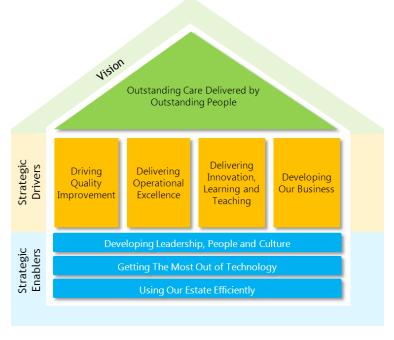


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Oxford Health NHS FT Business Plan

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*.









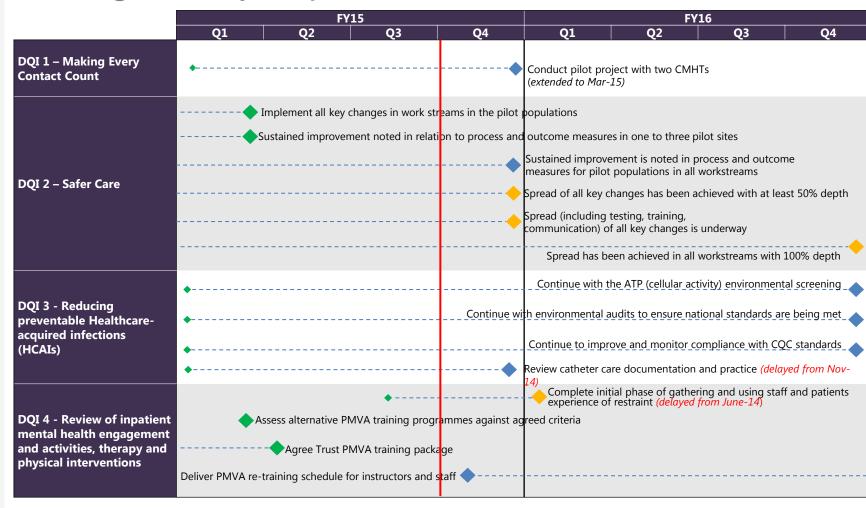














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Milestone from start to end date







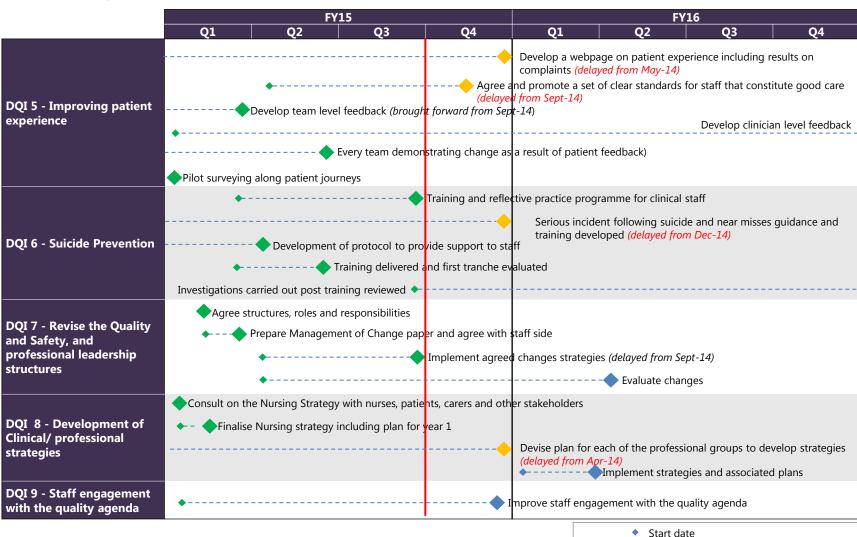














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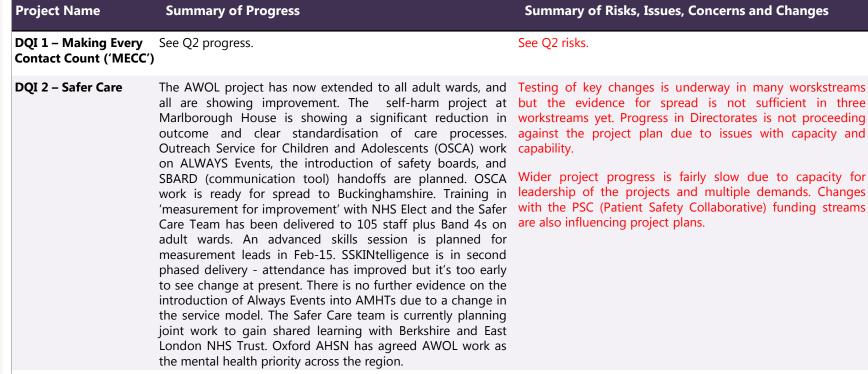














DQI 3 - Reducing

Healthcare-acquired

infections (HCAIs)

preventable

Funding to develop the new PEACE training has been inpatient mental health approved and the work to develop the training curriculum has been started.

