

Oxford Health NHS FT Business Plan

Each year the Trust completes a Strategic Plan which is approved by the Board of Directors and is submitted to Monitor, the sector regulator for health services in England. The plan is developed by consolidating information from a range of business plans from across the organisation to establish its key priorities and ensure the Trust's strategy is delivered. If you would like to read the full version please [click here](#).



Driving Quality Improvement

Delivering Operational Excellence

Delivering Innovation, Learning and Teaching

Developing Business Through Partnerships

Developing Leadership, People and Culture

Getting The Most Out of Technology

Using Our Estate Efficiently

Driving Quality Improvement

Our Safer Care and Suicide Prevention programmes help us deliver our services to the highest standards of **safety**. We work with patients, carers and families to encourage healthier lifestyle choices and support people and families living with long-term conditions to live independently.

We are developing our new **nursing strategy** with our nursing, midwifery and care staff to help us strengthen our culture of compassionate care. We are improving the collection of **feedback** from patients, carers and clinicians and ensure we always act on it to improve the **outcomes that matters to patients**, and **patients' experiences** in our services.

Being **caring, safe, responsive, effective and well-led** is at the heart of our Quality Strategy.





Driving Quality Improvement



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DQI 1- Safer Care	<p>CQC compliance review ongoing. Additional work taking place with district nursing teams. In 2015/16 the Director of Nursing and Clinical Standards recorded a brief film about why it is important, what staff needed to think about and where further resources are available sent to every team and ward manager to circulate and supported by visits to team meetings to discuss duty of candour requirements. Resource sections were set up on staff intranet and trust website. We incorporated questions about 'duty of candour' into the peer review tools used for team visits, reviewed the content of relevant training courses, and reviewed our Being Open Policy. As part of introducing a regular trust wide key learning points poster for clinical teams we included a prompt in every poster about the duty of candour requirements.</p> <p>We also revised the serious incident investigation report templates with prompts and our panel process, which includes a group reviewing the investigation of every serious incident, checks we have followed the duty of candour requirements. We have also organised two day training for staff on 'making families count' which is being provided in May 2016 to improve how we involve and support families after critical incidents. More recently we have made amendments to our incident reporting system used by staff to provide prompts and a way of evidencing how they have compiled with the duty of candour; however this is still at an early stage of being introduced.</p>	
DQI 2- Implement PEACE	<p>Roll out programme drafted and ready to be presented for agreement to directorates. Plan is to start in June 2016.</p> <p>Changes to staff training matrices will reflect move from PMVA to PEACE from 01.04.16. Delayed train the trainers weeks now set for February, March and May and participants have been identified.</p>	<p>Roll out requires staff to be released from duty. CQC visit may lead to request to postpone first weeks until after the visit. PEACE team have requested to present timetable at weekly Ops meeting.</p>



Driving Quality Improvement



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<p>DQI 3- Improving Patient Experience</p>	<p>Patient Opinion is being trialled in 6 teams. Five pilot sites have been included and the sixth team has yet to be agreed upon due to a number of challenges expressed within the teams approached. Team managers have been supported to self-manage responses to feedback. By taking ownership of the feedback (shared at team meetings) it is envisaged that teams will identify and action improvements to their service. To date the initial pilot sites include – Urgent care in Abingdon, Re-ablement SE locality, Health Visitors, City and North East AMHT and Street Triage. Since the commencement of the pilot project in September 2015 there has been 46 stories submitted which have been viewed on Patient Opinion 4,589 times in all.</p> <p>11 services (and even more teams/ wards) are trialling the use of the iwantgreatcare software focused around on-line surveys. Between Jan-March 2016 501 responses have been received.</p> <p>Pilots are running with Patient Opinion and iwantgreatcare to trial different software in 2015/16. The evaluation of both of these projects will inform the specification for the re-tender from Jan 2017.</p> <p>The board seminar in Feb 2016 reviewed the draft new patient involvement and experience strategy which has since been further developed and is due to be approved at the board of directors meeting in April 2016. The objectives against the current patient experience strategy have been mostly achieved which was the drive to develop a new strategy for the next 3 years.</p> <p>Permanent funding for fixed term trust wide patient experience role agreed. Recruitment for new post to start in April 2016. Person in fixed term post in place until 30th June 2016.</p>	



