

# 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 Business Through Partnerships



Developing Leadership, People and Culture



Getting The Most Out of Technology



Using Our Estate Efficiently



# Driving Quality Improvement

# Driving Quality Improvement

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DQI 1 – Safer Care</b>	<p>AHSN projects have been agreed with Director of Nursing and Clinical Standards.</p> <p>Meetings with each Directorate together with a non-executive director have been held (and further meeting booked), to discuss and review progress of harm reduction work using the IHI methodology and suicide prevention approaches in the Directorate.</p> <p>Numerous Audits have been completed in Q1 according to the audit programme and work is on track. A summary report for Q1 will be produced and presented to the infection control committee and safeguarding committees in July.</p>	<p>Unable to progress the 3 Bibles project with AHSN and CNWL as work on existing Trust policies is a priority.</p>
<b>DQI 2 – Implement PEACE</b>	<p>Curriculum has been drafted and peer review process has begun.</p> <p>Pilot courses taking place week commencing 13<sup>th</sup> July.</p>	<p>Commencement of training was delayed after discussion with Operational managers, but is on track for current schedule. Need to adjust curriculum for different care egroups which may take some time.</p> <p>Pilot requires Highfield to release sufficient staff which is a pressure but they have committed to do so. The roll out also requires release of staff so may be effected by staff shortages on wards.</p>
<b>DQI 3 – Improving Patient Experience</b>	<p>Pilots will be undertaken to extend the use of the Patient Opinion online feedback forum by further promotion and local ownership for responses at service level.</p> <p>Patient experience strategy in place developed in 2013 and current to March 2016. Following the paper of intent presented to the Board of Directors in March 2015 it is recognised the trust needs to develop our work on patient participation and involvement over the next six months both at an individual and collective group level as there are some good pockets of work which need to be shared and expanded to other services.</p>	<p>Delayed as a result of capacity issues.</p> <p>A project manager has been appointed to lead on four initiatives for six months from August 2015.</p>

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**DQI 4 – Embedding the 5 CQC Quality and Safety Standards**

IC:5 taskforce in place and meets fortnightly.

The peer review programme set up from October 2014, 58 visits completed up to May 2015.

A series of meetings and seminars have been held over the last year and these will continue in the run up to 28<sup>th</sup> September 2014 in preparation of the Board, senior managers and corporate functions for the inspection.

Developing and testing the coordination centre is on track for the inspection. Plan developed and consulted on identifying gold, silver and bronze command levels. Plan to go through desk top exercise in July / August 2015.

The Trust has submitted large information requests in May and June 2015 directly related to preparation for the inspection, The Trust also continues to respond to ad hoc concerns and queries raised by the CQC. Fortnightly call organised with the CQC planner to make arrangements for the inspection and to ensure the CQC have the information they require. All information sent to the CQC is logged and quality checked before submission. The Trust also has three monthly face to face meetings with our CQC inspectors to share information and discuss any concerns.

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## DQI 5- Safer Staffing

A weekly system to measure and report on staffing levels across all 34 wards introduced from April 2014. A monthly report is provided to the Board of Directors.

The Trust is involved in national work to compare staffing levels across similar settings and to develop more accurate tools to calculate the number of staff and skill mix based on patient dependency acuity (these are based on the Hurst model used in acute settings).

In addition on a 6-monthly basis all wards review their staffing establishment and a summary of this with any recommendations is presented to the Board of Directors. The Trust is also working to introduce a measure and 6-monthly reporting on direct care contact time for each of the 34 wards, this is due to be reported for the first time to the Board of Directors in September 2015.

A number of physical health community services already measure and report on staffing levels daily e.g. district nursing and urgent care. The Trust is involved in national work to develop more accurate tools to calculate the number of staff and skill mix based on patient dependency and acuity in mental health community teams.