ATP (cellular screening) to start at the Henry Cornish Intermediate Care Centre (Chipping Norton) in Jan-15. There

were no environmental audits completed in Q3. CQC

compliance review and catheter documentation and practice



























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DQI 5 - Improving patient experience	See Q2 update on the development of clinician level feedback. No change for Q3.	Development of a patient experience website remains outstanding. Work to agree and promote a set of clear standards for staff that constitute good care remains at risk but should be completed by Feb-15.
DQI 6 - Suicide Prevention	Evaluation of training and reflective practice programme for clinical staff is ongoing in some teams. Future training is being embedded and the interpersonal theory as a best practice option to guide assessment thinking and intervention is being formalised. One critical incident review (CIR) has taken place and staff evaluations sought. Guidance is to be reviewed accordingly and CIRs to be offered on an ongoing basis. The suicide awareness survey will be re-distributed to enable measurement against baseline of staff knowledge in Jan-15. An audit of incidents of suicides in the month post-discharge commenced.	Development of guidance and training re: CIRs is delayed from Dec-14 but should be completed by Mar-15. This is due to workload and opportunity, however the Learning from Incidents team is supportive of the work.
DQI 7 - Revise the Quality and Safety, and professional leadership structures	New roles in the Quality and Safety team are now all in post and agreed changes have been implemented.	
DQI 8 - Development of clinical/ professional strategies	The Nursing Strategy has been signed off by the Nursing Leadership team and implementation plan will be shared at Clinical Advisory Board.	
DQI 9 - Staff engagement with the quality agenda	A Thematic Review on Mental Health Crisis Care in Oxfordshire was held in Jan-15. There have been numerous presentations given to teams/services to raise awareness about the new standards and OHFT's approach to embedding and monitoring these in practice. Seven internal peer review visits have been carried out (4 in Children and Young People, 2 in Adults and 1 in Older People). OHFT was involved in testing of the new quarterly mental health intelligent reports to be produced by the CQC.	