Driving Quality Improvement



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<p>DQI 4 – Embedding the 5 CQC Quality and Safety Standards</p>	<p>Peer reviews have re-started initially in the adult directorate. It is an objective for 2016/17 in the Quality Account to ensure a peer review programme continues to be established.</p> <p>The Quality Summit was held on 29th Jan 2016. The improvement plans have since been shared with all external stakeholders and the CQC.</p> <p>Improvement plans for each directorate were developed and finalised in March 2016 with external stakeholders. Internal and external monitoring arrangements have been established.</p> <p>Internal and external monitoring arrangements have been established.</p> <p>The IC5 pages on the intranet have been updated. The trusts report and rating has been added to the trusts website. Every team is displaying the rating results in a poster as per regulations.</p>	

Delivering Operational Excellence

Our **services** will deliver outcomes that patients want at lower costs. We are organising around groups of patients with similar needs to ensure that they receive the right expertise at the right time by working with other health and social care providers. Our **coordinated local care**, supported by our **clinical, managerial and academic teams**, will increase the value of care and deliver the outcomes that our patients and carers want in the most efficient and effective way.

We are organising care around patients' needs and improving local access and offering **24/7 care**. We are establishing new adult mental health partnerships with voluntary sector providers and integrated urgent care for older people with acute care and social care providers. These partnerships will help patients live independently. Our successful models of care for Children and Young People continue to develop and expand to maximise the benefits to patients and families.





Delivering Operational Excellence



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 1 - ADULTS		
1.2 Early Intervention Service	New Early Intervention Service access and treatment targets are continued to be worked to - recruitment continues (as per Q3)	
1.6 Team Working and Leadership Development	Team reports are now being completed by the Oxon AMHTs and amendments being made; this will then feed into a pathway report and onto directorate Strategy is continuing to be developed	
DOE 2 - CHILDREN AND YOUNG PEOPLE		
2.2 Autism Pathway	Diagnostic pathways drafted, with final sign-off due at project board on 14/01/16 Two staff have been trained in Autism Diagnostic Observation Schedule 'ADOS2'	Follow up arrangements not finalised
DOE 3- OLDER PEOPLE		
3.1 Fulbrook Centre: Future Integration	Unfortunately there were not sufficient applications received and so recruitment was not successful.	
3.3 Memory Clinics	The service will provide an analysis of memory clinic activity each financial quarter as agreed with Bucks CCGs.	
3.4 Integrated Community Nursing Care	A number of workshops have been held comprising OxFed, OCC and OH to construct a set of objectives, review barriers to integrated working and to agree a set of activities. A set of actions have been agreed and will be reviewed on a monthly basis.	



Delivering Operational Excellence



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DOE 4 - COST IMPROVEMENT PROGRAMME	OHFT achieved FY16 CIP target of £5.1m	
4.1 Adults	The Adult work stream delivered £830k of savings Vs £1.90m target (-56%).	
4.2 Children and Young People	The C&YP work stream delivered £954k of savings Vs £1.38m target (-31%).	
4.3 Older People	The Older People work stream delivered £1.19m of savings vs £1.99m target (-40%).	
4.4 Support Services	The Support Services work stream delivered £2.05m of savings.	
4.5 Enabling	The Enabling work stream delivered £68k of savings.	

Delivering Innovation, Learning and Teaching

We will continue to **develop our links with academic institutions** to benefit the health and wealth of our local populations. These include our membership of the Thames Valley-wide Oxford Academic Health Science Network (**AHSN**), as hosts of the Collaborations and Leadership in Applied Health Research and Care (**CLAHRC**) and as part of Academic Health Science Centre (**AHSC**). These partnerships particularly focus on the challenges of modern healthcare and allow us to continue to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the 21st Century.

We are designing an **internal research and development strategy** and continue to develop as a **leading teaching centre** for medical, nursing and clinical psychology staff.





