

Please note- this document has been formatted for printing purposes. If viewing electronically please switch to the full report.

# 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

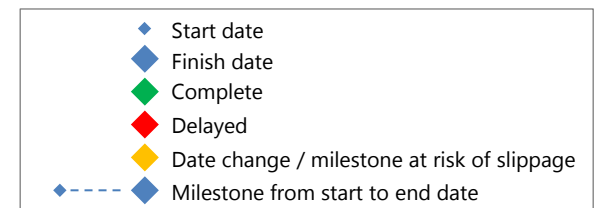
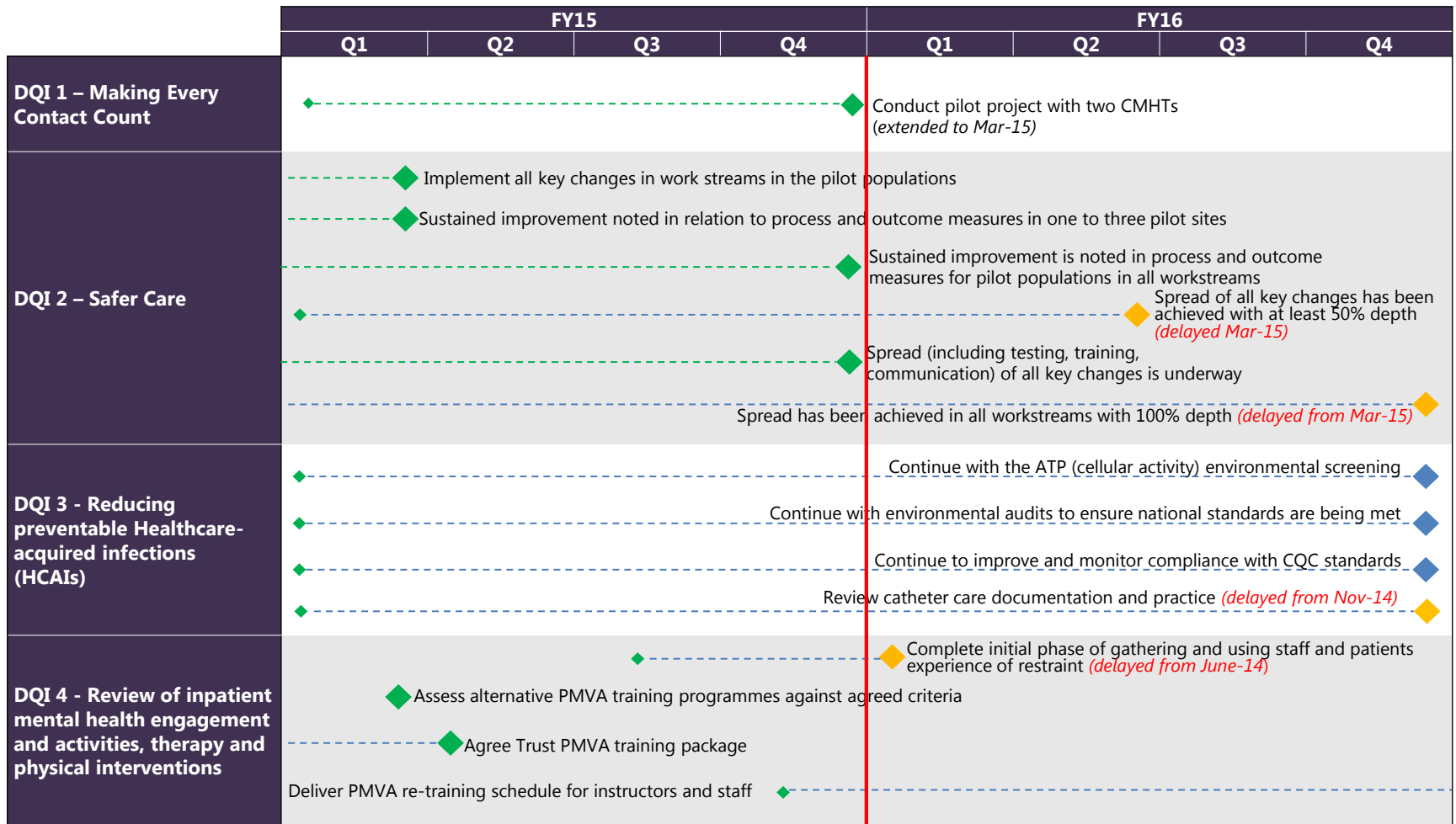


Getting The Most Out of Technology

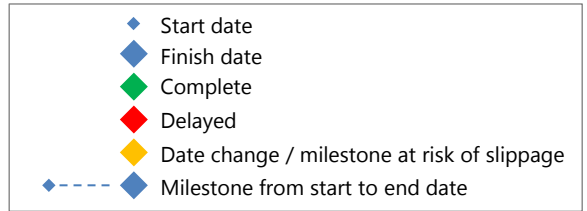
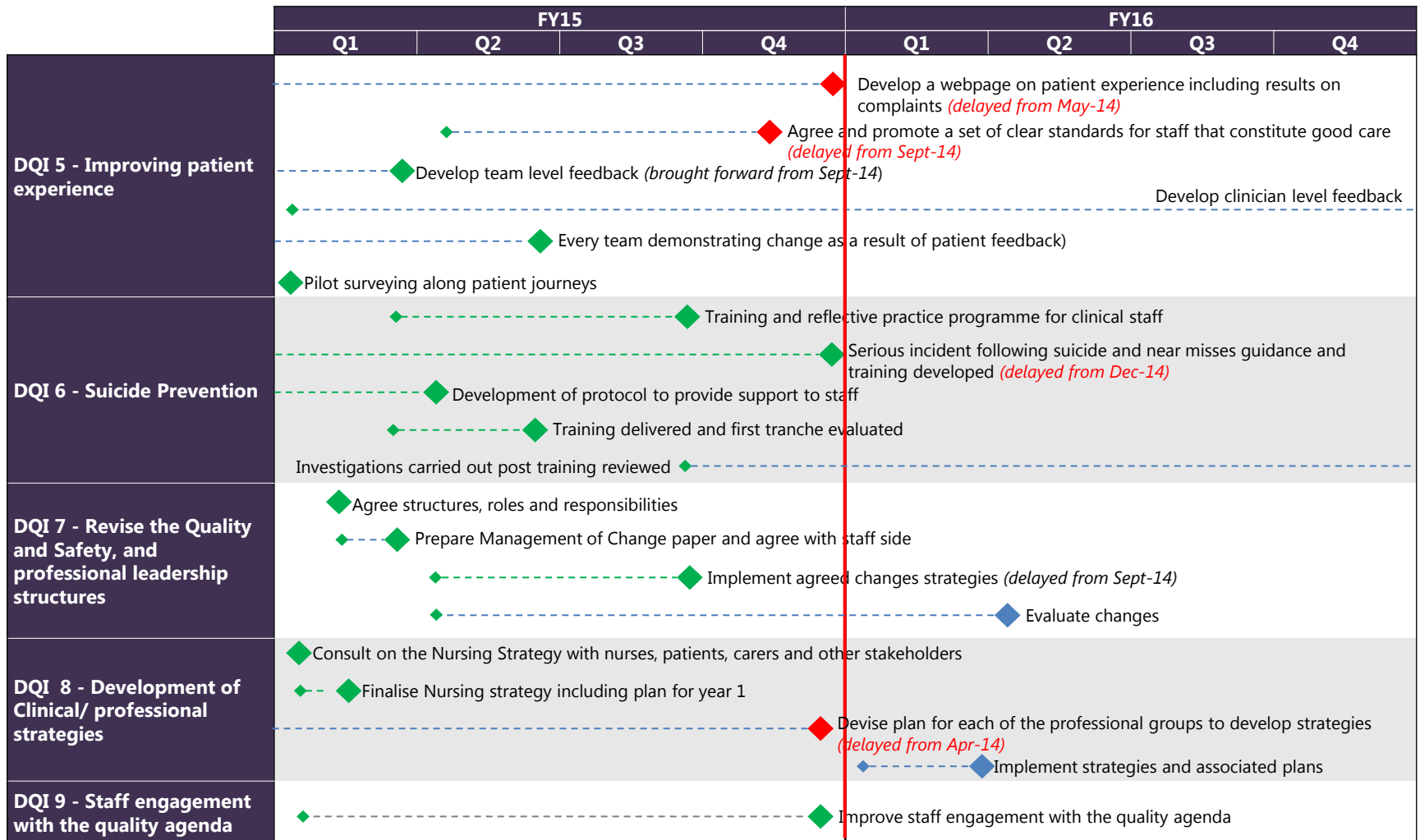