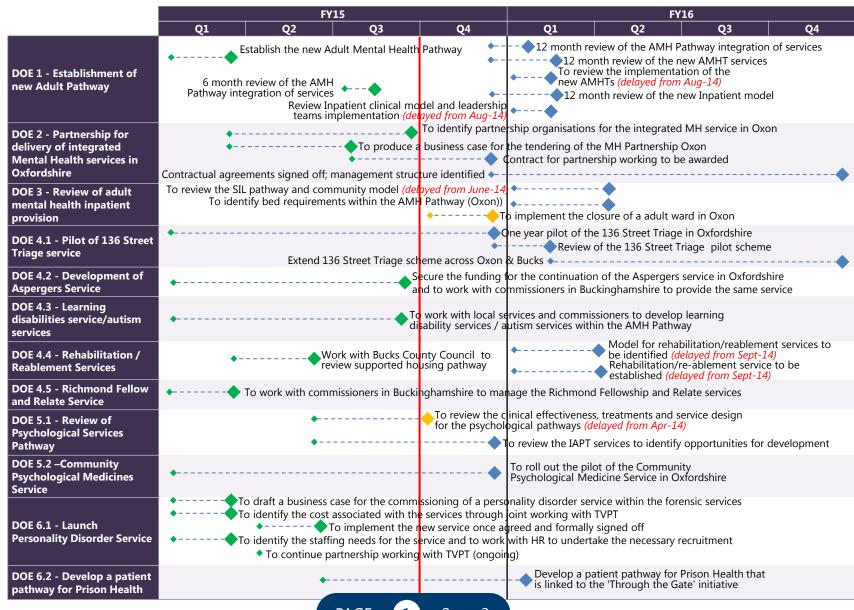


















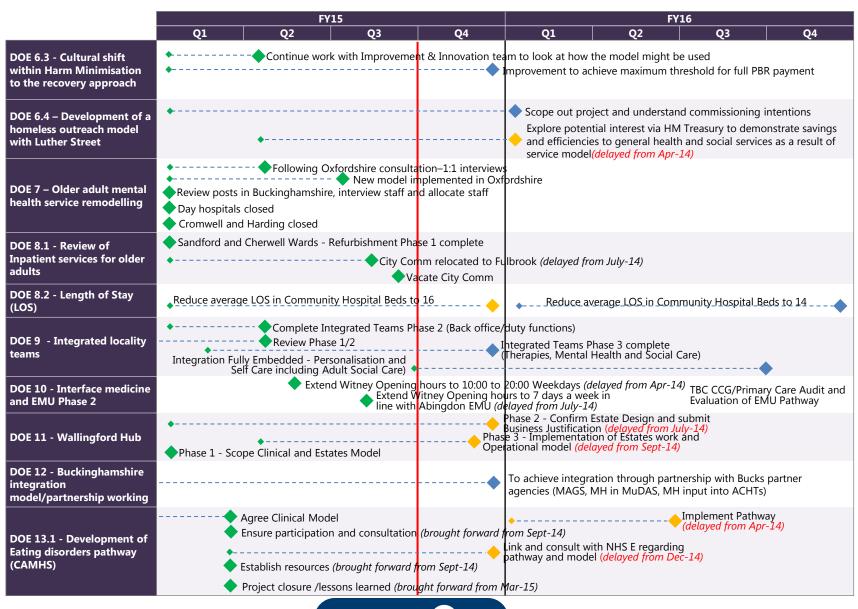


















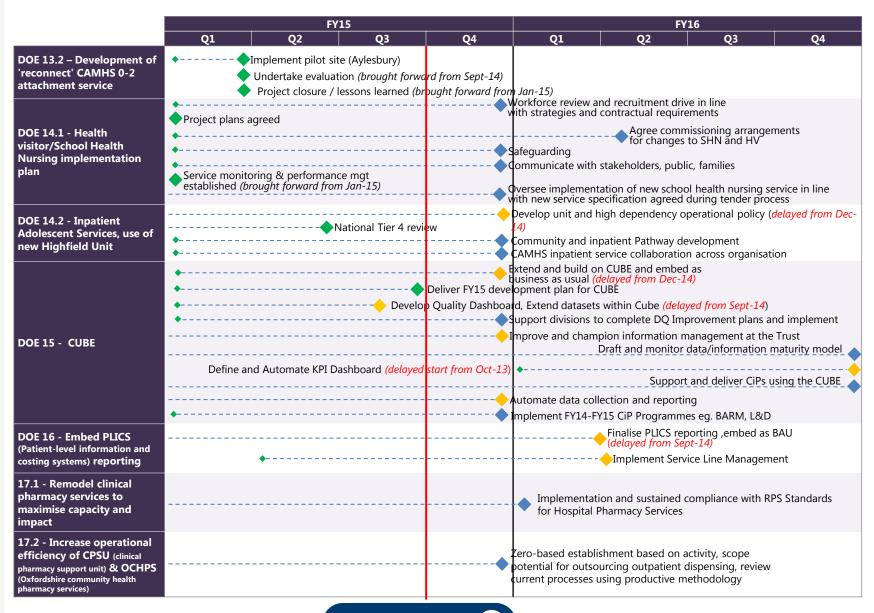














Delivering Operational Excellence Operational Excellence

























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
	An internal review of the integration of services undertaken. The review of Chiltern and Aylesbury AMHTs is complete. The review of City AMHT is due for completion in early Jan-15.	The review of the implementation of the new inpatient clinical model and leadership teams across the AMH Pathway is delayed from Dec-14 to early 2015. This is due to the wait for feedback pending from CQC review and AIMS Accreditation programme.
DOE 2 - Partnership for delivery of integrated Mental Health services in Oxfordshire	Organisations have been identified: Response, Restore, MIND, Connections and Elmore. Negotiations are underway with Oxfordshire CCG for the contract. Work is underway within the partnership on key workstreams.	
DOE 3 - Review of adult mental health inpatient provision		The review of the SIL pathway will now be undertaken as part of the Partnership agreement and will commence in Apr-15. Bed requirements within the AMH Pathway (Oxfordshire) will then be identified.
DOE 4.1 - Pilot of 136 Street Triage service	The pilot is underway and is due for completion in Mar-15. Performance information is available upon request.	
DOE 4.2 - Development of Aspergers Service	The service was set up in Buckinghamshire and continues in Oxfordshire.	
DOE 4.3 - Learning disabilities service/autism services	The Adults directorate will be responding to Oxfordshire CCG and Oxfordshire County Council's tendering proposal for learning disabilities in Jan-15, coordinated by the Director of Business Development and Partnerships.	
DOE 4.4 – Rehabilitation / Reablement Services		Identification of a model for rehabilitation/re-ablement services will be identified as part of the Partnership agreement and will commence in Apr-15.
DOE 5.1 - Review of Psychological Services Pathway	The workstream to review IAPT services and prepare for the re-tender (once announced by Oxfordshire CCG) is underway, and expected in early 2015.	The review of the pathway has commenced following the appointment of Head of Service in late 2014. This is delayed to Mar-15.



Delivering Operational Excellence (1) (2)























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 5.2 - Community Psychological Medicines Service	The pilot of the service is underway in Oxfordshire and is due to be reviewed in early 2015.	
DOE 6.1 - Launch Forensic Personality Disorder Service	Partnership working with Thames Valley Probation Service is ongoing.	
DOE 6.2 - Develop a patient pathway for Prison Health	A prison pathway blueprint design has been agreed. An implementation plan and associated organisational change within prison teams is to be agreed within directorate with HR advice.	
DOE 6.3 - Cultural shift within Harm Minimisation to the recovery approach	PBR continues to be monitored quarterly but will not be fully implemented until the new provider starts in Apr-15.	
DOE 6.4 - Luther Street to develop the homeless outreach model	Scoping continues through the wider UK and international homeless health network. Regional commissioning intentions are still being understood. GPs remain keen to commence the research project and link in with HM Treasury. GP backfill is to be agreed in order to free up research time.	
DOE 7 – Older adult mental health service remodelling	This work is complete. All our integrated health services still need to be integrated with Oxfordshire County Council (social services) in Oxfordshire. This work is being led by Suzanne Jones.	























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 8.1 - Review of Inpatient services for older adults	City Community Hospital was relocated successfully to the Fulbrook in Nov-14.	
DOE 8.2 - Length of Stay (LOS)		LOS has remained constant at 22 days. Particular challenges are arising around sourcing care home placements, both health and social care funded, with a lack of capacity in the Oxfordshire area. Escalation and support to reduce LOS with complex patients are provided via the Urgent Care Summit and Discharge Pathway Steering Group. Work is currently being undertaken across the whole system via Emergency Care Intensive Support Team (ECIST) who are supporting both the OUH and OH to improve process via a review of patient 14+ days delay. Outcomes will be available from Feb-15.
DOE 9- Integrated locality teams ('ILT')	No update provided.	
DOE 10 - Interface medicine, EMU Phase 2	Witney EMU extended its opening hours to 7 days a week on 15 Nov-14. Witney EMU has audited attendances, referrals and impact on OUH admissions. Data is in process of evaluation and review by senior team. An ST4 fellow has been in post at EMU Witney for two days a week since Aug-14. This ends in Feb-15 and negotiations are in hand for a replacement from Aug-15. Approval was gained to rotate ST1 GP trainees through Witney EMU from Aug-14 and this will continue into FY15/16. Negotiations are in hand to extend this with an additional ST1 post (6 month rotations) at Abingdon EMU from Aug-15. The prospect of offering clinical placements for Physician Assistants is also under consideration. This is now an ongoing activity.	



























	Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
)	DOE 11 - Wallingford Hub	Martin New was assigned from the estates team to support the project. The League of Friends at Wallingford Hospital are supporting the build with funding after a failed capital bid.	Funding is needed from the League of Friends to build and redesign the gym area.
	DOE 12 - Buckinghamshire integration model/partnership working	Work continues with Buckinghamshire County Council (BCC) and Bucks Healthcare Trust to take forward the plans for integrated community services. A draft integration plan has recently been written by BCC for the whole system.	
	DOE 13.1 - Development of Eating disorders pathway (CAMHS)		Discussions are ongoing with NHS England, who are broadly supportive of the model and may consider funding. Implementation is consequently delayed to Apr-15 – Dec-15 and will follow a final project board meeting in late Feb-15 to agree the new model.
	DOE 14.1 - Health visitor/School Health Nursing implementation plan	Workforce recruitment is on track in line with the agreed target trajectory. Discussions are ongoing with commissioners to ensure robust arrangements for both health visiting and school health nursing. Communications are ongoing, including the development of new, young-person-friendly webpages. A safeguarding update is presented to project board every other meeting to ensure any issues are highlighted and resolved. The monthly project board is ensuring that the new school health nursing service is implemented in line with the service specification, including a school health nurse based at every secondary school in Oxfordshire.	See Q2 for an ongoing risk around Sexual Health. The Healthy Weight Management Service is unable to meet performance targets due to lack of engagement on group programmes.
	DOE 14.2 - Inpatient Adolescent Services, use of new Highfield Unit	Work is in progress to further develop the HDU Operational policy with learning from key cases. This will reflect out of hours usage of HDU and admissions directly to HDU. A clinical pathway meeting was established across all areas to ensure community and inpatient services are working together. A National Tier 4 review report was drafted by NHS England and	

is due to be finalised in July-14.



Delivering Operational Excellence (1) (2)























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 15 - CUBE	Developer is now fully supported and delivery of CUBE developments is progressing faster. General users training is now a business as usual task. Directorate plans are in place for each directorate. There are monthly review against plan in Collaborative build meetings. Mental Health and Learning Disability Data Set (MHLDDS) implemented successfully (RiO version). Work now in progress to test the CareNotes version ready for CareNotes go-live in March. Reconciliation of data submission against community contract is in place with quarterly sharing with the CCG. BARM (Business and Activity Review Meetings) Hierarchy reconciliation is in progress and work is in progress to resolve differing figures to the HR version of the dashboard for Children and Young People.	Several developments cannot progress until the CareNotes go-live in July-15, including specification of performance dashboards by Directorates, automation of the local CAMHS datasets and automation of contract reporting. Manual processing of contract reports will continue. The CAMHS national dataset is delayed until 2016 but local versions of the
DOE 16 - Patient-level information and costing systems (PLICS) reporting	Qlikview was purchased and is being implemented in Q4, then PLICS reporting can be completed as business as usual.	There is a risk that reporting is not completed for clinical rollout. The mitigation is to look at reporting solutions.
17.1 - Remodel clinical pharmacy services	A self-assessment is to be repeated in Q4.	Resource to address gaps identified will need to come from existing funding through re-modelling.
17.2 - Increase operational efficiency of CPSU (clinical pharmacy support unit) & OCHPS (Oxfordshire community health pharmacy services)	Work is on track to scope potential for outsourcing outpatient dispensing and to review current processes using productive methodology.	



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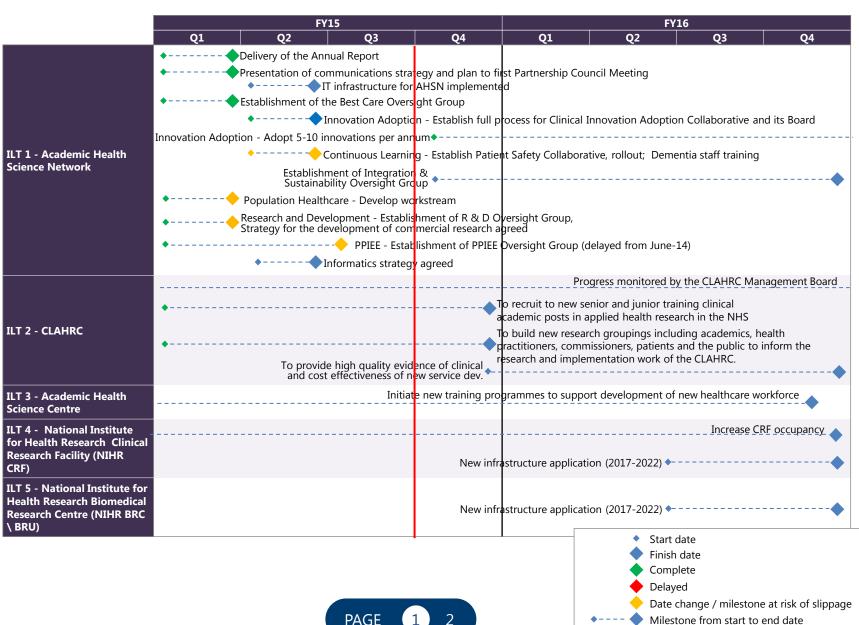








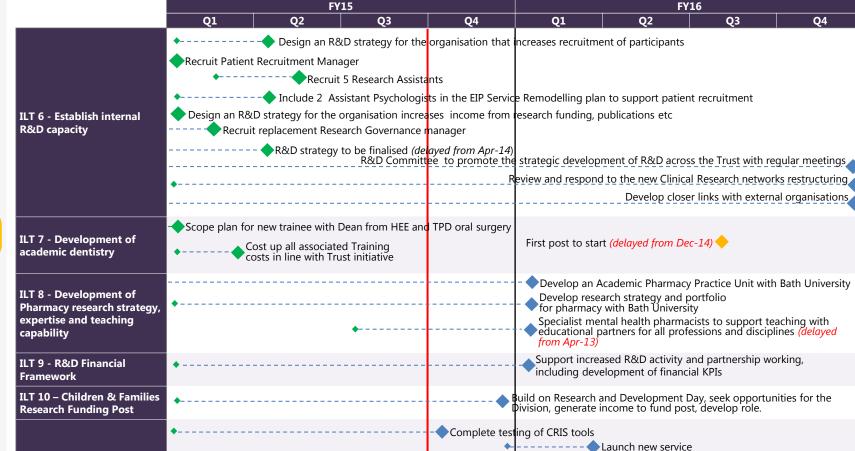




Programme Management Office (pmo@oxfordhealth.nhs.uk)



Delivering Innovation, Learning and Teaching





ILT 11 - CRIS tool





Roll out consent for contact process

D Approval and Recruitment of CRIS Co-ordinator

Ethical Approval for use of CRIS •



Delivering Innovation, Learning and Teaching



and commence in Oct-15.









