

Business Plan

FY17 Q2 Report

Seven Priorities- Progress Updates (Priorities 1-3)

Priority	RAG	Project Title	Progress Update
1. To make care a joint endeavour with patients, families & carers		Patient carer involvement strategy	The tender document for patient experience has been developed and the tender has gone out to interested parties. Donna McKenzie the new Patient Experience and Involvement Manager has commenced in post.
		Oxfordshire Community Pathway : Bed Based services (Older People)	Staff redeployed to Abingdon and Witney. Preliminary briefings completed with staff on all sites regarding upcoming consultation. Webpage established for FAQs and updates. Establishments and budgets have been agreed to meet safe staffing levels and recruitment is occurring where necessary. Public consultation is now aimed for December / beginning of January 2017.
2. To improve the quality of care by transforming services		OMHP: Delivery of the OBC Contract (Adults)	We have appointed a partnership manager who will be in post from November 2016. This post will sit in OH and will report to the head of service. The new manager will work to ensure effective support across the partnership is in place and will also support the further development of the Recovery Colleges. Work is taking place with the support of the interim director of performance to agree and put in place robust reporting systems that will enable us to form an accurate view of performance and develop improvement plans where required.
		CAMHS Transformation	(Swindon, Wiltshire, Bath & NE Somerset): All staff recruited (doubling capacity in Eating Disorders Team), network event on 29/09/16, online referral system being developed, and plan in place for official launch 01/17 (Buckinghamshire): Updated site live at www.oxfordhealth.nhs.uk/fresh/ including mental health information sheets and patient / carer section (Oxfordshire): Identified which PCAMHS workers will cover which schools, additional PCAMHS workers recruited, and away day held with school health nurses and CAMHS staff with schools to further inform the offer which is now agreed
		Buckinghamshire Partnership Development (Adults)	The head of recovery college has been in post since the 1st July 2016. Project Manager also assigned at this point. Since this time the head of the college and PM set up train the trainer sessions to train prospective tutors, these included those with lived experience, carers and professionals, they worked with the steering group to set direction for the college and get things moving as there had been little progress or movement since February 2016. They set up taster courses which ran from 26th September for 2 weeks until 7th October. The head and PM have secured a hub for the college which will be based in the Whiteleaf recovery centre with venues secured for spoke areas in Wycombe, Amersham, Gerard's Cross, Mind have also agreed to rent some rooms for college use, work is still in hand for collaborative course delivery with Mind although we have had a high response in other tutors coming forward to deliver courses. Visits to Dorset taken place with a visit to Leicester planned for later this month.
		Forensic Services: Links to the Oxfordshire Recovery College (Adults)	Head OT has returned to post after Maternity leave and will be moving forward with this piece of work. A representative from the recovery college will be attending our wider patient council meeting on the 12th October to discuss courses available and current enrolment process. The Prospectus has been distributed to Forensic OT's across Oxfordshire and is available for patients to view.
		Oxfordshire Integrated Locality Teams (Older People)	Embed the delivery of Integrated Community/Locality Teams: The embedding of the new processes continues in the ILT, the audit has been carried out and results will be analysed by October. The audit results will be shared with the teams and action plans for each locality will be developed at the planned workshop in November. Training on change management has been done with 3 out of the 4 sessions running so far. 2 hour response continues to be monitored with some difficulties with data quality from submitting clinical staff; this is being addressed. The project group agreed this would be moved to business usual from Sept. Another audit is scheduled in February / March to check again that the changes are embedding staff are still working in the agreed way. MDT reviews - Development of a single (Crisis) Care Plan: MDT ILT tracker has been implemented in most areas. ILT Ops Managers have contacted GP Clusters/Practices and regular meetings have been set up in different formats in localities. All services are using standard patient trackers which include proactive care plan information and this is being shared with GPs and soon to be shared with Out of Hours Urgent Care. Work in partnership with city federation and OCC: Admin roles - the OHFT admin role is in place and OHFT remains ready to progress. The OCC restructure has concluded, however, they are undertaking an admin review and therefore are currently unable to progress with the implementation of shared admin roles at this time.
		Oxfordshire Urgent Ambulatory Pathway (Older People)	Propose Unscheduled Model of Care for Oxon (blueprint based on Transforming Urgent and Emergency Care services): Discussions in relation to this proposal continue to progress and this remains on track for October. Innovation partnerships - creating a rotational role between SCAS & OH: This action has broadened in scope to include the federations. This has impacted on the timescale for delivery. The service has started to move forward with band 7 training and is working with the Strategic Workforce Group to identify what additional EPs are required and how we can move this forward rotating through SCAS and the federations. RACU- (depending on outcome of contract negotiations) ; establish within 24 hour access to gerontology to prevent acute and manage complex unscheduled needs; establish training support to upskill community clinicians to be able to deliver Rapid Access clinical support: The staffing model is in place and staff will start at the beginning of October for training and development. The Directorate awaits the final costings and agreement regarding the redevelopment of the area; this is being picked up by estates
3. To support teams to improve the safety and quality of care they provide		Implementation of post CQC inspection improvements	The outcome of the CQC re-inspection of our three core mental health services resulted in the trust being awarded an overall Good rating. We now have two core services which are rated as Outstanding. Twelve are rated as Good, and one as Requires Improvement, which was not re-inspected. The CQC action plan continues to be reviewed on a three week basis with actions closed down continuously.
		Trust wide Quality Improvement Plans	In September the trust board approved the establishment of the Oxford Institute for Quality and Safety. This will include an improvement faculty, which will utilise the resources from the Improvement and Innovation Team and Safer Care Team. A management of change process with existing staff will be implemented over the next quarter.

