Business Plan
FY18 Q2 Report

NHS
Oxford Health
NHS Foundation Trust

1 To make care a joint endeavour with patients, families and carers

2 To improve the quality of care by transforming services

3 To support teams to improve the safety and quality of care they provide

4 To support leaders to maintain a positive culture for teams

5 To ensure Oxford Health NHS FT is high performing and financially viable

6 To lead research and adopt evidence that improves the quality of care

7 To embed and enhance the electronic health record

Priority	Workstreams
1. To make care a joint endeavour with patients, families & carers	1. Deliver patient involvement and experience strategy (trust-wide) 2. Deliver the carers strategy
2. To improve the quality of care by transforming services	1. Deliver Oxfordshire Community Pathway : Locality & Bed Based services (OPD) 2. Deliver new Learning Disability service (Adults) 3. Deliver improved Adult MH pathway (reduce OATS) (Adults) 4. Deliver CAMHS Transformation (CYP) 5. New Care Models 6. Estates Redevelopment
3. To support teams to improve the safety and quality of care they provide	1. Deliver Quality Account priorities 2. Deliver Oxford Centre for Quality Improvement 3. Implement the recommendations from the Mazars review
4. To support leaders to maintain a positive culture for teams	1. Deliver recruitment & flexible workforce management solutions 2. Deliver workforce strategy to attract and retain staff 3. Deliver Leadership and Management Development pathways (includes mentoring, conferences, clinical leadership) 4. Deliver Equality, Diversity & Inclusion Strategy
5. To ensure Oxford Health NHS FT is high performing and financially viable	1. Deliver the Cost Improvement Programme 2. Embed New Performance Team and Performance Management Framework 3. Embed Patient-level costing and Service Line Reporting
6. To lead research and adopt evidence that improves the quality of care	1. Biomedical Research Centre (BRC), Collaboration for Leadership in Applied Health Research & Care CLAHRC, Clinical Research Facility (CRF), Clinical Research Network (CRN), Diagnostic Evidence Co-operative (DEC), Medtech & Invitro diagnostic Co-operative (MIC) 2. Deliver Case Records Interactive Search 3. Deliver effective Research Management Group
7. To embed and enhance the electronic health record	1. Refine and enhance existing EHR functionality 2. Deliver New Data Warehouse 3. Reporting Presentation Layer 4. Enhance core IT infrastructure

Seven Priorities- Progress Updates (Priorities 1-2)

Priority	RAG	Project Title	Progress Update
1. To make care a joint endeavour with patients, families &carers	🟧	Deliver patient involvement and experience (PEI) strategy	PEI strategy objectives identified for commencement in 2016/2017 have not been fully achieved but a large number from 2017/18 have begun, this is due mainly to local priorities in areas that they have identified. In total, 8 out of the 61 objectives have been fully completed, 31 are currently in progress and a further 22 are yet to be started. The objectives which have been completed include improving the PEI pages on the internet, rolling out the use of IWGC across the trust, reporting and publishing feedback routinely and building a library of patient stories. The capacity of the PEI Team continues to grow and support the progression of outcomes across the Trust
	🟩	Deliver the carers strategy	New strategy for families, friends and carers launched in Q1 including Linking Leaders, ICareYouCare video and promotional material. Detailed action plan created. All Q2/Q3 deliverables on track.
2. To improve the quality of care by transforming services	🟩	Deliver Oxfordshire Community Pathway : Locality & Bed Based services (OPD)	**District Nursing Service Efficiencies** Workstreams for standardising clinical pathways and improved function of duty desk complete. Starting from home workstream on hold, with plan to move this to neighborhood teams pilots.
	🟩		**Developing neighbourhood working (ILT Phase 2)** Scoping of project, deciding on KPIs and implementation plan completed. Implementation of model planned for Q3.
	🟩		**Development of District Nursing Workforce** Scoping of project, deciding on KPIs and implementation plan completed. First project meeting took place during Q2. Implementation of model planned for Q3.
	🟥		**Community Hospitals – Consultation** Public consultation still planned for revised timetable, to start May 2018.
	🟩	Deliver new Learning Disability service (Adults)	First 100 days post transition completed. Weekly updates to exec for first 3 months, process currently being reviewed. Transfer of Slade site completed at beginning of October. Working to and setting timescales through the Transforming Care Partnership Board.
	🟧	Deliver improved Adult MH pathway (reduce OATS) (Adults)	During Q2, pilot patient status at a glance (PSAG) board has been placed on Wintle Ward but not yet rolled out to all wards. It is likely that this piece of work will be transferable across all inpatient units (Forensic, ED, CAMHS, Community Hospitals). Peer Support Project delayed and the first cohort of patients will now be in January 2018. Employment process for adult inpatient social workers has started and this piece of work is being operationalised. Further work required to refine the AMHT model. Single point of access go live for OMHP delayed as further consideration required, in particular how MIND can help support this piece of work.
	🟩	Deliver CAMHS Transformation (CYP)	**Swindon, Wiltshire, Bath & NE Somerset** Online referrals now live in Swindon, Wiltshire to go live by end of October. **Buckinghamshire** School link workers in place for all state schools, with a plan to roll out to other (independent) educational establishments **Oxfordshire** New pathways in process of being set up, with particular focus on neuro-development. Staff consultation to be completed by end November. Single Point of Access recruitment underway.
	🟧	New Care Models	**Thames Valley & Wessex Forensic Network (Adults)** During Q2, 12 repatriations (or similar), 4 patients placed out of network hence net positive position of a reduction of 8 our of network beds. This is in line with business plan projections. NHSE have released M4 expenditure figures which reflect a positive financial position (subject to validation of this data). Initial budget offer to be signed off during October (in line with other pilots). SMH database project due to commence early October, to deliver database to track patient movements and financial progress. Network governance structure working well: collaboration amongst provider partners is positive; collaborative relationship with NHSE is developing.
	🟩		**Eating Disorders New Care Model (CYP)** During Q2, engagement event with provider partners took place to build relationships and identify any quick wins. £100,000 support package awarded by NHSE which will be used for project management support and clinical backfill. Business plan in development by OHFT; first draft to be shared with all partners in October prior to submitting to OHFT board in November. Milestones for Q3 on track for delivery. If business plan is approved expected 'go-live' is April 2018.
	🟩	Estates Redevelopment	Warneford redevelopment master plan approved. Team to consider future requirements for healthcare to progress the phasing programme and financial case. Proposal submitted for consideration and adoption in to local plan. Littlemore redevelopment master plan included within draft estates strategy.

