

**BOD 10/2016**

(Agenda item: 13)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th January 2016**

**Business Plan 2015/16 Quarter 3 Report**

**For: Information**

This report summarises the progress of the Trust’s Business Plan in FY16 Quarter 3 (October 2015 – December 2015). The content of this report has been approved by the Director of Finance.

The commentary in the report outlines key achievements for Quarter 3 for each project. This report has also been developed as an interactive report available on our intranet pages in which icons can be selected to view each plan and links move between them. Within the interactive report it is also possible to review each quarter to get a picture of achievements against our business plan throughout the year.

The following paper provides the highlights from Quarter 3.

**Driving Quality Improvement**

* **DQ1 Safer Care** Proposal for improving patient safety and quality at scale using improvement methodology is under development which will describe plans and resource requirement. Projects agreed with AHSN: 1. AWOL from adult mental health wards and 2. Reduction of acquired pressure pressure damage.
* **DQI2 PEACE** Version 1 of roll out time table for 2016 to be agreed with operational services by 1st Feb.
* **DQI3 Improving Patient Experience** The use of [Patient Opinion](https://www.patientopinion.org.uk/opinions?nacs=RNU) to gather and respond to online patient feedback has been rolled out. A 6 month pilot using 'iwantgreatcare' software for collecting and reporting feedback launched in Jan 2016 in 4 teams. Draft patient engagement strategy will be circulated in Q4 for comment.
* **DQI4 Embedding the 5 CQC Quality and Safety Standards** the CQC inspection took place between 28th September and 2nd October. A proposed plan for the governance and monitoring of the improvement plan post inspection will be agreed prior to the Quality Summit on 29th Jan 2016.
* **DQI5 Safer Staffing** The trust has completed two audits in Nov/ Dec 2015; one in an Adult's Mental Health Team and one in a Children's Mental Health Team, on staffing levels and skill mix to add to the national database for comparison.

**Delivering Operational Excellence**

* **DOE1 Adults Directorate**: The complex needs (DOE1.1) leadership team is in-place. Recruitment underway as we progress towards new model of early intervention service (DOE1.2). The review of the Forensic Clinical Model (DOE1.3) is ongoing. Street triage (DOE1.5) is now in place across the counties. New leadership course to commence in early 2016 while the leadership strategy is being developed within the Directorate as part of DOE1.6 Team working and Leadership Development.
* **DOE2 Children and Young People Directorate**: DOE2.2 Autism Pathway pilot is underway and on track to complete the pilot by the end of March 2016. School Health Nursing (DOE2.4) service is being implemented in line with the commissioner specification. Health Visitor (DOE2.6) contract is now in place with quarterly contract monitoring with commissioners.
* **DOE3 Older People Directorate**: Joint Future Integration Model standard operating procedure to be developed by February 2016 (DOE3.1). The directorate was unsuccessful in securing lead provider status and therefore will not be moving ahead with plans to implement a re-designed integrated MSK pathway (DOE3.2). Memory clinics (DOE3.3) established during FY 2014/15 in GP surgeries using staff seconded from the CMHTs.
* **DOE4 Cost Improvement Programme**: Month 9 delivered £3.12m against a plan of £3.54m, which is -£418k (-12%) behind plan. CIP Delivery Group (CIP DG) meets monthly to scrutinise and drive delivery. A CIP Manager is now in post to follow-up actions and support the development and delivery of Directorate plans.
* **DOE5 Business Intelligence**: The roll-out of Service Line Report (DOE5.1) phase 1 will take place at the end of January.

**Delivering Innovation, Learning & Teaching**

* ILT1.2 NIHR Biomedical Research Centr themes have been identified, particularly cross cutting organizational themes. Regular meetings are held to determine the trajectory of submitting the PQQ. The roll-out of CRIS tool (ILT1.3) is ongoing and dependent on CareNotes functionality. 2.2 OAHSN- Psychological Perspectives in Education and Primary Care (PPEPCare) Operational Management Group established to oversee project implementation in 2016.