Seven Priorities- Progress Updates (Priorities 4-5)

Priority	RAG	Project Title	Progress Update
4. To support leaders to maintain a positive culture for teams	Green	Flexible Workforce Management	Implementation of Wave 3, 516 employees is in progress and the WTR rest breaks in work consultation is to go live on 06/10/2016 having been discussed at SPNCC. Planning for Wave 4 to commence in December
	Green	Right people, right skills, attitudes and behaviours to reflect trust values	The values work has resulted in a set of behaviours for specific groups of staff. The outputs are being validated and these will then be communicated to all staff via SPNCC, our partner organisations and equality networks. It is the intention to use the values on the intranet, NHS jobs and interview questions. In the meantime we are using the NHS values on NHS jobs for Band 1 to 4. Following implementation they will form part of the PDR guidance. The new Apprenticeship strategy is being developed by L&D. We will be requesting additional resource/expertise to update the website as a recruitment tool along with other social media opportunities. The recruitment database has been developed and implemented into the Adult Directorate. It will be used by all of the recruitment teams by the end of the year. The exit data collection has been improved.
	Red	New Leadership and Management Development pathways	Owing to the Long Term Sickness of the Project Lead the development of these pathways has been delayed. This work has now been assigned to other people and draft pathways have been developed which are presently being refined. Once this is complete the pathways will be presented to well led committee. It is anticipated that this will happen before the end of the year.
	Green	Staff Engagement	Trust-wide "you said, we did" from the 2015 NHS Staff Survey issued at the launch of the 2016 Survey. Individual teams in Directorates have the toolkit but HR do not have details of actions local teams have taken.
	Green	Equality and Diversity	Plans in preparation to mark LGBT Month in February next year. Plans were in place to organise Stonewall to deliver LGBT Workshops – these are now going to be run by our staff LGBT network group in February. Submitted workforce equality index to Stonewall. Stonewall questionnaire has gone live – results from the audit will be delivered by Stonewall in the first quarter of 2017. Consideration will be given to advertising for Senior positions through Stonewall media. Stonewall (media advertising) details are now with HR. – these must be used for December 2016. All Race Equality Audit Action Points from the audit have now been assigned – The top 3 priority actions are being actioned: Doing BME consultations; Delivering unconscious bias training to grade 7 managers upwards with recruitment & disciplinary responsibilities; Recruiting successfully for managers have been reviewed. WRES Action Plan has been prepared in line with the identified priorities. Some actions have been allocated to HR. Black history month is being marked for the first time. The Action Plan has been by the Executive Team and is now on the internet. The BME Staff Network and LGBT Staff Inclusion Network are taking place every 2 months.
5. To ensure Oxford Health NHS FT is high performing and financially viable	Red	Cost Improvement Programme	Adults Directorate In Q2 delivered £398k Vs Plan of £584k, this is a variance of -32%. The Adult Directorate are projecting to deliver £914k Vs their indicative target of £1.76m, this is a variance of -48%. Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Slippage in the Haleacre move. Out of area treatments budget is significantly overspent and will not deliver savings in FY17. Further opportunities are currently being explored.
	Red		Children & Young People Directorate In Q2 delivered £463k Vs Plan of £602k, this is a variance of -23%. The C&YP Directorate are projecting to deliver £913k Vs their indicative target of £1.27m, this is a variance of -28%. Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Marlborough House rent reduction (£200k) has been attributed to Estates as that is where the budget is held. Budget has been removed for projects but initiatives to reduce spend are yet to yield returns. Further opportunities are currently being explored.
	Red		Older People Directorate In Q2 delivered £566k Vs Plan of £719k, this is a variance of -21%. The Older People Directorate are projecting to deliver £1.30m Vs their indicative target of £1.87m, this is a variance of -31%. Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Tissue Viability VAT savings are unlikely to materialise in FY17. HIV Service post is unlikely to deliver savings in FY17. Further opportunities are currently being explored.
	Red		Support Services In Q2 delivered £838k Vs Plan of £784k, this is a variance of +7%. Support Services are projecting to deliver £1.40m Vs their indicative target of £1.6m, this is a variance of -13%. Main causes of under delivery include: Not having sufficient plans to meet the FY17 target. Boundary Brooke House move is delayed and will slip into FY18. Oxford Pharmacy Store (income generation) has reduced forecast in FY17. Income from Pay & Display parking is now not expected to deliver any savings. Further opportunities are currently being explored.
	Green	Roll out Service Line Reporting (SLR)	Training completed in 2 directorates / awaiting reply from OA. SLR reports available to all services

