

# **Business Plan**

## FY17 Q3 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	Yellow	Patient carer involvement strategy	The 'iwantgreatcare' contract has been extended whilst the specification for providing the patient experience contract longer term is re-specified. The Adult directorate is appointing a patient involvement lead.
2. To improve the quality of care by transforming services	Green	Oxfordshire Community Pathway : Bed Based services (Older People)	Public consultation has been pushed back to Summer 2017 therefore no further progress against milestones and project is on hold.
	Red	OMHP: Delivery of the OBC Contract (Adults)	A new partnership manager started in November. The Trust is reviewing the governance around the JMG, Partnership Board and outcomes based indicators after a number of issues became apparent in Q3.
	Green	CAMHS Transformation (CYP)	<b>(Swindon, Wiltshire, Bath &amp; NE Somerset):</b> Recruitment complete. New service started 01/01/17. Stakeholder launch to take place 08/03/17 <b>(Buckinghamshire):</b> Continuing to review detail for each pathway, especially eating disorders - e.g. myths, support for siblings and parents, and further resources for professionals such as 'top tips for schools' <b>(Oxfordshire):</b> PCAHMS workers now in post. Offer paper developed and shared with schools. Project board to transition to service development meeting.
	Green	Buckinghamshire Partnership Development (Adults)	Taster courses completed successfully and prospectus is now in place to take project forward. No. of students enrolled as of January 2017 = 180+ . The number of Courses co-produced and delivered = 16. The Official launch is scheduled for 27th January 2017
	Yellow	Forensic Services: Links to the Oxfordshire Recovery College (Adults)	The Professional Lead OT for forensic services is now a member of the recovery college steering group. It has been agreed in principle for forensic patients to access the Recovery College subject to regular review and support from the forensic service in providing 'experts by training' to facilitate some of the courses run at the college. The aim is to develop a forensic "spoke" to the Recovery College hub and a request has been made to NHSE for non-recurrent start-up funding as part of the FY18 Wessex contract negotiations.
	Green	Oxfordshire Integrated Locality Teams (Older People)	<b>Embed the delivery of Integrated Community/Locality Teams:</b> The project has now been finished. The group had a workshop to celebrate success and share learning which was well received by the teams. An audit was carried out to ensure the actions were in place. The Programme Board met on 15th Dec and formally closed the project. <b>MDT reviews - Development of a single (Crisis) Care Plan:</b> MDT reviews for patients with complex and escalating needs now routinely in place via MDT meetings in each locality. GPs invited though limited take up. Updates from MDT reviews sent to GP practices for information at end of Locality MDT meeting. Proactive/crisis care under discussion with GP rep to agree format. <b>Work in partnership with city federation and OCC:</b> There has been no change to this position and at present we are unable to progress this action. We are looking at alternative options to the shared admin role and are in discussions with OCC..
3. To support teams to improve the safety and quality of care they provide	Green	Oxfordshire Urgent Ambulatory Pathway (Older People)	<b>Propose Unscheduled Model of Care for Oxon ( blueprint based on Transforming Urgent and Emergency Care services):</b> This has been over taken somewhat with STP and TV111 – for TV111 OH are working as a partnership with SCAS, Bucks health care and Berkshire providers at co production phase. If all agreed this service is due to start on 7th September 2017. <b>Innovation partnerships -creating a rotational role between SCAS &amp; OH:</b> In progress - a workshop is planned for Feb <b>RACU ; 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:</b> contract variation agreed, service due to go live on the 23rd January 2017
	Green	Implementation of post CQC inspection improvements	Out of hours GP services were inspected by the CQC in November 2016, feedback overall was positive we are awaiting the inspection report.
	Green	Trust wide Quality Improvement Plans	In Q3 the board approved the proposal to establish the institute in September. The management of change process, involving the Improvement and Innovation team and safer care team has commenced. The recruitment process for the Associate Director to lead the institute has been made.

# 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	All clinical frameworks will be in place by 16th January. All wave 3 unit paying through the WFMS. Implementation mop up underway. Wave 4 data gathering meetings being booked to take place in March.
	Green	Right people, right skills, attitudes and behaviours to reflect trust values	Values are reflected on advertisements on NHS Jobs. Values will be further developed to form part of PDR. Apprenticeship strategy development is being developed in L&D with HR input.
	Red	New Leadership and Management Development pathways	Leadership pathways have ben agreed (taken through Well –led committee, nurse exec, AHP leads committee etc.). The materials required to deliver these are now in development and the first cohorts will start by April 2017.
	Yellow	Staff Engagement	Individual teams in Directorate had a toolkit to action plan following the results of the 2015 Staff Survey. HR do not have details of actions taken at local level. The 2016 survey results will be published early in 2017.
