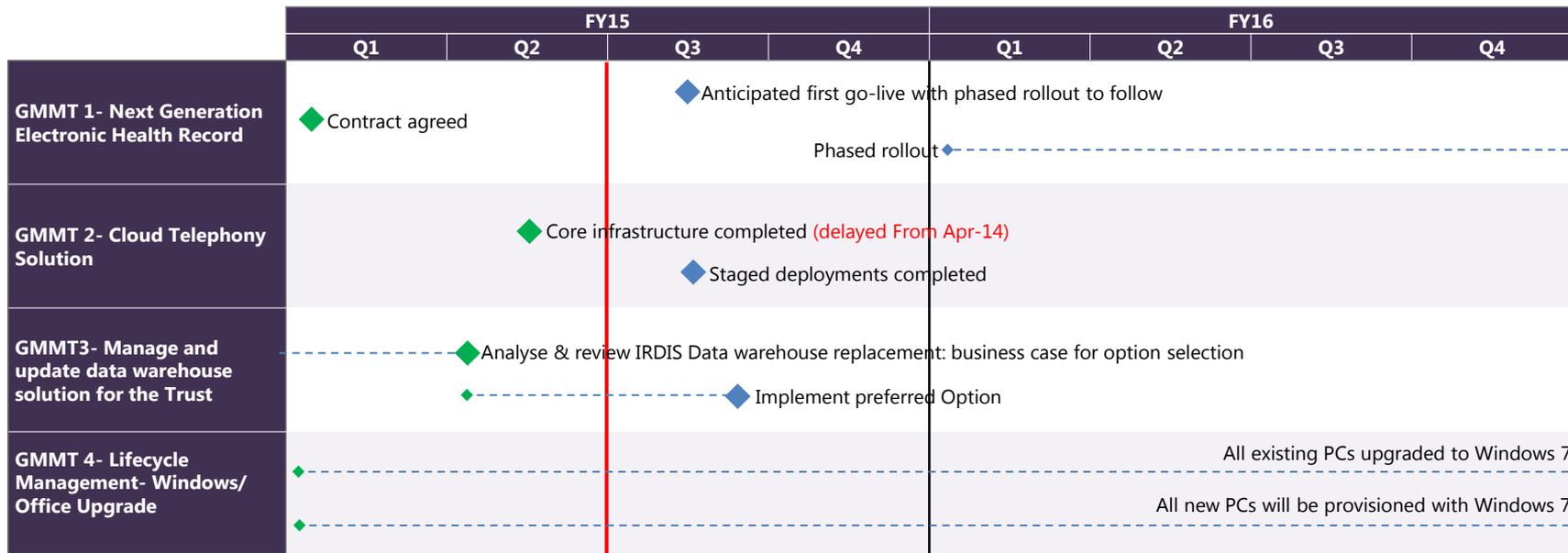
Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 22- Staff consultation process	Senior HR Business Partners continue to support as required	
LPC 23- Effective working relationships with trade unions, professional bodies and governors	A joint workshop to proactively work on equality issues is planned.	
LPC 24- Staff survey programme	The 2014 staff survey commences in Oct 2014. HR staff are working with Directorates to support the creation of action plans. Results of the Friends and Family Test were published and Q2 results to be analysed and cross referenced with the patient survey.	
LPC 25- Recognition	Initial proposal for a Corporate action plan submitted in Oct-14. Further refinement and detail to be considered.	



Getting The Most Out of Technology





Getting The Most Out of Technology



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
GMT 1- Next Generation Electronic Health Record (NGEHR)	Go-live of NGEHR - Urgent Care/Adastra transition is scheduled for the 4th of November. Further transition events have been agreed with Health and Social Care Information Centre for the 23rd March 2015 and the 6th July 2015.	A draft Data Migration Strategy now being reviewed, the transition plan amended to incorporate reporting capability and development needs.
GMT 2- Cloud Telephony Solution	Work is now completed by Vodafone. The rollout is on track - Bucks is complete and Oxfordshire is underway.	Compensation has been sought for the initial delay however the project is now running to schedule. Other delays outside this project delayed the first site planned (Bicester Hospital) therefore the net effect has been minimised.
GMT 3- Manage and update data warehouse solution for the Trust	A business case was approved in July-14 for an IRDIS Data warehouse replacement. Procurement was completed in Aug-14 and implementation is now in progress.	
GMT 4- Lifecycle Management- Windows/ Office Upgrade	Windows 7 images are complete. Core packages are packaged, and packaging now becomes an ongoing business-as-usual activity to support the environment as it evolves. The Windows 7 migration is well underway with current figures showing that 34% of the estate has been migrated.	Figures for progress to date indicate that up to three additional contractors will be required in order to meet the Apr-15 deadline. Work is underway to recruit these staff, although this may introduce a cost pressure.