Delivering Innovation, Learning and Teaching



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
ILT 1 – RESEARCH INNOVATIONS		
1.1 – NIHR Clinical Research Facility (CRF)	Decision made to continue the CRF renewal through the OUH in the same manner at last time. Call announce with deadline of 22 June 2016 for funding to start April 2017. There is no requirement for preliminary applications. Only full application required. Work in progress for application.	CRF renewal is alongside the annual CRF return. Concerns may arise if the bid is unsuccessful
1.2 – NIHR Biomedical Research Centre	PQQ submitted in February, 4 themes included in the bid and work is ongoing in anticipation of the full application. Work ongoing for full application with developing the themes and cross cutting themes, governance arrangements and collaborative working across Oxford	No current issues, although concerns may arise if bid is unsuccessful
1.3 – CRIS Tool	Currently still delayed, but work is ongoing between IT, IG and clinical leads on CRIS oversight to resolve	This delay is not affecting the use of CRIS on the static RIO data set for research, audit or service evaluation, but is delaying the potential being able to contact patients to see if they may be interested in individual studies. Consent for contact process only viable in Carenotes and would be ideal if resolved before the move to UK CRIS within the next 3 to 6 months
ILT 2 – ACADEMIC COLLABORATIONS		
2.2 OAHSN- Psychological Perspectives in Education and Primary Care (PPEPCare)	Steering Group and Operational Management Group met to oversee project implementation Communications through Oxfordshire & Buckinghamshire lead (Eleanor Rowsell), through emails to key colleagues and relevant meetings. Oxfordshire lead with dedicated time identified (Marianne Wolff-McGowan) Evaluation through University of Reading User guidance developed New modules - for Eating Disorders (complete) and Emotional Resilience	

Developing Business Through Partnerships

We will judge our success not by how well we compete with others but by how well we **collaborate** with them to deliver **sustainable** care. We are developing strong partnerships with acute providers, third sector and social care partners to design modern, integrated mental health services and care for older adults.

We are working with commissioners to ensure that bids and tenders integrate care across the system. We will develop our **international work** through partnership, consultancy and training, and continue to develop **non-NHS services** in order to generate additional income that can be reinvested back into our services. This will allow us to continue to provide the highest quality care to our patients.





Developing Business Through Partnerships



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DBP 1 OXFORDSHIRE MENTAL HEALTH PARTNERSHIP		
1.1 Recovery College	Completed	
1.2 Outcomes	Monthly monitoring meetings taking place; no areas of concern noted	
1.3 Workforce Development	Top 10 courses across the partnership been established to investigate further possibility of integrating and making accessible across the organisations. Some course already joint attendance e.g. leading the way programme. Also have 1 pilot running so delegates can be involved in viability - coaching/supervision course	
1.4 Acute to Community Services	This work stream is now making progress towards a revised plan of delivering the acute to community - this is being monitored in monthly team meetings	
1.5 Support Services	The utilisation work has now stopped with the work being completed as and when required There have been discussions between the organisations regarding the sharing of information and access to the OHFT patient record - a proposal has been shared with the partners for consideration and an outcome is now pending.	



Developing Business Through Partnerships



Project Name

Summary of Progress

Summary of Risks, Issues, Concerns and Changes

DBP 2 – OXFORDSHIRE INTEGRATED CARE



Plans to co-locate Social Worker in SPA (Single Point of Access) have been delayed due to difficulties in setting up the honorary contract. This was with OH and OCC. Now up and running Anne Brierley asking OCC if we can have extension until end of May to evaluate more robustly.



2.1 Oxfordshire Integrated Locality Teams

Commencement of MultiDisciplinaryTeam reviews and single crisis care plan pilot this has now stopped as the GP engagement. This is being relooked at via the CCG with the commencement of payment for GP to attend MultiDisciplinaryTeam.



Year-end peer review of Integrated Locality Teams implementation Peer review continues as we start to embed the Integrated Locality Team SOPs, the end evaluation has been delayed until we confident all actions have been completed.



2.2 Oxfordshire Integrated Urgent Care Bed Based & Ambulatory Pathway

Plans are being pulled together around bed- based services in Oxfordshire. Plans will remain in draft form until after the HOSC meeting on 13th April and then pending public consultation later in the year.