**Developing Business through Partnerships**

* **DBP1 Oxfordshire Mental Health Partnership**: (DBP1.2) Outcome measures are now being monitored each month through the contract meeting; these are also being reported monthly to the CCG via the schedule 4 and Outcome Based Commissioning measures. Proposed model for Acute to Community (DBP 1.4) developed and workshop planned for the end of January to agree how this is taken forward.
* **DBP2 Oxfordshire Integrated Care**: Integrated Locality Teams(DBP2.1) The pilot is now completed and the next phases of work is being planned. Oxfordshire Integrated Urgent Primary Care Pathway (DBP2.3) paper is due to go to the Exec Board in February.
* **DBP3 CAMHS Partnership Model**: Stage 1 completed October 2015, Stage 2 launched with project plan agreed to March 2016.
* **DBP4 Communications**: DBP4.1 A complete programme of internal and external communications on CQC inspection, Improving Care 5 questions has been delivered, with work on actions on statutory requirements (reports and results, website, posters for each service) for post inspection now underway. A new media policy for the organisation firms up our position on media, social media, VIP visits etc. (DBP4.2) Oxfordshire Mental Health Partnership, enjoyed a successful media launch and preparations are underway for a formal stakeholder launch (DBP 4.3)

**Developing Leadership, People & Culture**

* **LPC1 Flexible Workforce Management** All phase one internal system changes have been implemented and staff have been made aware of amendments. Booking of training sessions underway for Heads of Service & Service Managers. 3 Officers appointed from 4th January. Analyst appointed and going through recruitment processes.
* **LPC2 Recruitment and Retention** Work continues on developing recruitment materials. Values based questions are embedded in job application forms. Ongoing work regarding identification of employment brand. Meetings have been arranged with the Directorates to continue work on open days and job rotations. The Recruitment Action Group have held initial meetings on improving links with Universities.
* **LPC4 Organisational Development, leadership and team-based working**: LPC4.1 Effective team based working training now agreed and in place with L&D. Content of training to be reviewed for different staff groups and to commence formally in April 2016. LPC 4.2 Talent management dependent on PDR system roll out. LPC4.3 New appraisal process and training delayed due to feedback from extended executive for system improvements LPC4.4 The Nursing Strategy was launched at the trust nursing conference in November. A project plan has since been developed with leads for each priority. The posts of Deputy Director of Nursing and Associate Director of Clincial Education and Nursing have both been appointed. Start dates are still being agreed.

**Getting the Most out of Technology**

* **GMT1 Next Generation Electronic Health Record**: Care Notes Community Go-live complete: In October 2015 the Trust successfully transitioned away from RiO. There is a defined list of outstanding issues that are being worked on to embed the new system.

**Using our Estate Efficiently**

* **EE1 Provide a safe environment for service users and carers**: Delivery of FY 2016 operational estates capital programme is reported monthly to Capital Progamme Steering Committee and FIC. Procedures and systems in place, to ensure all statutory testing and required PPM is undertaken and provide regular compliance reports. Polices have been developed to ensure all health and safety procedures are addressed and are to be submitted to the next Safety Committee for approva
* **EE2 Provide an estate of suitable quality to support service delivery (Condition B):** Hard FM hub managers are reviewing and surveying the properties for which they are responsible for FY16 annual condition survey.
* **EE3 Provide suitably located, functional services accommodation**: South Bucks strategy to support the relocation of services from Halacre has been agreed. Work is ongoing to support the Older Peoples Directorates clinical model for podiatry and MSK Physio. Initial estates plans have been outlined; before further works can proceed the CCG's Community Hospital Consultation needs to be completed
* **EE5 Develop and implement environmental strategy** Changing Minds Scheme delayed due to resource pressure. The Sustainability Lead is currently supporting the compliance manager. Energy Efficiency Schemes are being identified; including solar panel installation at Whiteleaf. Oxon bikes installed at Warneford and Littlemore; Schemes are being developed; including improved shower facilities for cyclists.

**Recommendation:** The Board is asked to note the Quarter 3 report.

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**Lead Executive Director:** Mike McEnaney, Director of Finance

1. A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.
2. This paper (including all appendices) has been assessed against the Freedom of Information Act and the following applies: [delete as appropriate]
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