Using Our Estate Efficiently

# Driving Quality Improvement



# Driving Quality Improvement



# Driving Quality Improvement

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DQI 1 – Making Every Contact Count ('MECC')</b>	<p>The MECC campaign began January 2015. It is designed to raise awareness of the MECC approach and support teams, by attending their meetings to give a short presentation.</p> <p>A Motivational Interviewing (MI) workshop was delivered to 25 staff across the pilot teams. 95% of staff believe they could incorporate MI into their role and 100% felt the tools and techniques learned would be useful.</p>	<p>There's a risk that the information in the resources may become out of date. To mitigate this, update information at the end of the pilot, inform the communications team of any changes and build in sustainability of resources for MECC within the public health strategy.</p>
<b>DQI 2 – Safer Care</b>	<p>AWOL project- all wards are showing improvement and some showing sustained improvement. Some wards have found this more challenging and work has not embedded.</p> <p>OSCA work in reorganisation of referral processes continues, this has been impacted by staff reorganisation. OSCA work not yet spread to Bucks as not ready to do so.</p> <p>SSKINtelligence work in progress in four wards and sustained improvement in process measures and outcome measures demonstrated.</p>	<p>Majority of wards involved in AWOL work show evidence of improvement, but key risk to work is lack of capacity to carry out the work in both inpatients and community services in Adult and Older Adult directorates. Reduced capacity in team to support and develop projects. New member of staff recruited to commence June 2015.</p>
<b>DQI 3 - Reducing preventable Healthcare-acquired infections (HCAIs)</b>	<p>Environmental audits on track, although very few completed in Q4. CQC compliance is ongoing with monthly reviews and reports quarterly to the safety committee.</p> <p>Urinary catheter documentation review now aligned with AHSN project to reduce catheter associated urinary tract infections.</p>	<p>Reviewing the catheter care documentation and practice milestone is now part of a wider project so the completion date has been delayed by a year.</p>
<b>DQI 4 - Review of inpatient mental health engagement and activities, therapy and physical interventions</b>	<p>Using staff and patient experience of restraint is due for completion April 2015. Findings are fed in to development of training curriculum, including focus groups and patient stories and films.</p> <p>PMVA training – proposal to develop in house training agreed with partial funding established. Considering how to deliver new training to clinical teams in a way that is sustainable. Meetings held with Adult and CYP teams to agree a way forward.</p>	<p>Need for more work on operationalising training delivery has led to some delay. Highfield is best pilot site and does not wish to train over summer period, so training will be split and delivered in June and September.</p>

# Driving Quality Improvement

Q1

Q2

Q3

Q4

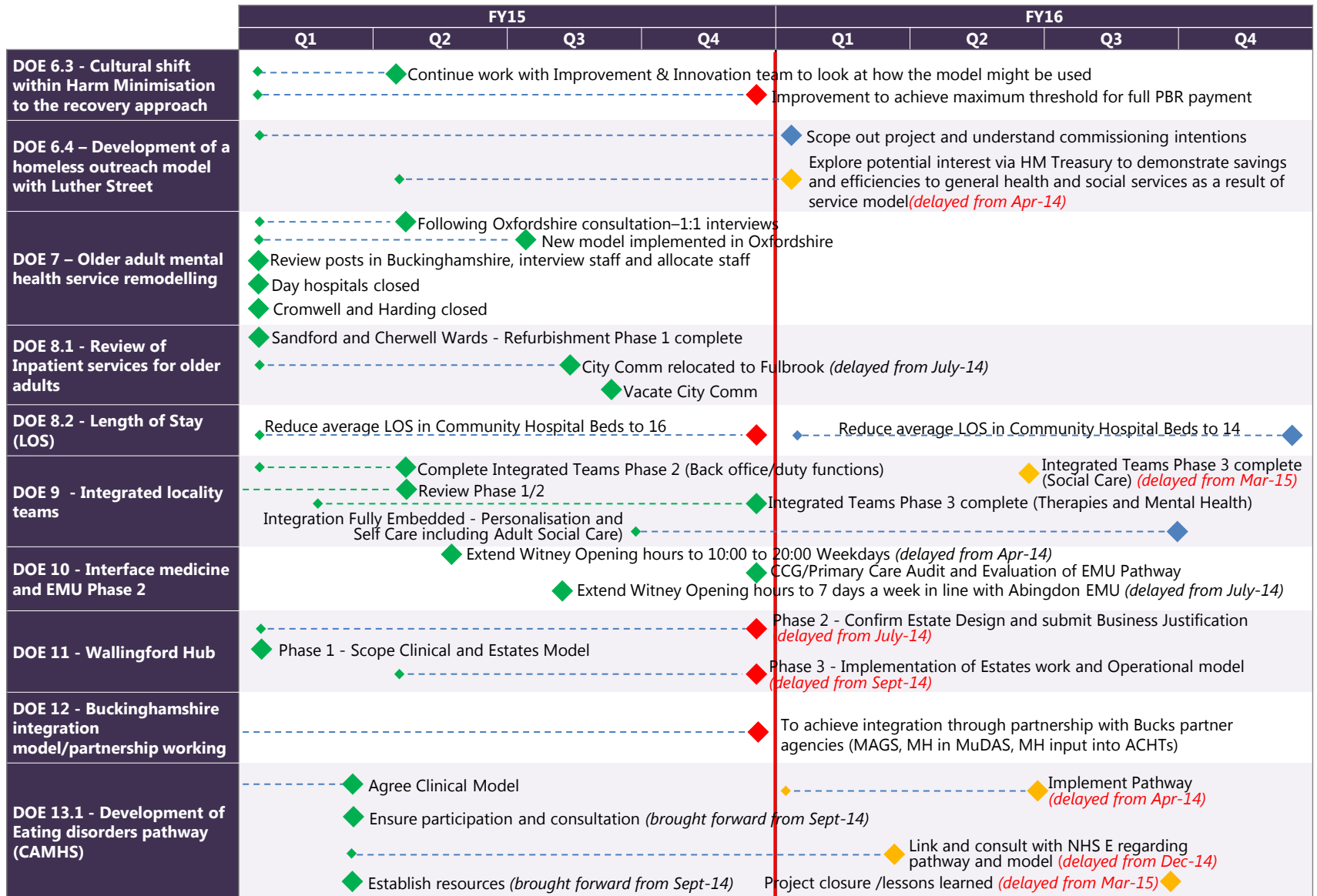
Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DQI 5 - Improving patient experience</b>	<p>The Values Based Behavioural Framework linked to the organisations values was signed off by the BoD in March 2015. There have been a series of discussions to improve our understanding about customer care standards.</p> <p>A ranges of services have collected clinician level feedback in 2014/15. This will continue to be promoted and expanded as appropriate depending on the service and MDT approach.</p>	<p>Developing a webpage on patient experience including results on complaints is outstanding. Quarterly information about feedback from patients and actions as a result is published in papers.</p>
<b>DQI 6 - Suicide Prevention</b>	<p>Serious incident guidance following suicide and near misses has been developed. Supported NHS England with making families integral to investigations taken place across South of England and will be introduced more widely within Trust over the coming year.</p> <p>Investigations carried out post training is continuing to be reviewed. National Patient Safety Agency audit into suicides of recently discharged patients and suicide awareness survey will be completed by June 2015.</p>	<p>No capacity for developing additional training regarding incidents so will be incorporated into the day long suicide awareness sessions for qualified staff.</p> <p>Ongoing close working relationships with the learning from incidents team means support and guidance can be offered to lead investigators as required.</p>
<b>DQI 7 - Revise the Quality and Safety, and professional leadership structures</b>	<p>The consultation on what the 6 Cs mean to the nursing workforce has been completed and will be incorporated into the Nursing Strategy which is being adapted to take account of the Trusts recently published Strategy.</p>	
<b>DQI 8 - Development of clinical/ professional strategies</b>	<p>Plan for each of the professional groups to develop strategies has been delayed until Nursing Strategy is complete.</p>	<p>Agreed by Senior Nurse Executive in October 2014 and presented to the Senior Nurse Forum in January 2015. Whilst the standards were agreed, the Director of Nursing would like to do further work on some of the detail before final publication. She has invited senior nurses to join a task and finish group to do this.</p>
<b>DQI 9 - Staff engagement with the quality agenda</b>	<p>There is a taskforce called IC:5 which has led on embedding the 5 national quality standards across the organisation. The taskforce with representatives from all directorates has met fortnightly from June 2014. To date over 80 presentations have been given to teams to raise awareness and embed the new national standards.</p>	