Priority	RAG	Project Title	Progress Update
3. To support teams to improve the safety and quality of care they provide	🟩	Deliver Quality Account priorities	Full Q2 update currently being compiled and is due to be presented at the Quality Committee.
	🟧	Deliver Oxford Centre for Quality Improvement	Organisational change process complete with one redeployment within the structure for OCPSQ, and one redeployment outside of OCPSQ, but within Oxford Health. One researcher post to be filled by doctoral student from University of Oxford, mathematical statistician JD to be written and honorary contract in place for Prof. Charles Vincent. Movement of staff to new base delayed until November due to contractual issues. Contract for collaboration with Uox nearing completion. Featured presentation at trust AGM in support of launching the Centre; CEO article featured in the trust Insight magazine; agreement of soft-launch approach with Professor Vincent while staffing and accommodation being resolved. Awaiting a meeting with IHI and Extended Exec to agree on preference of partner and funding approach. Attended second collaborative national engagement and observation event. Patient and staff experience questionnaires have been designed which we are using to give a baseline and support our first test of change. Project management support agreed Data collected so far has been reviewed and will be put into the baseline programme to support looking at the data in a meaningful way and to identify developmental areas.
	🟩	Implement the recommendations from the Mazars review	New screening tool including categorisation tool finalised and rolled out from July 2017. Revised policy on the reporting and management of incidents and deaths was finalised and published in Sept 2017. Recommendations from national guidance on learning from deaths completed. Paper with evidence of work against national guidance taken to the Quality Committee and Trust Board in Sept 2017 - this included a summary of the work of the trust-wide MRG over the last 18 months. On-going actions e.g. staff training workshops to fully embed new process and categorisation tool. Trust-wide MRG established and ToR last reviewed in July 2017. Directorate level MRG processes were put in place weekly in each of the three clinical directorates from August 2017. These processes report into the Directorate quality groups monthly and the Trust-wide MRG bi-monthly. Work plan for Trust-wide MRG agreed in August 2017 and reported to the Quality Committee and Trust Board in Sept 2017. So far 5 thematic reviews have been presented and discussed at the Trust-wide MRG.
4. To support leaders to maintain a positive culture for teams	🟧	Deliver recruitment & flexible workforce management solutions	The Carter work continues and very good collaborative work is taking place between the Operations, Nursing and HR Directorates around safe staffing and awareness at all levels of the benefits of e-rostering and in particular the early finalisation of rosters. Positive feedback has been received about the approach taken by our teams to maximise the value of the programme.
	🟧	Deliver workforce strategy to attract and retain staff	The Extraordinary Executive Meetings focused on Recruitment and Retention have continued. They now take place once per month. The HRD and Heads of Recruitment and Staffing Solutions also attend the OMT once per month to ensure an appropriate focus on working with senior operational leaders on the Recruitment and Retention agenda. Improvements to Bank pay were announced in September, as part of the strategy to build our Bank and reduce reliance on agency staff. A new "recommend a friend" scheme was launched in September, which pays £300 to staff who recommend friends or family members to join the Trust. OHFT has been invited to take part in an NHSI programme focused on Retention. This launches on 31 October 2017. Feedback from Berkshire Healthcare Trust is positive – they were participants in the first wave of Trusts to take part in the programme earlier this year. The HR team is being restructured to put all Employee Relations staff under one leader (previous structure had 4 teams, one facing each Directorate). This should improve consistency in the way that cases are managed and provide better opportunities for staff development. It should also free up the SHRBPs to contribute on Reward, Engagement, Talent Management and Succession Planning. The need for this wider contribution was acknowledged in the recent PwC "Well Led" audit. Work is ongoing with staff side around Stress and around Bullying and Harassment.
	🟩	Deliver Leadership and Management Development pathways	Apprentices: Not with OHFT as providers because of resolving HR issues Graduate status: Graduate programmes have not yet been implemented as the MAGNET standards are being changed and new ones being published. We need to match programmes to the new standards. Leadership pathways: The leadership programme commenced as planned on 29/09/17 with 20 participants. Coaches: The 360 tool has been developed and coaches identified.
	🟩	Deliver Equality, Diversity & Inclusion Workplan	**Workforce Race Equality Standard (WRES)** During Q2, the 2017 WRES submission was made to NHSE. Implementation of the race equality action plan is underway, including establishing a pre-screening process to review potential disciplinary cases lead by the DoN. **Accessible Information Standard (AIS)** New 'Alert System' on CareNotes now live. New trust wide mailing system required, work underway to ensure this meets the standards required for the AIS. Procurement preparing business case to support this. On track for delivery of standards 2 and 3 by the end of Q3. **Stonewall Workplace Equality Index (WEI)** This years WEI submitted during Q2 with the aim to improve the trust ranking in the index. Good response received from staff across the trust who submitted evidence of work in their own services to promote/improve LGBT equality and inclusion for patients, service users or staff. Much of this information was used in the submission to Stonewall. **Staff Equality Networks** Ongoing promotion of staff equality networks including pull up banner, pens and posters. Meetings taking place bi-monthly with good attendance. Recent increase in membership. Work to establish a learning difficulties/disabilities group underway. Working in collaboration with network members on actions from the race equality and LGBT equality action plans. **Inclusive Leadership** Equality and Diversity session delivered to the first cohort of candidates in the Leadership Development Pathway. 3 successful linking leaders conferences focussing on LGBT equality and inclusion. Equality & Diversity Steering Group and Delivery Group purpose and membership reviewed and ToR agreed. First meetings to take place during Q3.