# Delivering Operational Excellence

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 1 - ADULTS</b>		
<b>1.1 Complex Needs</b>	Consultation has been extended by one-month to mid-July to implement the new model of care across the service.	Bucks CNS are raising concerns around SD model. Bucks CNS patients are raising concerns and requested to meet with Clinical Director and HOS.
<b>1.2 Early Intervention Service</b>	The new model for the Early Intervention Service has been agreed and signed off by the Board. A meeting on 8 <sup>th</sup> July to agree staffing and then implementation.	
<b>1.3 Forensic Clinical Model</b>	Clinical model has been completed and away day for implementation with front line staff is being held at the end of July 2015	
<b>1.4 Prisons</b>	Evidence of contracts, performance reports and income associated to the budgets reviewed. Pending review of tender document to confirm if bidding for new Prison tenders is a viable option.	
<b>1.5 Pilot of 136 Street Triage</b>	A review has been completed by TVP following the street triage pilot. The service is now part of the Oxfordshire contract and a pilot is being set up in Buckinghamshire following it's success.	
<b>1.6 Team Working and Leadership Development</b>	A framework for performance and quality is in development. Leadership training programmes (leading the Way, Leadership and Coaching & SAS Doctors) all have been running for over a year. Agreeing criteria for new attendees to be completed.	

# Delivering Operational Excellence

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 2 - CHILDREN AND YOUNG PEOPLE</b>		
<b>2.1 Adolescent Eating Disorder</b>	Areas for improvement have been identified. QED quality assurance visit has been completed and feedback has been received with the unit being rated as "Excellent". Planning for further improvement is under review.	
<b>2.2 Autism Pathway</b>	Diagnostic pathway is being pilot with OUH. Staff training plan has been agreed and delivery of agreed pathway is underway.	
<b>2.3 CAMHS Liaison</b>		
<b>2.4 School Health Nursing</b>	Workforce review undertaken and recruitment on track for named Band 6 school health nurse in every secondary school. Commissioning arrangement discussion for changes to school health nurses and health visitors ongoing.	
<b>2.5 Community Children's Nursing</b>	This project is on track.	
<b>2.6 Health Visitor Implementation Plan</b>	Workforce review undertaken and recruitment on track for health visitors in line with agreed trajectory. Commissioning arrangements discussions ongoing regarding transition and move to geographical focus.	
<b>DOE 3 - OLDER PEOPLE</b>		
<b>3 Develop Models of Care</b>	Development of Fulbrook Centre integration being reviewed. MSK pathway under design development with partners. Oxfordshire Memory Clinics remodelling.	



# Delivering Operational Excellence

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<b>DOE 4 - COST IMPROVEMENT PROGRAMME</b>	Month 3 delivered £826k against a target £1,275,000. Currently projecting to deliver £4.6m by end of FY.	Recovery plans have been developed and are being validated to deliver full target amount by the end of FY16.
<b>4.1 Adults</b>	M3 delivered £63k and <b>-£282k</b> from target and FYE projecting to deliver £815k ( <b>-£1m</b> from target).  Work is underway to identify opportunities in FY17 to deliver savings through skill mix and productivity in line with recommendations made by Deloitte.	Risks to current deliver are AD08 Ketamine Clinic and unidentified schemes.  Teams have identified schemes with 4 main projects to deliver savings to the full target amount by the end of the financial year.
<b>4.2 Children and Young People</b>	M3 delivered £202k and <b>-£140k</b> from target and FYE projecting to deliver £949k ( <b>-£432k</b> from target).	Need to consider how CYP Directorate is going to identify additional savings and whether there is project resources to deliver.
<b>4.3 Older People</b>	M3 delivered £128k and <b>-£248k</b> from target and FYE projecting to deliver £1.1m ( <b>-£879k</b> from target).  There are some delays in projects and have been some slippage in savings delivery in Tissue Viability (OP08)	Discussions on whether non-recurrent mitigation can be used to offset the majority of unidentified savings. Savings of £172 are being validated by accountants. Recovery plans have been requested for all projects with delays or slippage to ensure full delivery.
<b>4.4 Support Services</b>	M3 delivered £415k against a plan of £303k and FYE projecting to deliver £1.6m; largely from estates, IT and finance.	
<b>4.5 Transformation</b>	It has been proposed to change the name of this workstream to enablers because largely projects involved will enable directorates to release savings.  Medicines Optimisation (TR01) is progressing well, £106k has been identified as a saving for this year and will be apportioned across operational Directorates.	