# Delivering Operational Excellence

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>DOE 1 - Establishment of new Adult Pathway</b>	◆ Establish the new Adult Mental Health Pathway 6 month review of the AMH Pathway integration of services	◆	◆	◆	◆ 12 month review of the AMH Pathway integration of services	◆	◆	◆
<b>DOE 2 - Partnership for delivery of integrated Mental Health services in Oxfordshire</b>	◆	◆	◆ To identify partnership organisations for the integrated MH service in Oxon ◆ To produce a business case for the tendering of the MH Partnership Oxon	◆	◆ 12 month review of the new AMHT services ◆ To review the implementation of the new AMHTs (delayed from Aug-14)	◆	◆	◆ Contract for partnership working to be awarded ◆ Contractual agreements signed off; management structure identified
<b>DOE 3 - Review of adult mental health inpatient provision</b>	◆	◆	◆ To review the SIL pathway and community model (delayed from June-14) ◆ To identify bed requirements within the AMH Pathway (Oxon) (delayed from Oct-14)	◆	◆	◆	◆	◆ To implement the closure of a adult ward in Oxon (delayed from Mar-15)
<b>DOE 4.1 - Pilot of 136 Street Triage service</b>	◆	◆	◆	◆	◆ One year pilot of the 136 Street Triage in Oxfordshire ◆ Review of the 136 Street triage pilot scheme	◆	◆	◆
<b>DOE 4.2 - Development of Aspergers Service</b>	◆	◆	◆	◆	◆	◆	◆	◆ Extend 136 Street Triage scheme across Oxon & Bucks ◆ Secure the funding for the continuation of the Aspergers service in Oxfordshire and to work with commissioners in Buckinghamshire to provide the same service
<b>DOE 4.3 - Learning disabilities service/autism services</b>	◆	◆	◆	◆	◆	◆	◆	◆ To work with local services and commissioners to develop learning disability services / autism services within the AMH Pathway
<b>DOE 4.4 - Rehabilitation / Reablement Services</b>	◆	◆	◆	◆	◆	◆	◆	◆ Work with Bucks County Council to review supported housing pathway ◆ Model for rehabilitation/reablement services to be identified (delayed from Sept-14) ◆ Rehabilitation/re-ablement service to be established (delayed from Sept-14)
<b>DOE 4.5 - Richmond Fellow and Relate Service</b>	◆	◆	◆	◆	◆	◆	◆	◆ To work with commissioners in Buckinghamshire to manage the Richmond Fellowship and Relate services
<b>DOE 5.1 - Review of Psychological Services Pathway</b>	◆	◆	◆	◆	◆	◆	◆	◆ To review the clinical effectiveness, treatments and service design for the psychological pathways (delayed from Apr-14) ◆ To review the IAPT services to identify opportunities for development
<b>DOE 5.2 -Community Psychological Medicines Service</b>	◆	◆	◆	◆	◆	◆	◆	◆ To roll out the pilot of the Community Psychological Medicine Service in Oxfordshire
<b>DOE 6.1 - Launch Personality Disorder Service</b>	◆	◆	◆	◆	◆	◆	◆	◆ To draft a business case for the commissioning of a personality disorder service within the forensic services ◆ To identify the cost associated with the services through joint working with TVPT ◆ To implement the new service once agreed and formally signed off ◆ To identify the staffing needs for the service and to work with HR to undertake the necessary recruitment ◆ To continue partnership working with TVPT (ongoing)
<b>DOE 6.2 - Develop a patient pathway for Prison Health</b>	◆	◆	◆	◆	◆	◆	◆	◆ Develop a patient pathway for Prison Health that is linked to the 'Through the Gate' initiative



# Delivering Operational Excellence



# Delivering Operational Excellence

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>DOE 13.2 – Development of 'reconnect' CAMHS 0-2 attachment service</b>		<ul style="list-style-type: none"> <li>Implement pilot site (Aylesbury)</li> <li>Undertake evaluation (<i>brought forward from Sept-14</i>)</li> <li>Project closure / lessons learned (<i>brought forward from Jan-15</i>)</li> </ul>						
<b>DOE 14.1 - Health visitor/School Health Nursing implementation plan</b>	<ul style="list-style-type: none"> <li>Project plans agreed</li> </ul>			<ul style="list-style-type: none"> <li>Workforce review and recruitment drive in line with strategies and contractual requirements</li> </ul>		<ul style="list-style-type: none"> <li>Agree commissioning arrangements for changes to SHN and HV</li> </ul>		
<b>DOE 14.2 - Inpatient Adolescent Services, use of new Highfield Unit</b>		<ul style="list-style-type: none"> <li>National Tier 4 review</li> </ul>		<ul style="list-style-type: none"> <li>Safeguarding</li> <li>Communicate with stakeholders, public, families</li> </ul>		<ul style="list-style-type: none"> <li>Oversee implementation of new school health nursing service in line with new service specification agreed during tender process</li> <li>Develop unit and high dependency operational policy (<i>delayed from Dec-14</i>)</li> </ul>		
<b>DOE 15 - CUBE</b>			<ul style="list-style-type: none"> <li>Deliver FY15 development plan for CUBE</li> </ul>	<ul style="list-style-type: none"> <li>Extend and build on CUBE and embed as business as usual (<i>delayed from Dec-14</i>)</li> </ul>		<ul style="list-style-type: none"> <li>Support divisions to complete DQ Improvement plans and implement (<i>delayed from Mar-15</i>)</li> <li>Draft and monitor data/information maturity model</li> </ul>		
			<ul style="list-style-type: none"> <li>Improve and champion information management at the Trust</li> </ul>	<ul style="list-style-type: none"> <li>Develop Quality Dashboard, Extend datasets within Cube (<i>delayed from Sept-14</i>)</li> </ul>		<ul style="list-style-type: none"> <li>Define and Automate KPI Dashboard (<i>delayed start from Oct-13</i>)</li> <li>Support and deliver CIPs using the CUBE</li> </ul>		
						<ul style="list-style-type: none"> <li>Automate data collection and reporting</li> <li>Implement FY14-FY15 CIP Programmes eg. BARM, L&amp;D (<i>delayed from Mar-15</i>)</li> </ul>		
<b>DOE 16 - Embed PLICS (Patient-level information and costing systems) reporting</b>		<ul style="list-style-type: none"> <li></li> </ul>				<ul style="list-style-type: none"> <li>Finalise PLICS reporting, embed as BAU (<i>delayed from Sept-14</i>)</li> <li>Implement Service Line Management (<i>delayed from Dec-14</i>)</li> </ul>		
<b>17.1 - Remodel clinical pharmacy services to maximise capacity and impact</b>						<ul style="list-style-type: none"> <li>Implementation and sustained compliance with RPS Standards for Hospital Pharmacy Services</li> </ul>		
<b>17.2 - Increase operational efficiency of CPSU (clinical pharmacy support unit) &amp; OCHPS (Oxfordshire community health pharmacy services)</b>						<ul style="list-style-type: none"> <li>Zero-based establishment based on activity, scope potential for outsourcing outpatient dispensing, review current processes using productive methodology (<i>delayed from Mar-15</i>)</li> </ul>		