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Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
ILT 1 - Academic Health Science Network	The Anxiety and Depression Clinical Network held a successful launch event in Dec-14. A shortlist of innovation candidates to be adopted at scale across our region in 2015/16 has been drawn up following a detailed review. The Patient Safety Collaborative was launched in Oct-14, part of a national network designed to put quality care at the heart of all contact with patients.	
ILT 2 – CLAHRC	In response to the Five Year Forward View, the CLAHRC stated that all CLAHRCs should play a central role to ensure that changes are evidence-based and maximal value from the changes is realised, in order to accelerate their implementation and to carry out their evaluation.	
ILT 4 - National Institute for Health Research Clinical Research Facility (NIHR CRF)	Two commercial studies are in contract negotiation with expected start in Q4. The CRF research delivery team continues to strengthen to be able to facilitate new studies. Two sleep rooms are now available which we are looking to utilise.	
ILT 6 - Establish internal R&D capacity	The CRIS security model with Information Governance assurances are awaiting approval. A Patient Recruitment Manager is in post. Collaborations within the Trust continue to strengthen and new contacts are being made externally within the CRN. OHFT is working closely with commercial companies to increase our research portfolio.	
ILT 7 - Development of academic dentistry		The dental service is investigating hosting a trainee but this is dependant on accessing full funding and forging a partnership with a secondary care provider/relevant teaching hospital. The intention is that the training will be for 3 years









Delivering Innovation, Learning and Teaching











ILT 8 - Development
of Pharmacy research
strategy, expertise
and teaching
capability







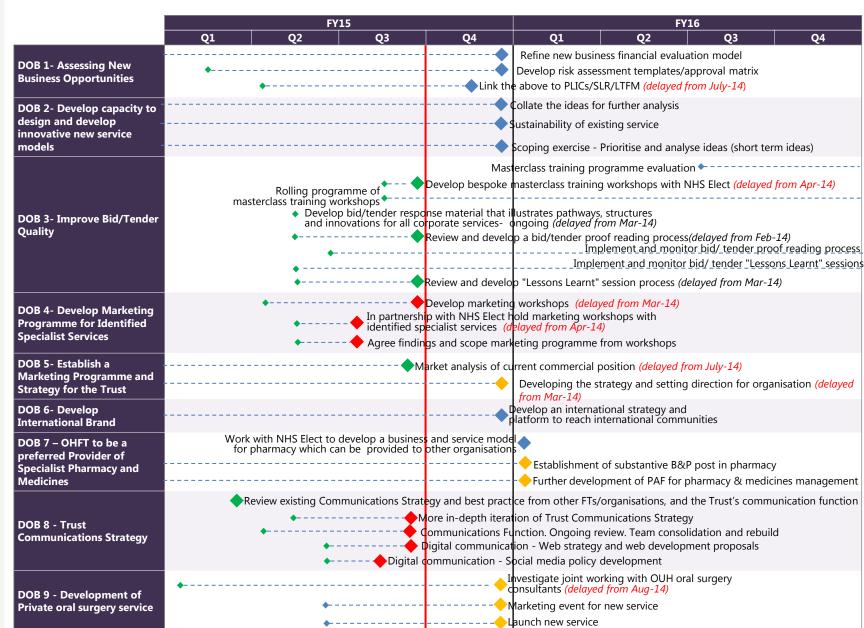




Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
ILT 8 - Development of Pharmacy research strategy, expertise and teaching capability	Development of a research strategy and portfolio for pharmacy with Bath University is on track, to be signed off in Q4. A new Clinical Trials Pharmacist has been appointed. Three 3 pre-registration places were commissioned by Health Education England for 2015-16. Agreements with OUH & Bucks Healthcare are in place to have integrated rotation schemes.	
ILT 9 - R&D Financial Framework	Work is in progress to refine the new business financial evaluation model. Work to develop risk assessment templates/approval matrix is progressing and this links with the current review of Trust Standing Financial Instructions.	
ILT 10 – Children & Families Research Funding Post	Work is ongoing to seek opportunities for the Directorate. This includes establishing journal clubs, exploring links with Reading and Brookes Universities, and encouraging the use of the NIHR Research Design Service and OHFT's outreach library service. A number of grant proposals are being developed and assistance is being provided to staff with good ideas to turn them in to good grant proposals.	
ILT 11 – Clinical Record Interactive Search (CRIS) tool	A CRIS Management Group has been established and agreed the Terms of Reference to enable the review and sign off of key documents to support the pending Ethics Submission (Q4). This group will be able to write and approve the security model document which includes information governance assurances. Testing of CRIS tools is ongoing. A job description for a CRIS Coordinator is currently with HR.	Emma Stratful has taken over the project management of the CRIS project; therefore project milestones have been updated.