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 5 – BUSINESS INTELLIGENCE</b>		
<b>5.1 PLICS</b>	Developed roll out plan, the service directory is developed and report layout is designed.	There is a risk that the move from RiO to Carenotes will cause activity mapping issues.
<b>5.2 Provide High Quality IM &amp; BM for Directorates</b>	Responsibility for IM and BI has just passed to the Director of Informatics. A detailed analysis of the function is being undertaken to review the prioritised activities for a revised business plan. This will be ready for Q2 reporting.	
<b>5.3 Promote Information Management &amp; Quality Improvements</b>	As above	
<b>5.4</b>	As above	
<b>5.5 IM &amp; BI Strategic Implementation</b>	As above	
<b>5.6 IM &amp; BI Projects</b>	As above	



# Delivering Innovation, Learning and Teaching

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>ILT 1 – RESEARCH INNOVATIONS</b>		
<b>1.1 – Research Innovations</b>	Trust decision whether to apply for CRF infrastructure- CRF Annual return submitted. Discussion continuing regarding the renewal but the NIHR have not released details of timescales	No perceived risks currently
<b>1.2 – NIHR Biomedical Research Centre</b>	Oxford Health will apply for own BRC. Discussion continue between OHFT and University regarding the scientific content of the BRC bid, with regular meetings set up to maintain discussions. PMO office leading a Trust meeting on 30 <sup>th</sup> July with key Stakeholders from clinical services and executive to promote and provide information on the BRC.	
<b>1.3 – CRIS Tool</b>	Following Ethics approval in July 2015, the CRIS will undergo live testing using patient data. Training packages and communication strategy are being drafted.  CRIS co-ordinator post filled in April 2015.	No perceived risks currently, although depending upon testing of live data there is a potential risk of delay.
<b>ILT 2 – ACADEMIC COLLABORATIONS</b>		
<b>2.2 OAHSN- Psychological Perspectives in Education and Primary Care (PPEPCare)</b>	Two modules have been delivered to a group of secondary school nurses, with two more modules on 9th July, and further training planned for the autumn; some train the trainer has taken place within CAMHS.	
<b>ILT 3- LEARNING AND TEACHING</b>		
<b>3.1 Nursing Leadership: AIMS</b>		
<b>3.2 New Revalidation Requirements for Nursing</b>	The NMC have now produced more detailed information on the revalidation requirements. The Senior Nurse Forum on July 3rd was focussed on revalidation and materials have been developed that can be used by nurse leaders in the directorates with their teams.  A draft project plan has been developed by the I&I team with Mike Foster. Implementation will be from April 2016.	



# Developing Business Through Partnerships

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DBP 1 OXFORDSHIRE MENTAL HEALTH PARTNERSHIP</b>		
<b>1.1 Recovery College</b>	Oxford Health became a member of ImROC at the end of 2014. Work is continuing within the partnership workstream to launch the college in Q2; pilot courses will be running in July. A Hub and spoke model will operate across the partnership.	
<b>1.2 Outcomes</b>	The outcome measures to be used across the partnership have been agreed OHFT (including OMHP) and OCCG.	The contract has not yet been signed which has delayed the start of the formal partnership. It is anticipated that this will be signed in July 2015.
<b>1.3 Workforce Development</b>	Work has commenced for the workstream development pathway within initial reviews of current courses available and the costs associated with these across the organisations.	
<b>1.4 Acute to Community Services</b>	<i>See page 2</i>	
<b>1.5 Support Services</b>	A review of the rooms being used within the partnership is underway to understand whether these can be utilised more effectively and whether there are any costs associated.	
<b>1.6 Psychological Services Pathway</b>	Step 4 Review is underway to produce an options appraisal for delivering the service differently that is within the financial envelope and is patient centred.	
<b>1.7 Choose and Book</b>		Problems with CareNotes are being resolved before proceeding with this project