# Delivering Operational Excellence

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 1 - Establishment of new Adult Pathway</b>	<p>Reviews of the implementation of the new AMHTs across the Adult Mental Health Pathway have been completed for Chiltern, Aylesbury and City NE. South and North to have a peer review April/May 2015.</p> <p>Reviews of the implementation of the Inpatient clinical model and leadership teams across the AMH pathway have been completed as part of AIMS accreditation. Outcomes to indicate improvements/concerns.</p>	<p>12-month reviews of the AMH pathway integration of services are outstanding for Luther St, Forensic CMHT and Grendon.</p>
<b>DOE 2 - Partnership for delivery of integrated Mental Health services in Oxfordshire</b>	<p>Hope to sign the contract for partnership working in April 2015</p>	
<b>DOE 3 - Review of adult mental health inpatient provision</b>	<p>Reviewing the SIL pathway and effectiveness of the community model will be completed as part of the Acute to Community Workstream in the OMHP - this is due to commence from April 2015</p>	
<b>DOE 4.1 - Pilot of 136 Street Triage service</b>	<p>Pilot due to end in March. Data is being gathered from service including service user experience.</p>	
<b>DOE 4.4 - Rehabilitation / Reablement Services</b>	<p>Part of partnership work, no further update.</p>	
<b>DOE 5.1 - Review of Psychological Services Pathway</b>	<p>Project manager allocated to undertake review. Timeframe to be confirmed as well as scope of work.</p>	

# Delivering Operational Excellence

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 5.2 - Community Psychological Medicines Service</b>	Pilot of the Community Psychological Medicine Service in Oxfordshire is complete and service has been extended for a further year.	
<b>DOE 6.1 - Launch Forensic Personality Disorder Service</b>	Work is on-going, no further update.	
<b>DOE 6.2 - Develop a patient pathway for Prison Health</b>	Following a review of the team structure across a number of the prisons, there has been an addition of a Modern Matron post which has been recruited to (instead of a band 7 team leader). This will ensure there is clinical leadership across a number of the prisons to review progress with blueprint.	
<b>DOE 6.3 - Cultural shift within Harm Minimisation to the recovery approach</b>	Included as part of Oxfordshire Mental Health Partnership, no further update	
<b>DOE 6.4 - Luther Street to develop the homeless outreach model</b>	Work is on-going, no further update.	
<b>DOE 8.2 - Length of Stay (LOS)</b>	Target to reduce LOS in community hospital beds to 16 by March 2015 has not been met. LOS has remained unchanged throughout the year at 22days, although the median is 17. Pressures remain with regards to sourcing long term care which in turn has had an impact on ORS capacity. Challenges also continue in relation to patient choice.	Pressures remain with regards to sourcing long term care which in turn has had an impact on ORS capacity. Challenges also continue in relation to patient choice, although new patient choice policy has been developed in response to these.
<b>DOE 9- Integrated locality teams ('ILT')</b>	Mental Health services established as member of the Integrated locality teams from 1 <sup>st</sup> December 2014. Team Standard operating procedures are being embedded.	The milestone "Integrated teams phase 3 complete" has not been completed for Social Care which was due March-15. A decision was made to revise the timetable.

# Delivering Operational Excellence

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 10 - Interface medicine, EMU Phase 2</b>	CCG/Primary care audit and evaluation of EMU pathway milestone is complete. The audit and results were well received by the Older People directorate senior team. The audit demonstrated reduction in admissions to OUH since the commencement of Witney EMU. The results from this will be shared with OUH and OCCG. The audit is being used to shape data collection, guide development of pathways and as a benchmark for future audits.	
<b>DOE 11 - Wallingford Hub</b>	Project meetings have been held. League of Friends have requested a full breakdown of costs before they will agree to fund.	
<b>DOE 12 - Buckinghamshire integration model/partnership working</b>	The Mental Health into Multi-disciplinary assessment unit (MuDAS) is clear and same day attendance is available although uptake is slow at present. CMHT extended hours and CMHT's work with REACT has contributed to the multi agency groups (MAGS) work. Further partnership with Bucks is planned through the Dementia Project and EOL care project.	
<b>DOE 13.1 - Development of Eating disorders pathway (CAMHS)</b>	Discussions are ongoing with NHS England, who are broadly supportive of the model and may consider funding. This project has slipped by a few months and awaiting the impact of national funding decisions.	Key risk around availability of external funding, which is required for implementation of new model.
<b>DOE 14.1 - Health visitor/School Health Nursing implementation plan</b>	This project is now complete.	
<b>DOE 14.2 - Inpatient Adolescent Services, use of new Highfield Unit</b>	This project is now complete. The operational policy is complete (subject to further review). Admission and discharge pathways completed. CMHS inpatient service collaboration completed.	Ongoing complexity of patients