Developing Our Business







Developing Our Business





















Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOB 1- Assessing New Business Opportunities		PLICS/SLR reports are designed but their development is delayed due to competing priorities in the Information teams. An alternative Qlikview reporting solution is now agreed for implementation in Jan/Feb-15.
DOB 2- Develop capacity to design and develop innovative new service models	Priority areas are discussed regularly with Directorate leads. A process for confirming operational capacity to undertake new work is in place. A review of current financial and operational performance is underway prior to developing new business. Commercial strategy has identified the key areas for Trust development. Regular programme meetings with Directorate Business leads will confirm corporate and operational priorities.	
DOB 3- Improve Bid/Tender Quality	A tender workshop was completed in Nov-14. Quarterly workshops and targeted bespoke training agreed. A corporate library of responses is being developed. However, analysis of new tenders has revealed that few "library" answers can be used without specific alteration. Proof reading will now go through the Operational lead director and Director of Business Development for consistency and tactical approach confirmation.	A number of active tenders are underway. Following the correct processes will protect the Trust from unnecessary risk.
DOB 4 - Develop marketing programme for identified specialist services		Remodelling and restructuring has prevented progress on work to develop a marketing programme for identified specialist services. The Business Development function is reviewing requirements but resource is prioritised on the development of tender bids and development of outcomesbased partnerships.
DOB 5- Establish a Marketing Programme and Strategy	There are a range of commercial activities underway across the NHS, but operational pressures prevent many from undertaking extra activity or development. Strategy for core NHS Services and contracts is under development with	·



Service Directors and lead Executive Directors.



Developing Our Business























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOB 6- Develop International Brand	Work with Hong Kong, Mainland China, South Korea and Georgia is underway. However, the financial return is very low or non-existent in some cases, so the activity should be reviewed as part of the Financial Recovery Plan.	
DOB 7 - Preferred Provider of Specialist Pharmacy and Medicines	Opportunistic marketing of Oxfordshire Pharmacy Store continues through existing networks. Potential income generation projects are due to be piloted in 2015.	A substantive Business and Performance Assistant post will only be generated as part of restructuring. Use of temporary staff has reduced effectiveness and delayed implementation of developments. Further development of a performance assurance framework for pharmacy & medicines management is therefore at risk.
DOB 8 - Trust Communications Strategy	No update provided.	
DOB 9 - Development of private oral surgery service		This project is delayed due to the capacity of secondary Maxfax consultants, and the private model requires some revision with consultation. The OHFT dental leads are meeting with the OUH Clinical lead in Jan-15 to revitalise the project.