Using Our Estate Efficiently

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
EE1 - Provide a safe environment for service users, and carers	<ul style="list-style-type: none"> Continued development and implementation of estates risk register 	<ul style="list-style-type: none"> Finalisation and implementation of FY2015 operational estates capital investment programme <i>(brought forward from Apr-15)</i> 	<ul style="list-style-type: none"> Continue the development of procedures and processes to ensure that all statutory testing and required PPM is undertaken; provide regular compliance reports 	<ul style="list-style-type: none"> Develop clear and concise procedures to ensure that all H&S risks are addressed ASAP <i>(delayed from Apr-14)</i> 	<ul style="list-style-type: none"> Deliver FY 2015 operational estates capital programme to agreed programme; and cost parameters 			
EE2 - Provide an estate of suitable quality to support service delivery		<ul style="list-style-type: none"> Develop Schemes Procedures 						
EE3 - Provide suitably located, functional comm. services accommodation				<ul style="list-style-type: none"> Undertake options appraisals and develop business cases as required 				
EE4 - Provide high quality estates and facilities services	<ul style="list-style-type: none"> Implement identified revised hard facilities management delivery approaches 			<ul style="list-style-type: none"> Improve efficiency of food/supplies purchasing Improve efficiency of cook chill food provisions Develop and implement revised catering approach throughout Trust Develop and implement revised domestic/ portering service approach throughout Trust Develop and implement car parking management systems 				
EE5 - Develop an effective environmental strategy; green travel plan				<ul style="list-style-type: none"> Deliver Sustainable Development Management Plan (SMDP) schemes 				
EE6 - Develop and implement Space Management processes and procedures				<ul style="list-style-type: none"> Implement Space Management Policy 				
EE7 - Provide board assurance regarding estates/facilities				<ul style="list-style-type: none"> Establish PAM and CQC Assurance reporting system <i>(delayed from Aug-14)</i> 				
EE8 - Support delivery of Operational CIP Plans	<ul style="list-style-type: none"> Determine Estates delivery regarding existing Estates 				<ul style="list-style-type: none"> Deliver required schemes 			
EE9 - Achieve accurate financial plans and effective management		<ul style="list-style-type: none"> Amend and strengthen existing procedure 		<ul style="list-style-type: none"> Develop benefit based planning system for development schemes (as FIC agreed KPI's) Adjust management system to support understanding of facilities mgt costs to enable accurate business planning forecasts to be dev. Develop costs m2 building for all estates and facilities costs 				
			<ul style="list-style-type: none"> Develop contract database and procurement approach <i>(delayed from Apr-14)</i> 					





Using Our Estate Efficiently



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
EE1 - Provide a safe environment for service users, and carers	An Estates and Facilities Risk register is in place. The impact of reduced investment was highlighted in a half year review in terms of noncompliance. Delivery of the FY15 operational estates capital programme is on track. Following a gap analysis of planned preventative management, a specification was produced to deliver work in Q4 using additional resource.	A document identifying health and safety procedures in the department is being drafted. This was not completed in Sept-14 as planned, but is expected in Q3.
EE2 - Provide an estate of suitable quality to support service delivery	Work to develop schemes procedure documentation to support current documentation is complete.	
EE3 - Provide suitably located, functional community services accommodation	Options appraisals and business cases are being completed as required.	
EE4 – Provide high quality estates and facilities services	Procurement to improve the efficiency of food/supplies purchasing is complete. Housekeepers were transferred from older adult wards to Estates and Facilities as part of the work to review the domestic/portering services.	Work to develop a revised catering approach and revise the domestic/portering services are now merged. The new structure, base performance and cost are being developed for a business case. An implementation plan will be published in Oct-14.
EE5 - Develop an effective environmental strategy	The Sustainable Development Management Plan was completed. Schemes for development in FY15 are to be determined.	
EE6 – Develop and implement Space Management processes	A review of the room/desk booking system is completed.	
EE7 - Provide board assurance regarding estates and facilities	Software to establish a Premises Assurance Model (PAM) and CQC Assurance reporting system was ordered. The first reports are due in Jan-15.	
EE8 – Support delivery of Operational CIP Plans	The productivity CIP, working with operations, is on track.	
EE9 –Accurate financial plans	Development of data showing costs/m2 for all estates and facilities continued. KPIs for five sites were produced.	