# Delivering Operational Excellence

Q1

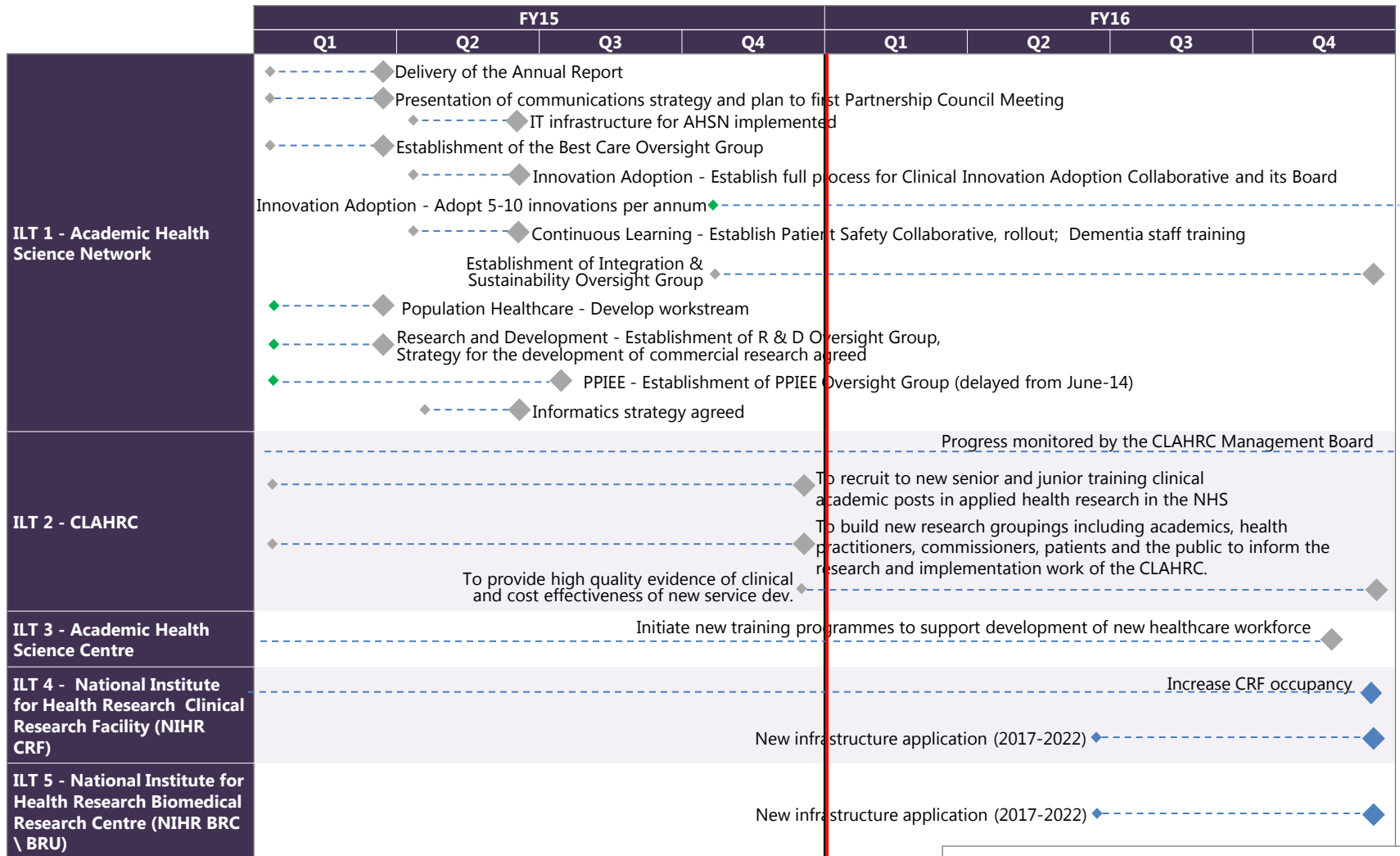
Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOE 15 - CUBE</b>	<p>BI Manager now established, limited support from contractor is available. Focus is on go live for EHR in April and July.</p> <p>First version of Quality dashboard has been delivered as a prototype for consultant between Quality team and directorates.</p> <p>Cube now contains means for office managers to monitor their caseload data quality, and MyHCP has been launched.</p> <p>Implementation of CareNotes provides opportunity to improve data recording practice by provision of clear SOPs and training.</p>	<p>Focus on EHR implementation means that some Directorate information requirements may not be met in the timescales they request.</p> <p>Resource constraints and delays to provision of CareNotes test data mean that some reports will not have been fully tested at go live in April.</p> <p>Engagement with directorates to improve the use of information and identify wider requirements needs to start ASAP after the CareNotes go lives.</p>
<b>DOE 16 - Patient-level information and costing systems (PLICS) reporting</b>	<p>PLICs reports run monthly and Service Level Reporting (SLR) being developed and reporting software being implemented.</p>	<p>Resource and prioritisation have created delays in implementation. Success will rely on good engagement and training during roll-out.</p>
<b>17.1 - Remodel clinical pharmacy services</b>	<p>Self assessment currently being completed. Development plan will be included in FY16 business plan.</p>	
<b>17.2 - Increase operational efficiency of CPSU (clinical pharmacy support unit) &amp; OCHPS (Oxfordshire community health pharmacy services)</b>		<p>Delays in completion due to capacity constraints. Expected completion date June 2015, three months behind schedule for the following: zero-based establishment based on activity; scope potential for outsourcing outpatient dispensing and; review current processes using productive methodology.</p>

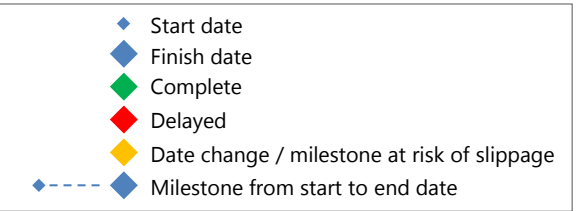
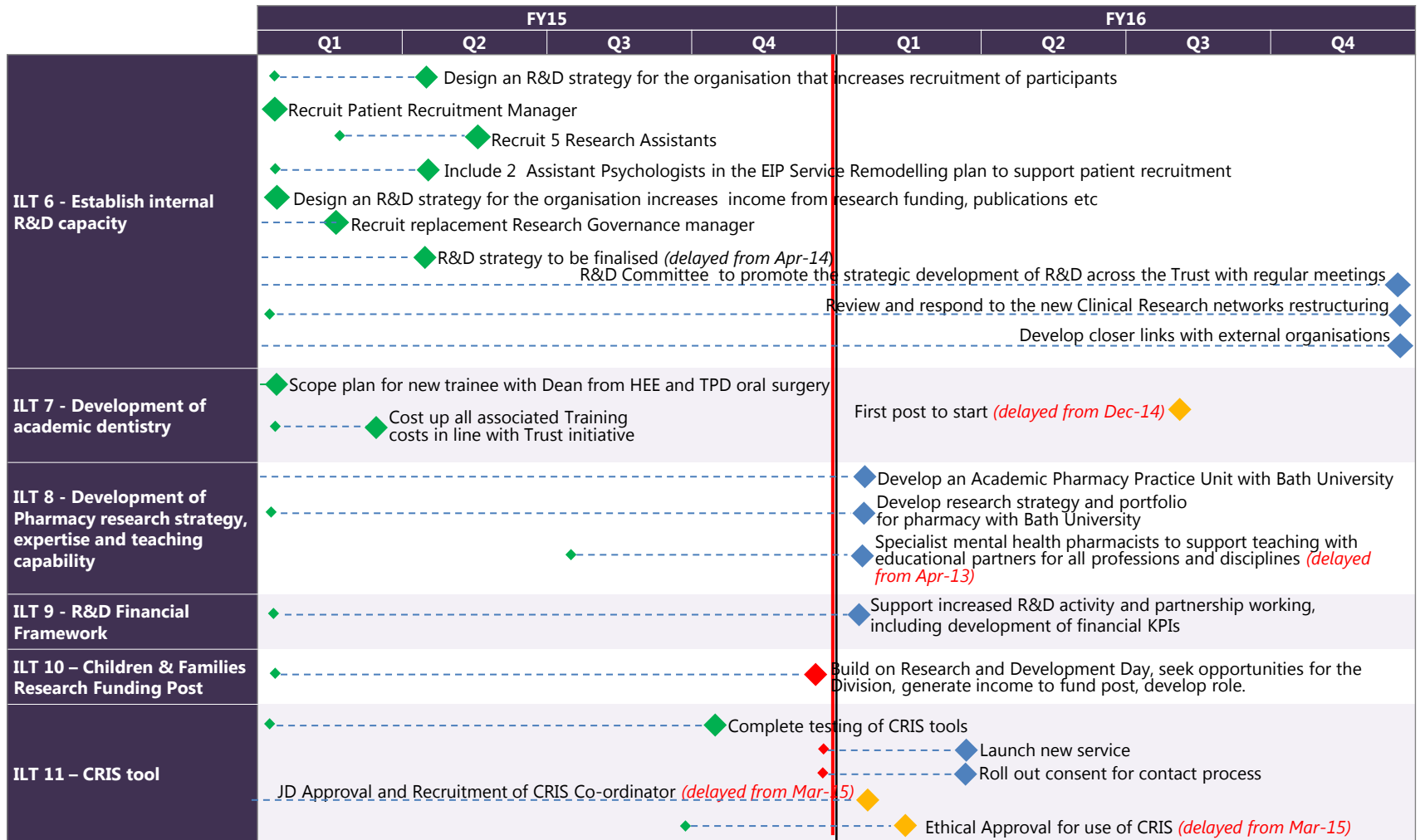
# Delivering Innovation, Learning and Teaching



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



# Delivering Innovation, Learning and Teaching



# Delivering Innovation, Learning and Teaching

Q1

Q2

Q3

Q4



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>ILT 4 - National Institute for Health Research Clinical Research Facility (NIHR CRF)</b>	It is anticipated that recruitment and occupancy of the CRF across all four sites has increased over the past 12 months. Data is being collected in preparation for the annual returns to the NIHR.	
<b>ILT-5 NIHR Biomedical Research Unit</b>	New infrastructure application- discussions on going but the date for bid submission has not been released.	
<b>ILT 6 - Establish internal R&amp;D capacity</b>	<p>Patient Recruitment Manager started in November 2014. R&amp;D Governance meeting continues quarterly in line with the new Trust reporting structure.</p> <p>Meetings scheduled to align clinical research networks (CRN) and Trust roles and responsibilities to drive research forward and collaboratively.</p>	
<b>ILT 7 - Development of academic dentistry</b>	HEE/Deanery First Thames Valley Oral Surgery trainee funding will now be released to the Oxfordshire Salaried Dental Service April 16 for commencement October academic course October 16 but oral surgery trainee can commence any time from April 16 with 3 years in full HEE deanery funding	