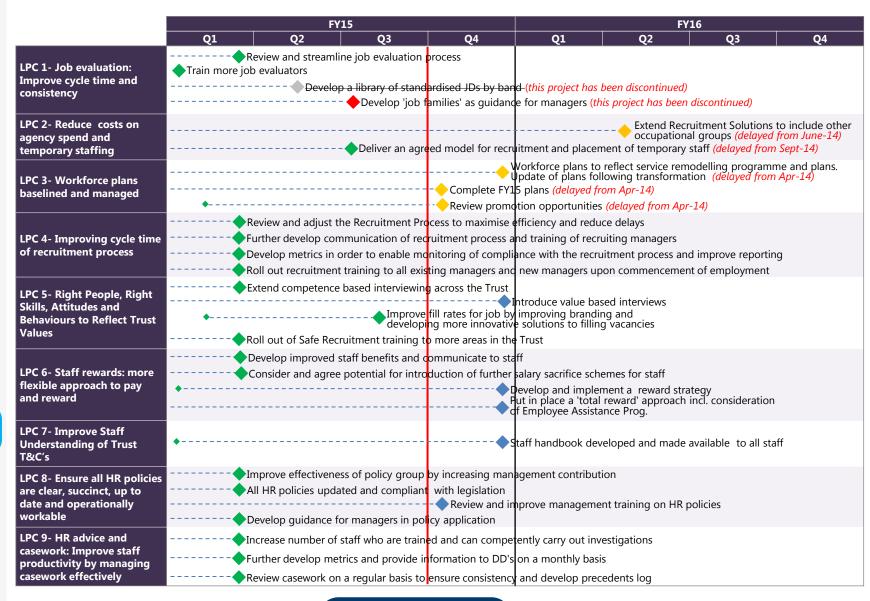




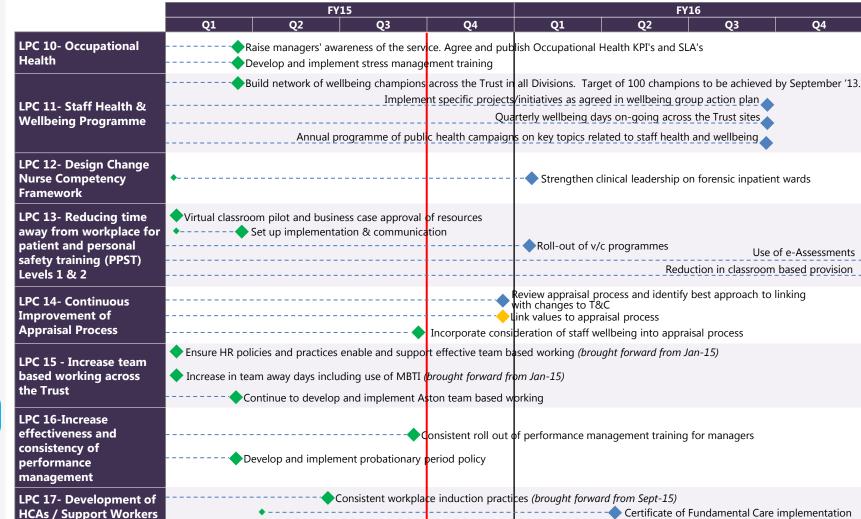














LPC 18 - Improve talent

management across the

organisation

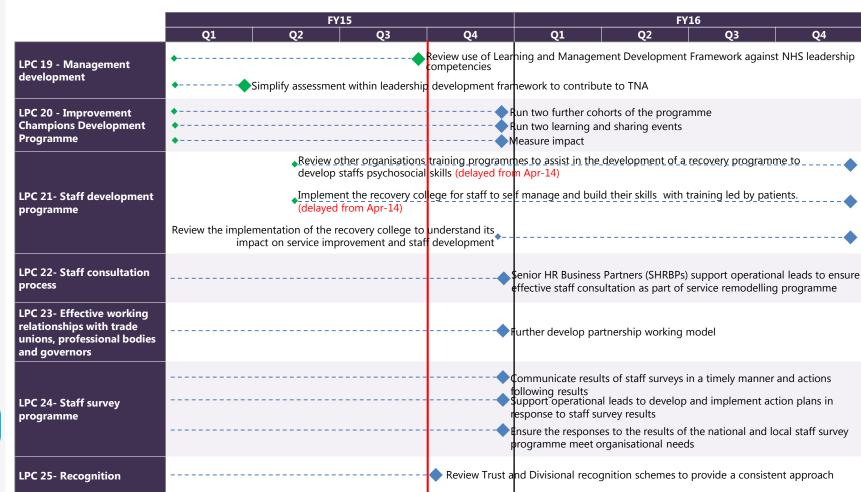


Put in place a consistent approach to talent management and succession planning

planning and talent management

Review PDR process to ensure it supports succession



































Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 1 - Job evaluation: Improve cycle time and consistency	Job evaluation processes were reviewed and changes made to clarify processes, resulting in less traffic and less delay. Most commonly used job descriptions were standardised. Further work will continue pending resource.	
LPC 2- Reduce costs on agency spend and temporary staffing	Recruitment Solutions Work will be developed as part of flexible workforce work. A model for recruitment and placement of temporary staff was agreed. An e-rostering system was procured and the manager post being recruited to.	Recruitment of a Flexible Resourcing Manager was unsuccessful – post is being re-advertised but a post holder is unlikely to be in place until Jan-15. The Senior Programme Manager will try to pick up the work.
LPC 3- Workforce plans baselined and managed		Work is delayed to Q4. Two of four workforce plans are completed to reflect service remodelling. An approach is to be decided for Corporate plans.
LPC 5- Right People, Right Skills, Attitudes and Behaviours to Reflect Trust Values	The behavioural framework is due to be signed off in Jan-15. Development of the recruitment plan, and recruitment and 'Train the Trainer' material is on track. Key areas of focus have been identified and activity has started around website development as well as sourcing possible staff accommodation as part of the attraction strategy.	This work requires collaboration with Directorates over the development of website content, recruitment material and assistance at recruitment fairs/open days. Funding is required for recruitment campaigns.
LPC 6- Staff rewards: more flexible approach to pay and reward	Total reward statements were rolled out in Nov-14. A Reward Strategy Framework was provided for discussion. Consideration of an Employee Assistance Programme is ongoing, and First Care was viewed as option.	
LPC 7- Improve Staff Understanding of Trust T&C's	The staff handbook is now at the proof-read stage.	
LPC 8- Ensure all HR policies are clear, succinct, up to date and operationally workable	Review and improve management training on HR policies - On track and on-going as new policies developed and in line with continuous improvement. Work is now business as usual.	

























Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
	Ongoing successes include health walks, team health challenges (e.g. pedometer challenge), support of monthly public health campaigns and wellbeing days (to be held every 6 months). Wellbeing has been successfully incorporated in to the induction process. The wellbeing champion network will be strengthened by increasing staff engagement and recognition of their support and work.	
LPC 12- Design Charge Nurse Competency Framework	No update provided.	
LPC 13- Reducing time away from workplace for patient and personal safety training (PPST) Levels 1 & 2	eAssessments are planned for higher levels of training in FY15/16. A Statement of work (SoW) was received to commence the design and build phase of a Virtual Learning Environment (VLE). This is the platform that will enable virtual classrooms to be set up.	
LPC 14- Continuous Improvement of Appraisal Process	The Behavioural Framework draft is awaiting formal endorsement. L&D is incorporating HR's values work and delivery of the new PDR process in FY15/16 is subject to values endorsement and pilot success.	
LPC 15 - Increase team based working across the Trust	339 managers have completed training to date. A Mindfulness session is now incorporated into the training. Evaluation scores remain positive. 69 teams have been supported through requests for facilitation of team away days, coaching and training. Links were made with the Planning for the Future programme. The future of Aston and ongoing delivery will be agreed in Q4.	
LPC 16-Increase effectiveness and consistency of performance management	Performance management training for managers is now a business as usual task. PAGE 1 2 3	



Scheme.





















Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 17- Development of HCAs/Support Workers	Feedback from National Pilots and details of new Certificate of Fundamental Care (CFC) are still due in Q4. Directorates engaged with local pilot activity underway.	A delay from the national pilot would impact implementation of CFC across the trust. Additional cost of implementation has yet to be resourced.
LPC 18 - Improve talent management across the organisation	An Organisational Development Strategy was agreed by Exec Team, including formation of a team to review leadership development.	
LPC 19 - Management development	The existing Learning and Management Development Framework is to be replaced by work on 'well-led' domain.	
LPC 20 - Improvement Champions Development Programme	Cohort 5 will be completed by the end of Q4 with a learning and sharing event planned. A review paper of Improvement Champions to date is completed and a request made for further cohorts to be agreed over the next financial year.	
LPC 21- Staff development programme	Work to review other organisations training programmes to assist in the development of a recovery programme will be picked up as part of the Recovery college to understand what training is currently in place and what can be offered to staff to support them.	
LPC 23- Effective working relationships with trade unions, professional bodies and governors	Further work is to be done on moving forward equality issues. Working with Royal College of Nursing to develop further joint working.	
LPC 24- Staff survey programme	Staff survey results not available till end Feb 2015. This will be linked with Family and Friends Test (FFT) results.	
LPC 25- Recognition	A paper reviewing Trust and Divisional recognition schemes was presented to Exec in Oct-14. Further work is being done in Jan-15 to finalise the Trust-wide Reward and Recognition	