	Green	Equality and Diversity	<p>The Equality and Diversity conferences were held at Oxford, Aylesbury and Swindon with guest speakers at all events. Feedback indicates the conferences were effective in raising awareness of the WRES and race equality in general.</p> <p>Staff equality network meetings were held in Oxford for race, disability and LGBT equality.</p> <p>A discussion was held at the Executive Team meeting following the momentum generated by the conferences of how to progress work in line with the CQC standards for inspecting EDI. A number of meetings were held with Comms to prepare the publicity material and promotion of BHM. A BHM Quiz was held in Aylesbury and Oxford with 'higher than expected' attendance. All 15 fair treatment at work facilitators attended and successfully completed ACAS training.</p> <p>A working group made plans to raise awareness of the support available to staff who may be experiencing bullying and harassment, and to launch the Fair Treatment at Work service to coincide with anti-bullying week in November.</p> <p>A 'Faith and Health' conference was held for the first time with attendance from a diverse multi-faith community and OHFT staff. Guest speakers and experts shared examples of real case studies showcasing the contribution that faith and voluntary sectors make to improving health and care in the community.</p> <p>There has been a variation to the contract for face-to-face interpreting provision. The potential risks resulting from this will be added to the risk register.</p> <p>Qualitative information is being gathered for the WRES by running a series of consultations with BME staff.</p> <p>EDI intranet page improvement is underway with Comms to centralise all related material and resources.</p> <p>Comments are welcome on the draft EDI strategy and 2 year work plan which will be shared at all relevant meetings.</p>
5. To ensure Oxford Health NHS FT is high performing and financially viable	Red	Cost Improvement Programme	<p><b>Adults Directorate</b></p> <p>In Q3 delivered £588k Vs Plan of £921k, this is a variance of -36%. The Adult Directorate are projecting to deliver £889k Vs their indicative target of £1.76m, this is a variance of -50%. Main causes of under delivery include:</p> <ul style="list-style-type: none"> <li>Not having sufficient plans to meet the FY17 target.</li> <li>Slippage in the Haleacre move.</li> <li>Out of area treatments budget is significantly overspent and will not deliver savings in FY17.</li> </ul> <p>Plans are currently being developed for the FY18 Cost Improvement Programme.</p>
	Red		<p><b>Children &amp; Young People Directorate</b></p> <p>In Q3 delivered £714k Vs Plan of £869k, this is a variance of -18%. The C&amp;YP Directorate are projecting to deliver £939k Vs their indicative target of £1.27m, this is a variance of -26%. Main causes of under delivery include:</p> <ul style="list-style-type: none"> <li>Not having sufficient plans to meet the FY17 target.</li> <li>Marlborough House rent reduction (£200k) has been attributed to Estates as that is where the budget is held.</li> <li>Budget has been removed for projects but initiatives to reduce spend are yet to yield returns.</li> </ul> <p>Plans are currently being developed for the FY18 Cost Improvement Programme.</p>
	Red		<p><b>Older People Directorate</b></p> <p>In Q3 delivered £954k Vs Plan of £1,061k, this is a variance of -10%. The Older People Directorate are projecting to deliver £1.70m Vs their indicative target of £1.87m, this is a variance of -9%. Main causes of under delivery include:</p> <ul style="list-style-type: none"> <li>Not having sufficient plans to meet the FY17 target.</li> <li>Tissue Viability VAT savings are unlikely to materialise in FY17.</li> <li>HIV Service post is unlikely to deliver savings in FY17.</li> </ul> <p>Plans are currently being developed for the FY18 Cost Improvement Programme.</p>
	Red		<p><b>Support Services</b></p> <p>In Q3 delivered £1,237k Vs Plan of £1,226k, this is a variance of +1%. Support Services are projecting to deliver £1.46m Vs their indicative target of £1.6m, this is a variance of -9%. Main causes of under delivery include:</p> <ul style="list-style-type: none"> <li>Not having sufficient plans to meet the FY17 target.</li> <li>Boundary Brooke House move is delayed and will slip into FY18.</li> <li>Income from Pay &amp; Display parking is now not expected to deliver any savings.</li> </ul> <p>Plans are currently being developed for the FY18 Cost Improvement Programme.</p>
	Yellow	Roll out Service Line Reporting (SLR)	Training completed in all directorates. SLR reports available to all services. Use of reports still to be embedded.