# Delivering Innovation, Learning and Teaching

Q1

Q2

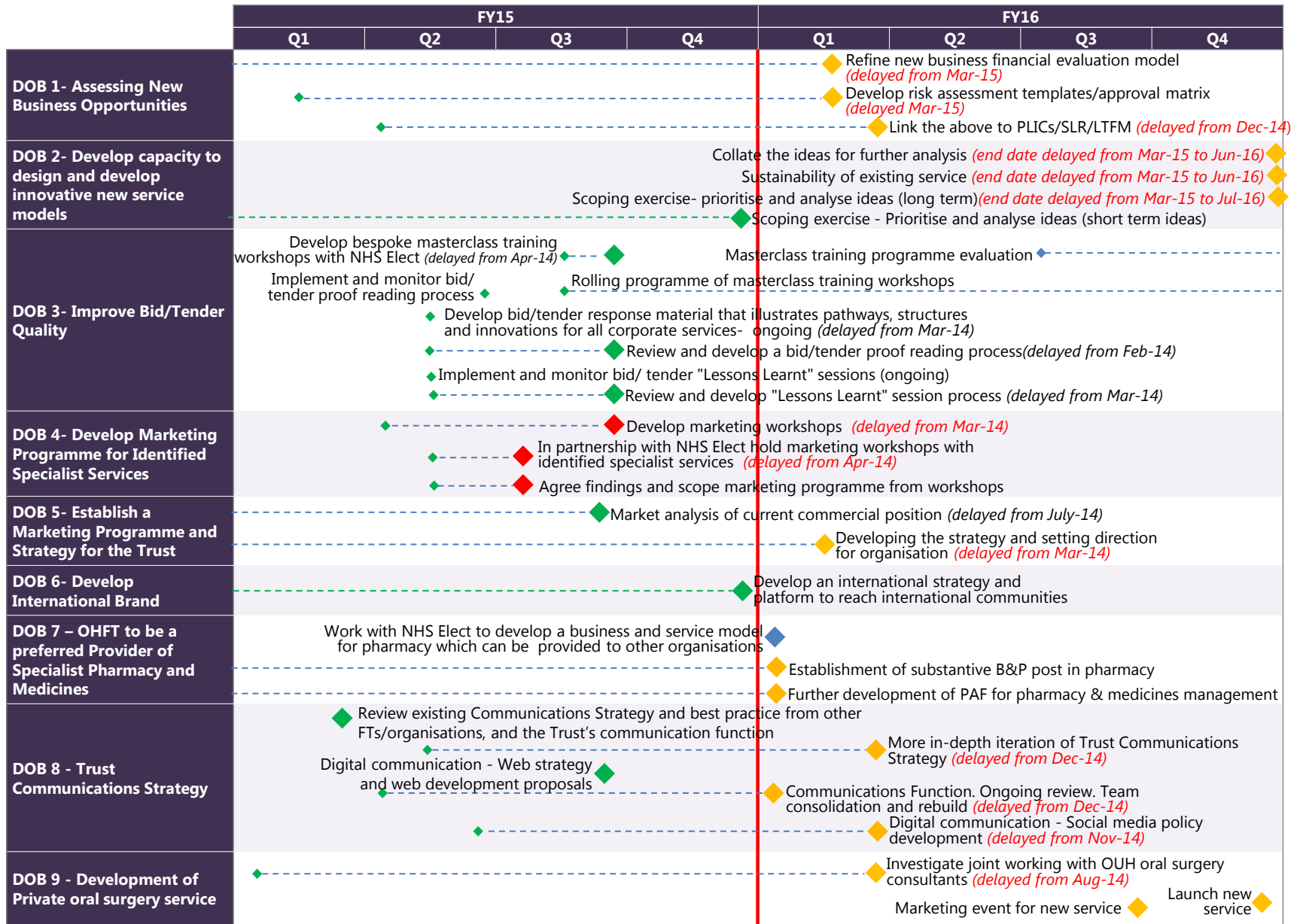
Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>ILT 8 - Development of Pharmacy research strategy, expertise and teaching capability</b>	<p>Research Strategy has been drafted.</p> <p>New Clinical Trials Pharmacist is in post, and Pre-Reg pharmacist posts funded by HETV to start rotations in September 2015.</p>	<p>Develop an Academic Pharmacy Practice Unit with Bath University milestone is currently delayed, this delay is from Bath University, however work is progressing from OHFT end.</p>
<b>ILT 9 - R&amp;D Financial Framework</b>	<p>Tracking and reporting of all funding for research in place. Annual returns for NIHR infrastructures expected within next few months (CRF, CLAHRC, DEC)</p>	
<b>ILT 10 – Children &amp; Families Research Funding Post</b>	<p>Work continues 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.</p>	
<b>ILT 11 – Clinical Record Interactive Search (CRIS) tool</b>	<p>Testing of data dictionary and tools is complete.</p> <p>CRIS Co-ordinator role has been advertised and interviews scheduled for April.</p> <p>Ethics application submitted. CRIS Stakeholder meetings for all site taking part to be re-established.</p>	



# Developing Our Business



# Developing Our Business

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOB 1- Assessing New Business Opportunities</b>	<p>Work is in progress to refine new business financial evaluation model- current models in use are being evaluated so that a standardised model can be adopted.</p> <p>PLICs/SLR reports designed but development delayed due to competing priorities in the Information teams. Alternative reporting solution now agreed for implementation and roll-out from April/May.</p>	
<b>DOB 2- Develop capacity to design and develop innovative new service models</b>	<p>Directorates and Executives are exploring the Trust capacity for Programme and Project Management to ensure that projects are well planned, well managed and well delivered against Trust objectives.</p>	<p>This will be incorporated into the response to Deloitte recommendations of programme and performance management and governance</p> <p>Introduction and assessment of new opportunities continues, however, delays to commercial pilots have slowed progress.</p>
<b>DOB 3- Improve Bid/Tender Quality</b>	<p>NHS elect training to continue for interested and relevant staff.</p>	
<b>DOB 4 - Develop marketing programme for identified specialist services</b>	<p>New Support Officer joining the Business Development and Improvement and Innovation Team in May 2015. Will examine marketing needs and NHS elect partnership.</p>	
<b>DOB 5- Establish a Marketing Programme and Strategy</b>	<p>New Support Officer joining the Business Development and Improvement and Innovation Team in May 2015.</p>	

# Developing Our Business

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>DOB 6- Develop International Brand</b>	International strategy now with Medical Director.	
<b>DOB 7 - Preferred Provider of Specialist Pharmacy and Medicines</b>	After initial meetings with NHS Elect, decided that priority should be given to supporting OPS with joint business development opportunities as return on investment will be much higher. Two projects have been initiated which will continue in to FY16.	Still delays with B&P function.
<b>DOB 8 - Trust Communications Strategy</b>	<p>A new web strategy has been approved at Extended Executive meeting and is now at implementation stage.</p> <p>Draft social media policy developed to be further reviewed in light of new appointment of communications manager to lead on social media. Aim to go to appropriate committee in Q1 2015.</p>	<p>Capacity issues have continued to delay the next iteration of strategy as anticipated, though current iteration still fit for purpose.</p> <p>Recruitment delays experienced in Q3,Q4 have now been largely addressed and team is approaching full structure as of beginning Q4.</p>
<b>DOB 9 - Development of private oral surgery service</b>	Oxford Health dental leads have met with OUH interim clinical lead in January as planned and a further meeting is being arranged with other max fax surgeons to scope interest and potential flow of patients for private oral surgery.	