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## DBP 1 OXFORDSHIRE MENTAL HEALTH PARTNERSHIP

Due to the delay in signing the contract, the single assessment process has been delayed until it is known when the partnership will formally commence. Discussions are now underway within the outcome workstream to agree the necessary assessments and access points for the partnership.

SIL pathway is being reviewed currently by all members of the partnership. There is a workshop at the end of September to discuss.

A proposal has been agreed for a pilot community assessment unit. Pilot to be implemented at the beginning of October.

A review of inpatient services is underway and needs assessment of those patients on the ward who would benefit from a Medium Term Intensive Inpatient Provision is underway.

A review of Oxford Health day hospitals has been undertaken and a paper has been written with the findings for discussion and decision going forward [to develop a Partial Hospitalisation Model].

Research of service provision is underway with a proposal being developed for discussion [to develop a Crisis Place provision] at workshop at the September.

The single assessment will commence use for new patients accessing the partnership once the contract has been signed and start date agreed.

### 1.4 Acute to Community Services



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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DBP 2 – OXFORDSHIRE INTEGRATED CARE</b>		
<b>2.1 Oxfordshire Integrated Locality Teams</b>	<p>New ways of working have started in localities, each locality developing at different paces. In West Oxfordshire Social Care and Health Care have relocated together.</p> <p>Operating process and procedures are being developed,</p>	Localities are developing at different paces and not all localities will co-locate, therefore the end date of Sep-15 has been extended to Dec-15.
<b>2.2 Oxfordshire Integrated Urgent Care Bed Based &amp; Ambulatory Pathway</b>	Partnership meetings are underway. Project Plan has been delayed due to work with whole system to agree priorities.	
<b>2.3 Oxfordshire Integrated Urgent Primary Care Pathway</b>	<p>Following workshop SCAS key actions are underway to improve urgent primary care pathway. This includes:</p> <ul style="list-style-type: none"> <li>EOL pathway: planning an “urgent access” number for patients to call that reaches community staff (from SCAS and OH) who can support patients to stay at home</li> <li>Considering options for co-location of triage services</li> </ul>	
<b>2.4 Care Clusters Pathways &amp; Recovery Model for OA MH</b>	Care packages are under development for Care Clusters 4-17 through the cross directorate project. Care packages for clusters 18-21 will be developed from Dec-15.	



# Developing Business Through Partnerships

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## DBP 3 – CAMHS PARTNERSHIP MODEL

### 3 CAMHS Partnership Model (Bucks and Oxon)

Project structure, plan, charter and risk register agreed. IT work package group established and key staff locations identified.

Property work package group and Human Resources work package group established and key staff locations identified, including shared premises with Barnardo's and new "buddy" role and call centre staff from Barnardo's.

Evaluation options to be reviewed in partnership with Said Business School (for BEAT evaluation) and Department of Health CAMHS Taskforce Leads (to be confirmed), and Academic Health Science Network (to review new partnership model), plus Harvard Business School (possibility of costing pathways).