Developing Business Through Partnerships



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DBP 2 – OXFORDSHIRE INTEGRATED CARE		
2.3 Oxfordshire Integrated Urgent Primary Care Pathway	<p>This project has been rolled into the following work streams going forward:</p> <p>A) the urgent care network and projects being developed over the Thames Valley to support this</p> <p>B) The 111 and clinical coordination hub which Oxford Health are involved in bidding for as part of a consortium.</p> <p>Local partnerships are being moved forward based upon actions and opportunities from the prime ministers challenge fund and opportunities to link with practices regarding frequent attenders.</p>	
2.4 Care Clusters Pathways & Recovery Model for OA MH	<p>A working group has been developing the cluster packages documentation for 18-21 over the last few months and this is now in draft for review/sign off. A meeting of the OPMH pro SMT/professional leads will take place over the next month to review this work and also consider the work of the group developing the packages for 4-17 to ensure they are relevant to OPMH.</p> <p>This will commence once the cluster package documentation is signed off. We are looking to start a similar piece of work with Bucks CCGs and have requested their support and input in to this.</p>	



Developing Business Through Partnerships



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DBP 3 – CAMHS PARTNERSHIP MODEL

3 CAMHS Partnership Model (Bucks and Oxon)

Stage 2 plan in place and on track through to March 2016 (with plans extended to September 2016 as appropriate / moving to business as usual). Overseen by project every month at Sue Nicholls, 2nd Wednesday of every month

Initial work to ensure CareNotes reflects new structures complete, with CareNotes issues raised and work continuing as business as usual.

Procedures updates where required to ensure compliance with CQC standards.

Contracts in place between key partners.

Aylesbury external work at Sue Nicholls completed, including pedestrian access and signage, and car signage from road and access work. Internal work including access control in place.

Wycombe option agreed and required work complete for move to Harlow House on 06/04/16.

Agreed engagement and launch events as part of further project stage.

First stage of clinical pathway work complete, with groups established and pathways mapped where required. Further clinical pathways development work to be undertaken as part of further stage.

Links established with CLAHRC, with bid prepared for funding. Completion of evaluation to be undertaken as part of further stage, once new service is fully operational.

[Unable to identify suitable alternative property options for High Wycombe, to allow a planned move from Orchard House - risk now closed]



Developing Business Through Partnerships



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
<p>DBP 4 – COMMUNICATIONS</p> <p>4.1 Communications Development</p>	<p>The creation of formal focus groups to provide feedback on the internet site has been redefined and will feature in the work of the web strategy group in FY 16/17. The comms web lead post became vacant at the end of December. A new manager has been appointed as of March 2016 and will lead this work.</p> <p>There has been a substantial improvement in design of internet site in the past year, including the launch of a number of microsites that enhance the over all web offer. There remain informational and structural areas for improvement to make content more user friendly, which will be given attention in the year ahead.</p> <p>A new project plan for intranet redevelopment has been developed and will be implemented in FY 16/17</p> <p>Practical responses to governance and management of social media for the trust have been developed over the past year and risk is covered by sections of the rewritten new media engagement policy. The current comms social media lead is moving on, new starter due to begin in May and will be tasked with taking this forward.</p>	<p>Need to ensure that feedback mechanisms are effective, capture issues consistently and in a way that works for our audiences and enables action.</p> <p>Consistently maintaining information is a challenge where there are disparate sources operating discretely from one another. Information integration is one of the challenges of that may need further attention, not simply for the website, but for organisational benefit. That would require cross-directorate work between infrastructure departments.</p> <p>Similarly, as above. consistently maintaining information is a challenge where there are disparate sources operating discretely from one another. Information integration is one of the challenges of that may need further attention for organisational benefit. That would require cross-directorate work between infrastructure departments.</p> <p>Risk covered by media engagement policy. Continuing concerns about effective reputation management in a multi-user public environment.</p>



Developing Business Through Partnerships



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DBP 4 – COMMUNICATIONS

4.2 Strategic Engagement Activities

Improving care 5 questions: supporting CQC regime(Q&N) briefing to staff issued March 2016. Further IC5 work to take place in year ahead.

Supporting strategy, CIP programme etc.(PMO) video, intranet and comms support given to PMO throughout year.

Patient involvement strategy (Q&N) due at April 16 Board.

Work to raise R&D internal and external profile (R&D) continues through actively promoting BRC bid for Warneford. Developing promotional video as part of bid, also a second video for Clinical Research Facility. More widely promoting research as part of Oxford Health's identity, across media.