# Developing Leadership, People and Culture

	FY15				FY16			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>LPC 1- Job evaluation: Improve cycle time and consistency</b>	◆ Review and streamline job evaluation process	◆ Train more job evaluators	◆ Develop a library of standardised JDs by band (TBC)					
<b>LPC 2- Reduce costs on agency spend and temporary staffing</b>						◆ Extend Recruitment Solutions to include other occupational groups (delayed from June-14)		
<b>LPC 3- Workforce plans baselined and managed</b>					◆ Workforce plans to reflect service remodelling programme and plans	◆ Update of plans following transformation (delayed from Apr-14)		
						◆ Complete FY15 plans (delayed from Apr-14)		
	◆					◆ Review promotion opportunities (delayed from Apr-14)		
<b>LPC 4- Improving cycle time of recruitment process</b>		◆ 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					
<b>LPC 5- Right People, Right Skills, Attitudes and Behaviours to Reflect Trust Values</b>							◆ Introduce value based interviews	
	◆		◆ Improve fill rates for job by improving branding and developing more innovative solutions to filling vacancies					
		◆ Roll out of Safe Recruitment training to more areas in the Trust						
<b>LPC 6- Staff rewards: more flexible approach to pay and reward</b>		◆ 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.
<b>LPC 7- Improve Staff Understanding of Trust T&amp;C's</b>	◆							◆ Staff handbook developed and made available to all staff (delayed from Mar-15)
<b>LPC 8- Ensure all HR policies are clear, succinct, up to date and operationally workable</b>		◆ 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				
		◆ Develop guidance for managers in policy application						
<b>LPC 9- HR advice and casework: Improve staff productivity by managing casework effectively</b>		◆ 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
<b>LPC 10- Occupational Health</b>		◆ Raise managers' awareness of the service. Agree and publish Occupational Health KPI's and SLA's						
		◆ Develop and implement stress management training						
<b>LPC 11- Staff Health &amp; Wellbeing Programme</b>								
		◆ 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
<b>LPC 12- Design Change Nurse Competency Framework</b>	◆							◆ Strengthen clinical leadership on forensic inpatient wards
<b>LPC 13- Reducing time away from workplace for patient and personal safety training (PPST) Levels 1 &amp; 2</b>	◆ 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
<b>LPC 14- Continuous Improvement of Appraisal Process</b>								
								◆ 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
<b>LPC 15 - Increase team based working across the Trust</b>	◆ 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							
<b>LPC 16-Increase effectiveness and consistency of performance management</b>								
								◆ Consistent roll out of performance management training for managers
								◆ Develop and implement probationary period policy
<b>LPC 17- Development of HCAs / Support Workers</b>								
								◆ Consistent workplace induction practices ( <i>brought forward from Sept-15</i> )
								◆ Certificate of Fundamental Care implementation
<b>LPC 18 - Improve talent management across the organisation</b>								
								◆ 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	Review use of Learning and Management Development Framework against NHS leadership competencies							
	Simplify assessment within leadership development framework to contribute to TNA							
LPC 20 - Improvement Champions Development Programme	Run two further cohorts of the programme							
	Run two learning and sharing events							
	Measure impact							
LPC 21- Staff development programme	Review other organisations training programmes to assist in the development of a recovery programme to develop staffs psychosocial skills (delayed from Apr-14)							
	Implement the recovery college for staff to self manage and build their skills with training led by patients. (delayed from Apr-14)							
	Review the implementation of the recovery college to understand its impact on service improvement and staff development							
LPC 22- Staff consultation process	Senior HR Business Partners (SHRBPs) support operational leads to ensure effective staff consultation as part of service remodelling programme							
LPC 23- Effective working relationships with trade unions, professional bodies and governors	Further develop partnership working model							
LPC 24- Staff survey programme	Communicate results of staff surveys in a timely manner and actions following results							
	Support operational leads to develop and implement action plans in response to staff survey results							
	Ensure the responses to the results of the national and local staff survey programme meet organisational needs							
LPC 25- Recognition	Review Trust and Divisional recognition schemes to provide a consistent approach							

- ◆ 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
<b>LPC 1 - Job evaluation: Improve cycle time and consistency</b>	Review of some job families started but change in prioritisation and lack of resource has delayed completion. This will now link in with OD and team working programmes.	Develop "job families"(including library of admin job descriptions) as guidance for managers, requires significant input from functions.
<b>LPC 2- Reduce costs on agency spend and temporary staffing</b>	Flexible Resourcing Manager recruited and commences in May- will be tasked to extend Recruitment Solutions to include other occupational groups.	Shape of work may change as a result of Executive decision on internal bank.
<b>LPC 3- Workforce plans baselined and managed</b>	<p>Reviewing promotion opportunities in light of exit questionnaire date has slipped to September 2015 (originally scheduled July 2014), and is now part of retention strategy work- designing career paths for Band 5 nurses.</p> <p>Workforce plans for each service were validated as part of FY16 budget setting. Further work is underway to develop a workforce strategy.</p>	<p>Overarching workforce plan created requires updating and incorporating staff reductions to contribute to CIPs.</p> <p>The following milestone is now one year behind completion with 2 of 3 plans complete- Senior HR business partners to work with operational leads to ensure workforce plans reflect service remodelling programme and plans.</p>
<b>LPC 5- Right People, Right Skills, Attitudes and Behaviours to Reflect Trust Values</b>	Introduce value based interviews to be completed May 2015 (2 months behind schedule)- framework signed off by SMT and Executive, final detail to be agreed and piloted.	Considerable analysis of data shows focus needs to extend to be on retention of staff and preliminary work begun.
<b>LPC 6- Staff rewards: more flexible approach to pay and reward</b>	Draft recognition and reward scheme has been developed in consultation with staff (via online survey) and working with Adult Directorate to review.	No resource currently to carry reward strategy forward.
<b>LPC 7- Improve Staff Understanding of Trust T&amp;C's</b>	Staff handbook is expected to be made available to all staff by June 2015 (3 months behind schedule) and is currently in the final proof read stage.	Slippage due to competing priorities- proceeding now to format for publication.

# Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>LPC 11- Staff Health &amp; Wellbeing Programme</b>	Ongoing programme of events established. Bike share scheme implemented March 2015. This programme is now business as usual.	
<b>LPC 12- Design Charge Nurse Competency Framework</b>	Strengthen clinical leadership on forensic inpatient wards milestone- paper submitted to directorate management team. Additional matron post for Oxford Clinic agreed, which will increase the number to 4 matrons- interviewing April 2015.	Risk of not finding appropriate candidate. Risk of current staff leaving post. One current matron on maternity leave and covered by acting up role.
<b>LPC 13- Reducing time away from workplace for patient and personal safety training (PPST) Levels 1 &amp; 2</b>		Rolling out of v/c programmes will launch 1 <sup>st</sup> August 2015, four months after expected date because the company needs to complete additional work to meet required security standards.
<b>LPC 14- Continuous Improvement of Appraisal Process</b>	Reviewing appraisal processes and identifying the best approach to linking with changes to T&C has been completed. Values have now been linked within new PDR online system.	New PDR system to be built in-house using the same principles as Salisbury NHS trust who have the PDR system already in use.
<b>LPC 15 - Increase team based working across the Trust</b>	20 cohorts of managers from across the Trust have completed the team based working. 412 managers have completed their effective team based training.  81 teams across the trust have requested and received bespoke support, ranging from advice or coaching to the team leader/manager. Continuing to measure the impact of the effective team based working orientation sessions and bespoke support will be an objective for the next financial year.	Measuring the impact of the effective team based working orientation sessions and bespoke support. Impact assessment questionnaires are currently sent out four months on to all those that have completed the one and a half day orientation sessions - return rate from these has been limited so interviews with selected groups from the sessions will be completed as part of a review. A collection of team stories and repeated effectiveness audits / team temperature checks will be completed with a selection of teams that have received bespoke support.