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<b>DBP 4 – COMMUNICATIONS</b>		
<b>4.1 Communications Development</b>	<p>Web strategy approved by Exec, however formal focus group work was not. First redesign of the website is complete.</p> <p>Review of intranet is complete and new development plan is under consideration. First phase redesign is complete.</p> <p>New social media policy is delayed as it was due for completion in Mar-15, it is currently drafted and under review with HR.</p>	<p>Consideration of other ways to gather user views to shape development.</p> <p>Resource issues apparent for any major redevelopment of intranet and this is currently behind schedule.</p> <p>Awaiting HR review for the new social media policy.</p>
<b>4.2 Strategic Engagement Activities</b>	<p>Strategic approach and messaging embedded in IC5 intranet site and staff communications.</p> <p>Providing ongoing support to the Trust Strategy (and PMO), including support with posters, intranet, videos and internal publicising of events.</p> <p>Smoke-free campaign via newsletter, poster, e-bulletin, social media plus support for events.</p> <p>Support given to Ketamine clinic launch, via leaflet. Ongoing support for marketing aims as required.</p> <p>Regular bi-monthly events for Health Matters. Support for Health and Wellbeing Action Group associated campaigns ongoing.</p>	<p>Car parking implementation communications projected end date has changed from May-15 to Sep-15.</p> <p>First draft CRIS materials produced. Project slippage has delayed final version, pending service user and carer involvement via R&amp;D. Therefore end-date revised from Apr-15 to Sep-15 (approx.).</p>
<b>4.3 Supporting Service Development</b>	<p>The protocol for media relations have been agreed for the OBC- Adult Mental Health Partnership. Oxford Health are going to lead.</p>	<p>The OBC- Adult Mental Health Partnership workstreams include one on communications that does not engage directly with corporate communications. Currently liaison is via AMH project manager. will require more governance as project develops.</p>

# Developing Business Through Partnerships

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## DBP 5 – MARKETING AND BIDS / TENDERS

### 5.1 Improvement of Bid Evaluation and Tender Submission Quality

Training programme agreed with NHS Elect with first classes to commence in Aug-15 and rolling throughout the year.

I&I team, key members of Adult management, and selected members of CYP undergoing Prince2 and MSP training and project management Corporate Approach training.

### 5.2 Develop Trust Marketing Strategy

Workshops agreed with NHS Elect to run in house corporate and directorate marketing workshops.

A Marketing Officer will not be recruited and the marketing functions will be shared out between existing members of the I&I team, Directorate teams and Communications department.



# Developing Leadership, People and Culture

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>LPC 1 Flexible Workforce Management</b>	<p>All pilot units are on the system however set up has been challenging, initial signs of benefits have been seen. End of Pilot review submitted to Project Board for discussion on 6<sup>th</sup> July.</p> <p>Engagement and implementation with wave one units has commenced.</p>	
<b>LPC 2 Recruitment and Retention</b>	<p>Collaborative working has taken place with L&amp;D to embed values into the new PDR process being launched in the Autumn. Work continues on developing recruitment materials for training.</p> <p>Improvements have been made to the 'Working to Us' section of the website and work continues with refreshing of staff profiles. Work is complete on the identification and promotion of key worker housing and the NHS Jobs 'header' section.</p>	<p>Concern regarding resource required for implementation of Values Programme. Meeting held with TVHR to identify additional support regarding the launch of Values Based Recruitment and the development of an implementation plan.</p> <p>Regular commitment from nominated staff from the directorates is a concern.</p>
<b>LPC 3 Staff Wellbeing – Staff Rewards</b>	<p>Staff recognition awards have been launched and scheduled to take place in September at the AGM. Developing and implementing a reward strategy is deferred to April 2016.</p> <p>'Total Reward' approach including consideration of Employee Assistance Programme has be deferred to April 2016 as there are no funds to cover this.</p>	<p>There are no risks with these delays. Mitigations are the relaunch of the Recognition Scheme and the Wellbeing programme of work.</p>