# 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	Revised costings and business plan has been submitted to NIHR. Waiting contract from NIHR. BRC Theme lead and management meetings continue. BRC steering committee in progress of being established and ToR drafted in alignment with OUH BRC
	Green	CLAHRC	<p><b>Patient experience based co-design in early intervention in psychosis services (EBCD in EIP):</b> Project progressing well. Preparation for presentation online is a month ahead of schedule.</p> <p><b>Preventing falls and fragility fractures:</b> New member of staff has been appointed and started in post on 04/Oct/2016. Project on track, no further updates.</p> <p><b>Implementing evidence from patient experience and reported outcomes (Patient experience and outcomes):</b> Recruitment to the skin cancer and diabetes studies is underway. HRA documents for the dementia study have been submitted to the sponsor for review. Project is well on track. 2 papers published to date in Health Expectations and Digital Health. NIHR monograph co-authored by John Powell et al. Examining the role of patients' experiences as a resource for choice and decision-making in health care: a creative, interdisciplinary mixed-method study in digital health. Programme Grants for Applied Research Volume: 4, Issue:17, Published in December 2016 <a href="https://dx.doi.org/10.3310/pgfar04170">https://dx.doi.org/10.3310/pgfar04170</a></p> <p><b>Optimising Treatment for Mild Systolic hypertension in the Elderly (OPTiMISE):</b> No further updates since Q2. Project on track to meet the revised milestones.</p> <p><b>Blood pressure self-monitoring for the management of women during pregnancy with chronic hypertension:</b> Initial phase of the project is complete. This project is on track to be completed at the end of March when the paper will be submitted. Abstract submitted to European Congress on Obesity on 11 Jan 2017 (conference 17 - 20 May 2017); an oral presentation has been requested and the project lead will be informed whether its been accepted in February. The project lead (Nerys Astbury) has been selected as one of the junior researchers to take part in the 14th Stock Conference on Periodic and Intermittent Dieting which will take place in Sydney at the end of March.</p>
	Green	Clinical Research Facility	CRF funding application has been successful. £3.7 million to be awarded. Revised budget and business plan submitted to NIHR as funding considerably less than requested. Awaiting contract from NIHR
	Red	Case Records Interactive Search	<p>Awaiting rollout of UK CRIS to commence consent for contact process.</p> <p>UK CRIS has been delayed externally, possibly until March 2017. OHFT supporting the testing of UK CRIS. D CRIS contract with SLAM has been extended until end March 2017. Discussions regarding federation with UK CRIS are ongoing.</p>
	Yellow	Health Research Authority Integration	<p>Internal processes to capture data are established in line with current HRA expectations.</p> <p>Internal processes are established to review studies in terms of feasibility of undertaking them within the Trust. Work remains ongoing regarding the opportunities within the clinical services to support research.</p> <p>Some issues regarding notification of studies from the HRA as not structured process, which may impact on NIHR metrics. Work continues to minimise impact .</p>
	Green	Integration into OUH/OU Joint Research Office	A new Research Management Group has been established within the Trust to bring together all research across the Trust to provide data for governance and Trust assurances and to encourage transparent and synergist and collaborative approaches within the Trust and wider research community
7. To embed and enhance the electronic health record	Yellow	Electronic Health Record	<p>OneAdvanced continue to devote most of their development efforts on the next release of Carenotes. As previously reported the next version of Carenotes will focus on addressing existing known performance issues rather than introduce additional new features. The Trust will be a beta tester for the new version of Carenotes – V5.7. Beta testing was due to commence on 09 January 2017. However, this has been delayed until 23 January 2017 due to the number of bugs identified during internal testing. The company have allocated a significant amount of resource and effort on testing internally. This represents a major change from their previous approach to version release. Therefore, whilst the delay receiving the beta version is not ideal, it does indicate that OneAdvanced are improving the quality of their releases which should give rise to a more stable product once released. The expectation is that the Trust will still go-live with V5.7 in March 2017.</p> <p>Towards the end of December 2016 the MD of the health division at OneAdvanced announced that he is leaving the company. A replacement has already been installed and the Trust has been reassured that a comprehensive handover has occurred. The outgoing MD (George Thaw) has helped OneAdvanced to develop their strategy for healthcare solutions over the coming years. OneAdvanced have advised the Trust that the new MD (Nick Wilson) has extensive experience dealing with health / the public sector at BT and Capita. The Trust has requested a meeting with Nick over the coming weeks.</p> <p>The Trust's EHR Team have continued to significantly improved their knowledge of the EHR systems and understanding of what the team can do to improve end user experience – e.g., by improving system navigation, reducing numbers of clicks, rationalising numbers of ways to view, input and access information. Working closely with clinical colleagues and Clinical Directors, ongoing improvements to Carenotes and Adastra have continued.</p> <p>The Trust has been invited by NHS England to submit a proposal to become a Global Digital Exemplar (GDE) for mental health and receive up to £5million of funding for digital health initiatives. Fourteen of the 56 mental health organisations in the country have been invited to submit and only up to six will be chosen in early February to participate. The Trust's proposal was submitted by the 19 January deadline and it outlines an exciting programme of work that will deliver a step-change in the way we engage citizens/patients with digital technology.</p>