Seven Priorities- Progress Updates (Priorities 6-7)

Priority	RAG	Project Title	Progress Update
6. To lead research and adopt evidence that improves the quality of care	Green	NIHR Biomedical Research Centre	BRC application was successful. Trust to receive £12.8 million over 5 years starting in April 2017. Theme lead and BRC management meetings have been established
	Green	CLAHRC	<p>Patient experience based co-design in early intervention in psychosis services (EBCD in EIP): An advisory group for the module has been established. Work is progressing well.</p> <p>Preventing falls and fragility fractures: New member of staff (Usama Ali) has been appointed and due to start on 04/Oct/2016, so the status has been updated to ON TRACK.</p> <p>Implementing evidence from patient experience and reported outcomes (Patient experience and outcomes): This theme is progressing well and has now been split into 2 distinct projects for reporting purposes. The following paper has been published by this theme since the last update: https://www.dovepress.com/the-long-term-conditions-questionnaire-conceptual-framework-and-item-d-peer-reviewed-fulltext-article-PROM.</p> <p>Optimising Treatment for Mild Systolic hypertension in the Elderly (OPTiMISE): Currently going through HRA approval, awaiting CTRG comments on application form, hoping to submit ethics in next few weeks. Trial staff are in post.</p> <p>Blood pressure self-monitoring for the management of women during pregnancy with chronic hypertension: Recruitment target has almost been reached (57/60 pts). A protocol amendment has been submitted to the REC to extend recruitment to 80 pts. Milestones need to be amended by study team to reflect that project is approx 3 months ahead of schedule.</p>
	Green	Clinical Research Facility	NIHR have not yet released the decisions regarding CRF funding, expected Autumn 2016 for funding to start in April 2017
	Red	Case Records Interactive Search	Form is in final stages of completion. UK CRIS has been delayed until November 2016, testing is still ongoing, which OHFT are contributing to. Discussion are still ongoing, but there is general agreement between partners enrolled in UK CRIS to work collaboratively
	Amber	Health Research Authority Integration	Research Authority is still not fully functional regarding approvals, but we are mitigating any disruption. Opportunities for research participation and hosting specific studies are being communicated to the clinical teams and if interest supported to start the process. R&D is maintaining appropriate records where information is available to capture data for metrics.
	Green	Integration into OUH/UO Joint Research Office	Progress continues to review the streamlining research processes where studies are running across organisations, AHSC are in support of this.
7. To embed and enhance the electronic health record	Amber	Electronic Health Record	<p>During Q2 work has continued to refine and enhance system functionality. Working closely with Clinical Directors and focused groups of clinicians, various new forms have been implemented to support care delivery - these have been received well by clinical users.</p> <p>The mobile app has been deployed to circa 1,000 clinicians in the mental health directorate. Staff from all directorates are accessing Carenotes using the Trust's mobile technology.</p> <p>The merging of the Carenotes instances has been rescheduled for 2017 so as to allow the supplier to focus on delivering other new features.</p> <p>The supplier has just confirmed that they are now in a position to support some integration. Plans are being scoped to enable Trust staff to view GP systems from within the Carenotes application.</p> <p>For further details about the EHR Programme please see the separate BoD report.</p>
	Green	Develop Information Governance skills in workforce	<p>Where possible activities are taking place to encourage and deliver IG training. At this time L&D colleagues have reported that there are difficulties with the new system used to support e-Learning and that this is impacting on the numbers of staff undertaking e-Learning (including IG).</p> <p>IM&T colleagues have been working with L&D and the system supplier to identify the cause of the problem. At this time the investigations into the Trust's infrastructure have identified no issues. As the solution is hosted externally further investigations are taking place.</p>

RAG Key	Milestone Status
Red	Milestones delayed
Amber	Milestones at risk of delay
Green	Milestones complete and/or on track

Milestone Map (Priorities 1-3)