Improvement and innovation promoted on intranet and via Insight

Promoted via intranet links to portal and weekly ebuletin

Trust marketing strategy is no longer active

Car parking implementation (E&F) Comms plan and materials in place. Poised for implementation...

Townlands development(E&F, OP) Media launch in March following opening of new building. Ongoing press support and involvement in project group

We continue to support a range of recruitment initiatives, including Flexible working and specific drives to recruit AMH staff.

Recruitment, web and strategic input, staff values (HR) We continue to support a range of recruitment initiatives, including Flexible working and specific drives to recruit AMH staff.

Health and Wellbeing, Health Matters talks etc. (HR) A refreshed programme of Health Matters talks has been developed.

Emergency Planning (B&P) Ongoing and recent practical examples included the Didcot power station incident in March

Electronic Health Record Briefings and updates issued via CEO staff messages, e-bulletin, announcements and other channels as required.



Developing Business Through Partnerships



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
DBP 4 – COMMUNICATIONS		
4.3 Supporting Service Development	<p>OBC - Adult Mental Health Partnership (Adult) Media coverage of stakeholder event and regular meetings with comms leads.</p> <p>CAMHS contracts renewals and tenders, Bucks etc. (CYP) New website for Bucks CAMHS</p> <p>Townlands (OP) Media launch in March following opening of new building. Ongoing press support and involvement in project group</p>	



Developing Leadership, People and Culture

We want all our staff to be **caring, safe** and **excellent** in their day-to-day work. We will attract the best staff through efficient recruitment processes and workforce planning. We will then retain our staff through programmes of **staff development, engagement** and **wellbeing**.

We are developing our approach to **leadership development** which will be focused on creating partnerships, working in multidisciplinary teams, led by **clinical leaders**.

We are responding to the results of the **staff survey** to improve **staff engagement** and senior management **communication** with people throughout the trust.





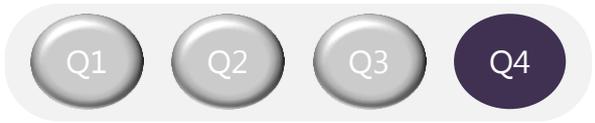
Developing Leadership, People and Culture



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
LPC 1 Flexible Workforce Management	<p>System Upgrade now completed by supplier. Testing delayed due to Annual leave, completion date mid April. Meeting with Ops SMT and Extended Exec to explain first report set for 18 April. Reporting live from this date.</p> <p>Bank is now live. As anticipated there have been some teething issues. Consolidation of processes and procedures to take place between now and June.</p> <p>Contract with NHSp has ended, some workers have already booked into shifts. Some workers are unable to start due to outstanding documentation that is being chased. Final closing of contractual and financial arrangements in place.</p> <p>Interim PSL in place until National Framework providers have negotiated new Frameworks</p>	<p>Waiting for Software Supplier to complete updates – due to be completed by 31 March 2016.</p> <p>Reporting live and units, finance, HR and majority of Senior Managers trained. Report for Exec and Ops SMT delayed due to requirement to complete work on Temporary Staffing pay ahead of planned dates. Reports For Exec and Ops SMT due to be live by 1 May at latest</p> <p>Due to go live 14 March. Units being trained on change, communication sent to all affected workers Consultation complete. 1:1s and induction in progress with affected staff and being added to HR and WFMS.</p> <p>Development of new framework postponed until national framework provider has re-procured framework in line with new Monitor rules, anticipated End of Sept completion. Interim Preferred Supplier List to be issued mid March.</p> <p>Development of new framework postponed until national framework provider has re-procured framework in line with new Monitor rules, anticipated End of Sept completion. Interim Preferred Supplier List to be issued mid March.</p> <p>Development of new framework postponed until national framework provider has re-procured framework in line with new Monitor rules, anticipated End of Sept completion. Interim Preferred Supplier List to be issued mid March.</p>
LPC 2 Recruitment and Retention	<p>Funding secured from TVWLA to further develop the behavioural framework and to embed into recruitment and PDR processes Numerous open days and recruitment fairs held/attended. Attended Careers Fair with OBU final year students, NHS Jobs site has been updated and refreshed, Working for Us section of website has been updated to include further information on Career Development Opportunities, Implemented an apprenticeship programme with L&D, provided clearer information on staff accommodation</p>	<p>Need to engage 200 staff from a cross section of roles across the Trust in focus groups. Release of front line staff to engage in the focus groups.</p> <p>Recruitment Action group being refocussed – concerns regarding engagement and ownership of recruitment as a priority from the services.</p>