# Developing Leadership, People and Culture

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>LPC 4 - ORGANISATIONAL DEVELOPMENT, LEADERSHIP AND TEAM-BASED WORKING</b>		
<b>4.1 Aston Team Based Working</b>	<p>Impact assessment questionnaire designed and agreed. Sample interviews to take place, to identify what has changed following trainings and work completed to be shared on the intranet.</p> <p>Bespoke support for teams across the Trust continues, impact to be assessed via questionnaire, interviews repeat team temperature checks and a review of our intranet site to share team purpose statements across the Trust and staff stories.</p>	
<b>4.2 Improve Talent Management across the Organisation</b>	<p>Agreeing strategic approach to talent management has been deferred to Q3 pending decision on OD activity.</p>	<p>PDR review progresses independently</p>
<b>4.3 Continuous Improvement of Appraisal Process</b>	<p>PDR system designed using values embedded into the system.</p> <p>Alpha test PDR system shown at Extended Executive 18<sup>th</sup> May 2015 for sign-off. Project group to support the development agreed. Steering group meet monthly to support and assist with development of the system.</p> <p>Pilot groups agreed at present include facilities, Skills team, CPD team, PPST team and TEL team.</p>	
<b>4.4 Leadership Development</b>	<p>The Directorate nurse leadership structures are evolving but the Nursing Strategy is in the process of being reviewed and the corporate nurse leadership posts are awaiting advertising.</p>	



# Getting The Most Out of Technology

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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>GMT 1 Next Generation Electronic Health Record</b>	A significant amount of work has been undertaken for Carenotes during Q1 to prepare the Trust to go-live. Good progress has been made, but extensive activities are still ongoing. The main concern emerging during Q1 is the fact that the supplier experienced delays building the necessary functionality to support all of the Trust's community services. The revised go-live date will be 17 <sup>th</sup> August.	<p>Many issues have emerged that are being managed according to Prince2 project management principles. Primarily these can be summarised as supplier capacity.</p> <p>There is a significant risk that the revised go-live in August will have to be delayed further, possibly until October 2015. The Trust is in daily contact with the supplier and communicating internally with all relevant areas.</p>
<b>GMT 2 Cloud Telephony Solution</b>	All activities are now complete for phase 1 (core sites).	Analysis of possible sites for a Phase 2 (expansion to small sites) deployment indicated that it is not financially viable. The project has been closed.
<b>GMT 3 IT Support for Business Change Initiatives</b>	<ul style="list-style-type: none"> <li>• All PCs have now been upgraded to Windows 7.</li> <li>• Internet Explorer upgraded on all PCs.</li> <li>• Trust network domain now in place at all GP practices.</li> <li>• New service user ICT solution being piloted.</li> <li>• New self-service password reset solution deployed.</li> <li>• Ethics approval achieved for CRIS.</li> <li>• Alternative digital dictation solution identified.</li> <li>• IT input provided to new e-Learning solution.</li> <li>• IT input provided to new parking permit solution.</li> <li>• IT input provided to new e-Rostering solution.</li> <li>• New Trust website 'look and feel' deployed.</li> </ul>	There is an ongoing risk related to the amount of available capacity in the IT department to support the amount and variety of developments.



# Getting The Most Out of Technology



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>GMT 4 Provision of a Proactive IT Support Service</b>	<p>During Q1 a total of 10,118 incidents and 8,113 service requests were received by the IT Department – a slight decrease compared to Q4 of FY15. This variance is likely to be attributable to the Easter and May Bank Holidays that have occurred in the quarter.</p> <p>In terms of KPIs, the average time to answer the Service Desk phones has significantly improved in the quarter. The Service Desk’s ability to resolve issues at the point of contact remains consistently high - during the reporting period the first time fix rate averaged 83%. In contrast, the performance against SLA has fluctuated somewhat. The slight dip in performance experienced in May was primarily attributed to business as usual resources being redirected to key project tasks such as the Windows 7 migration and the launch of Carenotes for Mental Health services.</p>	<p>The Service Desk function continues to see a high attrition rate of staff, however this is entirely in line with industry metrics. Improvements made to the method of recruitment and training of new employees has reduced the overall impact of frequent staff turnover.</p>



# Using Our Estate Efficiently

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### EE1 Provide a safe environment for service users, and carers

Monthly meetings to review Risk Assessed Work Plan and add new risks established.