Priority	Project Title	FY17				FY18			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. To make care a joint endeavour with patients, families and carers	Patient carer involvement strategy	◆ Approve patient and carer involvement and experience strategy	◆ Develop project plans to implement strategy with milestones		◆ Tender for revised patient feedback contract				
	Deliver improved patient involvement and experience in line with Trust strategy (CYP)				◆ Ensure all services have in place patient experience feedback model – strategy and live survey				
	Service user and carer framework development (Adults)				◆ Identify current service user and carer involvement activities				
2. To improve the quality of care by transforming services	Oxfordshire Community Pathway : Bed Based services (Older People)		◆ Commence staff consultation for Wantage						
			◆ Re-deploy staff and transfer patients						
		◆ Re-open Witney Wenric ward							
	OMHP: Delivery of the OBC Contract (Adults)			◆ Identify improvements in the delivery of the contract (performance) and ensure effective communication					
			◆ Review of the OMHP contract meetings and contract monitoring (delayed from Jun-16)						
	CAMHS Transformation		◆ Agree year one project priorities with key priorities						
	Buckinghamshire Partnership Development (Adults)			◆ Review the progress against the implementation of the Recovery College in Buckinghamshire					
	Forensic Services: Links to the Oxfordshire Recovery College (Adults)								
3. To support teams to improve the safety and quality of care they provide	Implementation of post CQC inspection improvements			◆ CYP CQC Improvement Plans					
	Trust wide Quality Improvement Plans	TBC							

Milestone Map (Priorities 4-7)

Priority	Project Title	FY17				FY18			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4. To support leaders to maintain a positive culture for teams	Flexible Workforce Management	◆ Review of inpatient units Adults community pilot and centralised bank performance	◆ Further reduction in Monitor price caps live	◆ Prepare for wave 3 roll-out	◆ Consultation regarding WTR breaks				
	Right people, right skills, attitudes and behaviours to reflect trust values		◆ Decision regarding future Project Plans	◆ Develop the 'Working for Us Website' as an attraction tool	◆ New Agency Framework developed for all staffing groups		◆ Introduce number and type of apprenticeships available across the Trust		
	New Leadership and Management Development pathways	◆ Phase 1: Define Trust Learning Requirements			◆ Phase 2: Align Learning Requirements	◆ Developed Learning Content			
	Staff Engagement	Under development							
	Equality and Diversity		◆ To run LGBT equality sessions for staff			◆ Work with HR to advertise vacancies through Stonewall media			
5. To ensure Oxford Health NHS FT is high performing and financially viable	Cost Improvement Programme	◆ Day Hospital configuration ◆ Skill mix reviews ◆ Wantage Temporary closure	◆ Car parking	◆ Haleacre move	◆ Wantage- implement agreed changes				
	Roll out Service Line Reporting (SLR)	◆ Pilot across services		◆ Roll out reporting capability to all services, refine and fully implement SLR					
	Performance Management	TBC							
6. To lead research and adopt evidence that improves the quality of care	NIHR Biomedical Research Centre	◆ Short listing by NIHR ◆ NIHR interviews	◆ Decision process made public			◆ Contract process initiated	Funding commences		
	CLAHRC	Patient experience based co-design in early intervention in psychosis services (EBCD in EIP)							Preventing falls and fragility fractures
		Implementing evidence from patient experience and reported outcomes (Patient experience and outcomes)							
		Implementing a new evidence-based depression management programme for patients with cancer (Depression management implementation)							
		OPTimising Treatment for Mild Systolic hypertension in the Elderly (OPTIMISE)							
		Blood pressure self-monitoring for the management of women during pregnancy with chronic hypertension: a feasibility study (OPTIMUM-BP) PHASE 2							
		Development of a meal replacement programme to offer in primary care for weight management (Meal replacements for weight management)							
	Clinical Research Facility	◆ Short listing by NIHR ◆ NIHR interviews	◆ Decision process made public			◆ Contract process initiated	Funding commences		
Case Records Interactive Search		◆ Commence Consent for Contact Process Roll Out		◆ Integration of CRIS with CareNote			Promotion of CRIS for Research and Audit purposes		
					◆ Federation with UK CRIS (delayed from Sep-16)				
Health Research Authority Integration		◆ Develop R&D internal processes to capture data in line with HRA							
		◆ Develop new metrics for assessing initiating and recruitment into studies							
Integration into OUH/UO Joint Research Office					◆ Streamlining Research governance processes; Streamlining research costing and financial processes; Streamlining sponsorship processes; Streamlining contracts and IP processes				
7. To embed and enhance the electronic health record	Electronic Health Record	◆ Refine and enhance existing functionality (delayed from Mar-16)				◆ Deploy mobile working elements complete			
			◆ Deliver new features (ongoing) ◆ Integration of the EHR internally and externally (ongoing)			◆ Merge instances			
	Information Governance skills in workforce					◆ 95% of workforce attended mandatory training (L&D responsible for tracking / advising compliance)			