Getting The Most Out of Technology





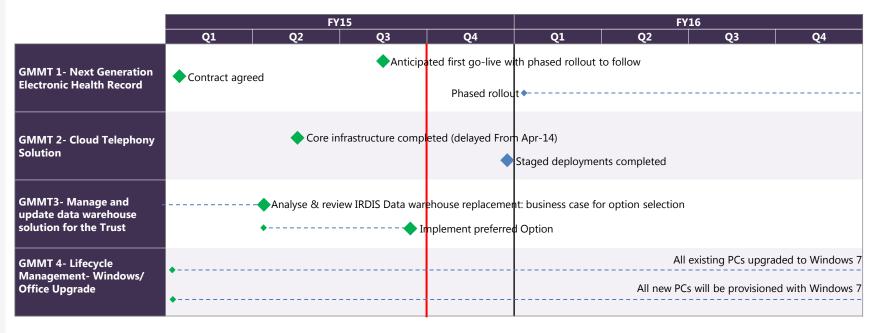
















Getting The Most Out of Technology



















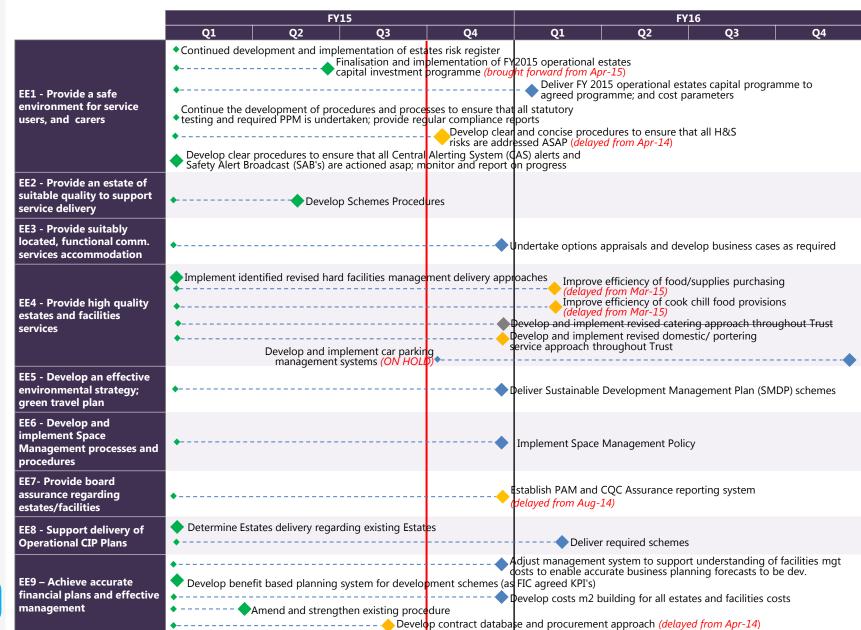




Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
GMT 1- Next Generation Electronic Health Record	SystemOne was replaced with Adastra on 15 Nov 2015. It is now fully operational. A phased rollout will follow.	
GMT 2- Cloud Telephony Solution		Call quality issues started to occur in Nov-14. Therefore, further roll-out was cancelled until the issue was resolved. The issue was resolved on 09 Dec-14. However, it has been decided to provide a period of stable running before recommencing the roll-out. Hence, there will be a knock-on effect on subsequent stages of the project and the Mar-15 end date may not be achieved.
GMT 3- Manage and update data warehouse solution for the Trust	The IRDIS data warehouse replacement is in progress. The Mental Health data will be added to our new solution in Q4 and the Community Health data will be added by Q2 FY16. This is in line with the NGEHR Programme dates.	
GMT 4- Lifecycle Management- Windows/ Office Upgrade	64% of devices have been upgraded to date. This is slightly behind schedule, but it is expected that the position will be recovered in the final quarter to achieve the stated deadline of Apr-16.	



Using Our Estate Efficiently







Using Our Estate Efficiently























Project Name	Summary of Progress	Delays and Actions to Mitigate any Slippage/ Summary of Risks, Issues, Concerns and Changes
EE1 - Provide a safe environment for service users, and carers	estate, and determine investment continues. Risk meetings	Work to develop clear and concise procedures to ensure that all Health and Safety risks are addressed ASAP is delayed from Apr-14 to Jan-15. This work will be linked with the intranet update go-live.
EE3 - Provide suitably located, functional community services accommodation	Work to undertake options appraisals and develop business cases as required continues to plan. Key potential disposals have been identified with Operational Directors, and plans are being developed as required to dispose of these assets.	
EE4 – Provide high quality estates and facilities services		Completion of soft FM reorganisation is delayed from Mar-15 to Jun-15 following drafting of a detailed implementation plan.
EE5 - Develop an effective environmental strategy	Policy and Sustainable Development Management Plan (SDMP) developed and is currently being approved via the Trust's Governance processes.	
EE6 – Develop and implement Space Management processes	Development of a Space Management Policy, a room and desk booking system is on track.	
EE7 - Provide board assurance regarding estates and facilities	A new information portal design and implementation nearing completion; Quarterly Performance Reports undertaken, and 6 monthly board reports produced.	
EE9 –Accurate financial plans	Work to allocate budgets and costs to properties nears completion, and finance expect this to be finalised by end of FY15.	