Operational capital investment plan was developed using the Estates Risk Assessed Work Plan, and approved by the Trust Capital Programme sub-committee on 7<sup>th</sup> June 2015.

Orders placed with specialist suppliers for statutory and ppm works development of audit tools and programmes are on track.

The milestone to provide clear and concise procedures to ensure all health and safety procedures are addressed is delayed. Department Risk Register in place; Health and safety issues reported to Estates and Facilities Senior Management Team; procedures and policies are being reviewed and improved.

### EE2 Provide an estate of suitable quality to support service delivery (Condition B)

Milestones begin September 2015.

# Using Our Estate Efficiently

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**EE3 Provide suitably located, functional services accommodation**

Community Properties: An initial potential disposal / rationalisation plan has been developed and reviewed with the Service Directors. A more detailed review of the South Bucks estate is being undertaken due to the service changes. Work is being undertaken with the Older People Directorates to establish an estates response to a revised clinical model for podiatry services.

New City Community Hospital: Development of Clinical Strategy by Service is complete- Clinical Strategy is included in Community Hospitals OBC. Meeting arranged to translate clinical strategy (OBC) into estate response on 9<sup>th</sup> July 2015.

Adult Mental Health Campus site for Oxfordshire: Initial Strategy established in Estates Strategy (2014). Paper developed regarding potential development options at the Warneford site and meeting on 6<sup>th</sup> July 2015 to review. Strategic direction established, and paper updated to reflect discussions.

Forensic Mental Health Inpatient Services campus site: Meeting held 6<sup>th</sup> July 2015 to discuss future options regarding Warneford site.

Community Services Area and Locality hubs (including inpatient beds): Clinical Strategy included in Community Hospitals OBC.

Business Rates: Rates consultant appointed and appeals submitted.

Accommodation Management: Accommodation Policy developed for approval by the Accommodation Group.

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# Using Our Estate Efficiently

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### **Workstream One- Hard FM Services**

Implement revised Hard FM delivery approaches: Review of workforce efficient and skill mix underway.

### **Workstream Two- Soft FM Procurement**

Improve quality of contracted in cleaning services: Review of rates and prices of incumbent supplier undertaken to drive efficiency; contract extended for 1 year based on new agreed standards and costs.

### **Workstream Three- Soft FM Services**

Develop and implement revised FM approach throughout the Trust introduce cook / chill to all sites and realign management of all FM services to FM directorate: Organisational change complete

Develop and implement revised Soft FM Service delivery approaches: Review of potential future delivery models underway

### **Workstream Four**

Procure a new patient and non patient transport: Changes to the procurement requirements resulted in a delay to the commencement of the procurement exercises. The project is currently out to tender.

**Workstream Five:** Develop and Implement park management system

Implement car parking policy: Consultation and Communication programme is in place and communication support identified.

Undertake associated capitals work: Works all completed.

### **Workstream Six**

Administration- Delivery Models: A review of work type, work loads and methods of working is underway for administration support.

Small works and guidance: Price information provided in "what if" booklet but IT ordered system not yet established and therefore there is a delay.

Reorganise Soft FM Provisions Procurement: Works not commenced due to resource pressures

**EE4 Provide high quality estates and facilities services**

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# Using Our Estate Efficiently

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## Summary of Progress

## Summary of Risks, Issues, Concerns and Changes

**EE 5 Develop and implement Environmental Strategy incorporating green travel planning**

Environmental policy approval was delayed, and the policy and SDMP are scheduled for review and approval at the Quality Committee July.

Investment schemes required to support SDMP are being identified.

Investment schemes to reduce energy usage are being identified i.e. potential solar panel installations.

Green Travel Plan schemes are being developed.



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