Developing Leadership, People and Culture



Project Name

Summary of Progress

Summary of Risks, Issues, Concerns and Changes

LPC 3 - STAFF WELLBEING

An Options Appraisal is being completed currently which will review the various options available for consideration, in relation to EAP. This will be available Mid May 2016



Getting The Most Out of Technology

The implementation of our next generation **Electronic Health Record** is fundamental in enabling us to deliver 21st Century care. It will reduce the administrative burden on our clinical staff, allowing them to maximize their time with patients. **Mobile working** initiatives are allowing staff to work beyond the boundaries of a traditional office-based environment and encourage greater involvement of patients, carers and families in their care.

Patient and clinical outcomes are systematically measured and reported so we can know we are delivering the best value care to our patients. Our **business intelligence systems** provide **high quality information** to everyone, supporting us to share learning and continuously improve.





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	Separate IT Q4 report expected end of April	
GMT 2 Cloud Telephony Solution	Separate IT Q4 report expected end of April	
GMT 3 IT Support for Business Change Initiatives	Separate IT Q4 report expected end of April	
GMT 4 Provision of a Proactive IT Support Service	Separate IT Q4 report expected end of April	

Using Our Estate Efficiently

We provide a **safe environment** for patients, staff and carers. We are working with local partners to provide care closer to patients' homes. This care will be backed up by high quality inpatient services, such as the new **Whiteleaf Centre**, a state-of-the-art mental health facility in Buckinghamshire.

Our **environmental strategy** will ensure our carbon emissions are as low as possible and our waste management and recycling processes are improved.





Using Our Estate Efficiently



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
EE1 Provide a safe environment for service users, and carers	<p>Monthly meetings to review Risk Assessed Work Plan continue. New risks taken to Operational Estates Group (YT meeting) to discuss with Service Directors and Clinical Directors</p> <p>Delivery of FY 2016 operational estates capital programme has progressed well; and reports are provided monthly to CPSC and FIC</p> <p>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 approval.</p>	
EE2 Provide an estate of suitable quality to support service delivery (Condition B)	<p>Hard FM hub managers are reviewing and surveying the properties for which they are responsible for FY16 annual condition survey</p>	
EE3 Provide suitably located, functional services accommodation	<p>Community Properties: FY16 works are completed; this work stream is ongoing and forms part of the FY17 work plan</p> <p>New City Community Hospital: Initial estates plans have been outlined; but before further works can proceed the CCG's Community Hospital Consultation needs to be completed. Business case not yet started as require CCG's Consultation to be completed.</p> <p>Adult mental Health campus Site for Oxfordshire: Awaiting Service Transformation Plans to be developed</p> <p>Community Services Area and Locality hubs (including inpatient beds): Initial estates plans have been outlined; before further works can proceed the CCG's Community Hospital Consultation needs to be completed</p> <p>General: Procedures and systems established for implementation of rent reviews; agreement of new leases; draft acquisition policy under review.</p> <p>Accommodation Management: Delayed whilst Accommodation Group ongoing. A paper is to be developed to support rental increases.</p>	



Using Our Estate Efficiently



Project Name	Summary of Progress	Summary of Risks, Issues, Concerns and Changes
EE4 Provide high quality estates and facilities services	<p>Work Stream One : Hard FM Services: Trial changes to workforce skill mix implemented have resulted in positive outcomes; work force performance monitored and reported on monthly; working with HR regarding poor performance issues</p> <p>Future plans identified regarding management - but risk of implantation until recent changes fully embedded.</p>	
EE 5 Develop and implement Environmental Strategy incorporating green travel planning	<p>Policy and SDMP approved by the Quality Committee</p> <p>Changing Minds Scheme delayed due to resource pressure. The Sustainability Lead is currently supporting the compliance manager</p> <p>Energy Efficiency Schemes are being identified; including solar panel installation at Whiteleaf</p> <p>Oxon bikes installed at Warneford and Littlemore; Schemes are being developed; including improved shower facilities for cyclists at Littlemore.</p>	