# Seven Priorities- Progress Updates (Priority 7)

Priority	RAG	Project Title	Progress Update
7. To embed and enhance the electronic health record	Amber	Develop Information Governance skills in workforce	<p>Various components require action to achieve an IG Toolkit rating of Satisfactory / Green. The main actions are related to levels of IG mandatory training attendance which fall below 95%. The Interim Director of Performance continues to take action to improved attendance and the SIRO has written to all staff who have not completed IG training and has challenged all Service Directors to improve attendance rate. L&amp;D are sending targeted reminders to all non-attenders.</p> <p>Reported difficulties in Q2 with accessing the L&amp;D system used to support e-Learning which had impacted on the numbers of staff undertaking e-Learning (including IG) were resolved during Q2.</p> <p>IM&amp;T colleagues worked with L&amp;D and the system supplier to identify the cause of the problem. Investigations into the Trust's infrastructure identified a routing issue on the links to the Internet which is the route taking to access the hosted solution.</p> <p>The Information Governance Toolkit status is kept under review by the Information Management Group, Directorate and Corporate Department representatives are included in the membership along with the Trust Caldicott Guardian. The Information Management Group reviews information incidents, assets (systems and information), themes and risks, and related serious incidents as well as information sharing issues and protocols.</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	◆ Review current surveys and reduce duplication	◆ Improve reporting to Directorate Quality Committee	◆ Develop a specific action plan around patient experience and involvement				
	Service user and carer framework development (Adults)	◆ Evaluation/review of involvement	◆ Identify current service user and carer involvement activities	◆ To produce an engagement plan/framework to identify areas for inclusion of service users/carers					
2. To improve the quality of care by transforming services	Oxfordshire Community Pathway : Bed Based services (Older People)	◆ Commence staff consultation for Wantage	◆ Redeploy staff and transfer patients	◆ Implement new staffing model	◆ Outcome of public consultation and decision by transformation board				
	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)	◆ To work with commissioners to address any concerns/issues					
	CAMHS Transformation	◆ Agree year one project priorities with key priorities		◆ Deliver new eating disorder service (Wiltshire, BaNES)	◆ Deliver school in-reach services for Oxfordshire	◆ Deliver new young-person friendly website (Bucks)			
	Buckinghamshire Partnership Development (Adults)	◆ Review the progress against the implementation of the Recovery College in Buckinghamshire	◆ Identify partnership agencies to work with in Buckinghamshire and agree areas of work to be included	◆ Explore development of new partnership agreement in Bucks					
	Forensic Services: Links to the Oxfordshire Recovery College (Adults)	◆ Identify suitable courses/locations for patients to engage in the Recovery College	◆ Agree the enrolment process	◆ Review the level of engagement in the Recovery College and gain feedback on experience					
	Oxfordshire Integrated Locality Teams (Older People)	◆ Embed integrated Hub and review culture change	◆ Review and improve management of ILT contribution to unscheduled care as part of review of urgent care across comm.						
	Oxfordshire Urgent Ambulatory Pathway	◆ Work in partnership with city federation and OCC to deliver services in the city locality	◆ Propose Unscheduled Model of Care for Oxon ( blueprint based on Transforming Urgent and Emergency Care services)	◆ Innovation partnerships- rotational role between SCAS & OH	◆ Identify and establish telecare support from SCAS to Care Homes to improve decision making and better inform OOH GP service.	◆ RACU- depending on outcome of contract negotiations			
3. To support teams to improve the safety and quality of care they provide	Implementation of post CQC inspection improvements	◆ CYP CQC Improvement Plans	◆ Older Peoples CQC Improvement Plans	◆ CYP CQC Improvement Plans	◆ Develop and start implementing plan to move from good to outstanding rating				
	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	◆ Decision regarding future Project Plans	◆ Prepare for wave 3 roll-out	◆ Consultation regarding WTR breaks	◆ New Agency Framework developed for all staffing groups		
	Right people, right skills, attitudes and behaviours to reflect trust values		◆ Recruitment Database – develop and implement a recruitment database to enable recruitment efficiencies	◆ Develop the 'Working for Us Website' as an attraction tool			◆ 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	◆ Deployed Learning Curriculum	◆ Phase 3: Create Learning Curriculum	
	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	◆ Wantage- implement agreed changes	◆ Boundary Brook House move	◆ Wantage consultation response (delayed from Q3 FY17)
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)							
		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)							
	Clinical Research Facility	Short listing by NIHR							
		NIHR interviews							
	Case Records Interactive Search	◆ Commence Consent for Contact Process Roll Out							
◆ Integration of CRIS with CareNote									
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							
Information Governance skills in workforce		◆ Merge instances							
		◆ 95% of workforce attended mandatory training (L&D responsible for tracking / advising compliance)							