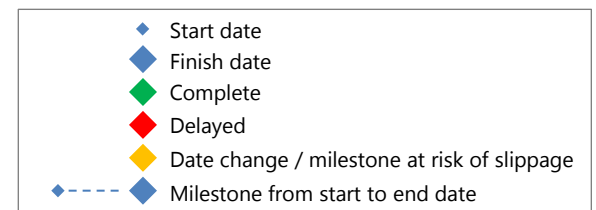
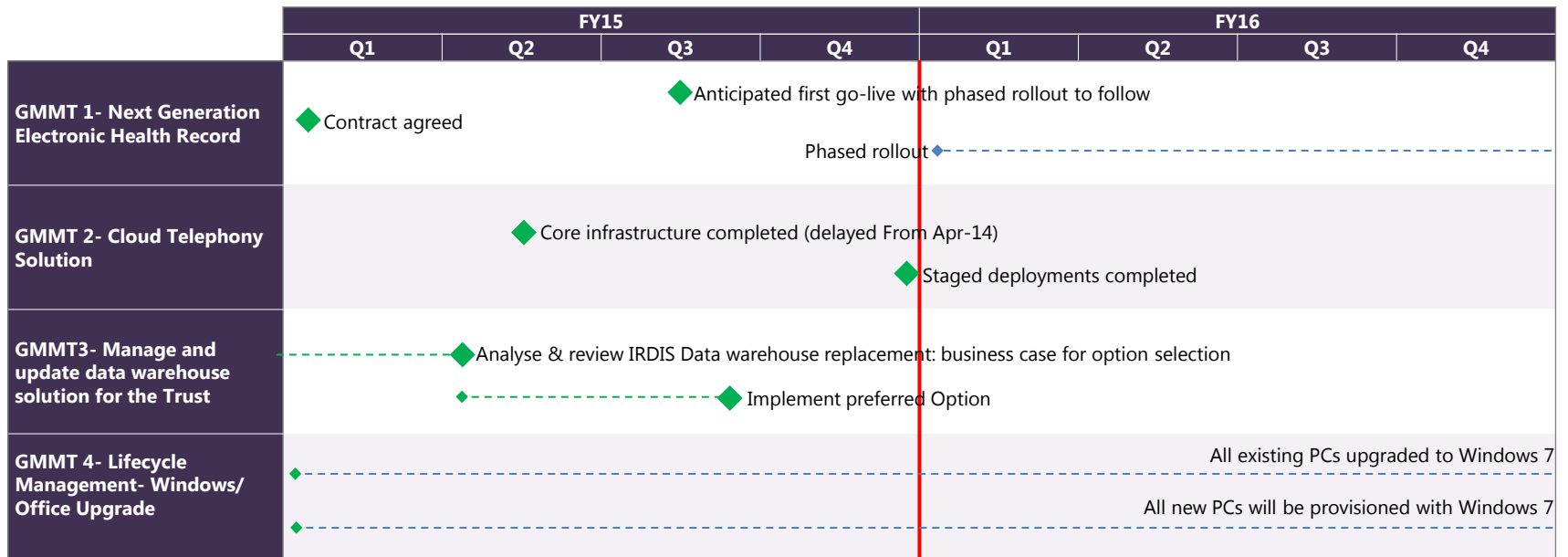


# Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>LPC 17- Development of HCAs/Support Workers</b>	National rollout of Care Certificate begins April 2015. CQC will expect to see how trusts are implementing over the forthcoming year. OHFT plans all new HCAs to undertake a 5 day foundation course commencing on their 1st day of employment. The full programme takes 3 months to complete and competence will be signed off in practice by a competent practitioner.	
<b>LPC 18 - Improve talent management across the organisation</b>	Specification of new online PDR system allows for collation of data for use in talent management. Consistent approach talent management and succession planning to be aligned with OD work from Q3 onwards.	
<b>LPC 20 - Improvement Champions Development Programme</b>	Two cohorts of the programme in 2014/15. Two learning and sharing events held in 2014/15.  Evaluation of impact is ongoing. Telephone interviews are planned for 3-6months post course.	
<b>LPC 21- Staff development programme</b>	Recovery college work is underway within the Partnership.	
<b>LPC 23- Effective working relationships with trade unions, professional bodies and governors</b>	A range of equality data being provided. Race equality action group established to include TU and begins meeting April.	Now working positively with staff side on equality issues.
<b>LPC 24- Staff survey programme</b>	Results of staff surveys communicated in March 2015 and directorate have results. Senior HR business managers are supporting directorates in review of outcomes.	
<b>LPC 25- Recognition</b>	Survey is underway to assess what is important to staff in terms of recognition.	Slipped due to other priorities but work continues.

# Getting The Most Out of Technology



# Getting The Most Out of Technology

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>GMT 1- Next Generation Electronic Health Record</b>	Good progress was being made in the Programme in preparation for the second go-live. However, there has been a slight delay of one month due to some security issues identified with the CareNotes product during the final testing phase with HSCIC. The revised go-live date is currently being agreed with all parties, but is expected to be 20 April.	The security issues have been addressed by the supplier and this is now being independently validated. The delay provides the Trust with an opportunity to be better prepared for the revised go-live date.
<b>GMT 2- Cloud Telephony Solution</b>	The previously reported call quality issue has not re-emerged. All deployment activities have now been completed. Some final 'snagging' activities are taking place over the coming weeks.	None
<b>GMT 3- Manage and update data warehouse solution for the Trust</b>	This project was completed in Q3.	
<b>GMT 4- Lifecycle Management- Windows/ Office Upgrade</b>	As of 30 March 2015 90% of devices have been completed. This is slightly behind schedule. The main reasons for this are: 1) IT temp. resource has been reduced due to lack of funding; 2) it is proving difficult to encourage people to make their devices available for upgrade.	There is no immediate risk as Microsoft patching will be in place for the next month. It will be possible to prevent non-upgraded machines from accessing the network thereby insisting that staff attend upgrade clinics.



# Using Our Estate Efficiently

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



# Using Our Estate Efficiently

Q1

Q2

Q3

Q4

Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<b>EE1 - Provide a safe environment for service users, and carers</b>	FY15 operational estates capital programme to agreed programme has been delivered with the exception of Manchester Tool Works and Phoenix Refurbishment Works.	Works planned to ensure clear and concise procedures to ensure all H&S risk addressed asap have not all been completed. Outstanding works relate to policy completion, and procedures for electrical safety reviewed by AE.
<b>EE3 - Provide suitably located, functional community services accommodation</b>	Work to undertake options appraisals and develop business cases as required continues to plan.	None reported
<b>EE4 – Provide high quality estates and facilities services</b>	The milestone to improve efficiency of cook chill food provisions is complete.	The completion of implementation of revised domestic/portering approach is delayed. This piece of work has been incredible complex, and this has resulted in this slippage.
<b>EE5 - Develop an effective environmental strategy</b>	Policy and Sustainable Development Management Plan is developed and is currently being approved via the Trust's Governance processes	The Policy and SDMP are programmed to be approved at the May 2015 Quality Board.
<b>EE6 – Develop and implement Space Management processes</b>	Space management policy to be reviewed and improved following a trial by August 2016. Clinical space booking plans to be redeveloped to reflect new ways of working to support Ops Productivity CIP.	Works extended to allow for development of better booking system to support productivity CIP
<b>EE7 - Provide board assurance regarding estates and facilities</b>	Establish premises assurance model (PAM) and CQC assurance reporting system is complete. All CQC standards are covered by the PAM model. PAM model results to be included in April-15 Performance Report, and then all future reports.	
<b>EE8 – Support delivery of Operational CIP Plans</b>	Support for in year plans delivered	
<b>EE9 –Accurate financial plans</b>	A benefit based planning system for development schemes is complete and developing a contract database and procurement approach is on track.	Completion of works delayed until end April 2015; due to complexities of allocation. Majority of works are complete, but final cost code set being developed.  Delay to the development of procurement plans for services - requires full analysis of current spend which was not possible without the reconfigured cost management system.