Seven Priorities- Progress Updates (Priorities 5-6)

NHS
Oxford Health
NHS Foundation Trust

Priority	RAG	Project Title	Progress Update
5. To ensure Oxford Health NHS FT is high performing and financially viable	🟥	Cost Improvement Programme	**Adults Directorate** In Q2 delivered £582,164 Vs plan of £511,203 (+14%), in FY18 forecast to deliver £1,194,817 Vs Target of £2,100,000. The reason for YTD variance is in relation to over performance for Forensic Services New Care model. This will be reviewed on a monthly basis. The main risk for the adult directorate CIP's is around the Haleacre Estates move as this has already been delayed several times. Adults are forecasting to deliver below target due to limited opportunities and lack of plans.
	🟥		**Children & Young People Directorate** In Q2 delivered £314,500 Vs target of £314,500 (100%), in FY18 forecast to deliver £632,000 (of which £378,000 is non recurrent) Vs Target of £1,700,000. There has been no slippage YTD. Children and Young People are forecasting to deliver below target due to limited opportunities and lack of plans.
	🟥		**Older Adults Directorates** In Q2 delivered £290,259 Vs target of £543,818 (-47%), in FY18 forecast to deliver £736,229 (of which £150,000 is non recurrent) Vs Target of £2,100,000. The reasons for YTD slippage include cost pressures in relation to Community Hospital agency staffing. Integrated Locality Teams have identified skill mixing opportunities and posts to be removed but they are currently occupied or covered by pay protection. Older Adults are forecasting to deliver below target due to the slippage outlined above, limited opportunities and lack of plans.
	🟥		**Support Services** In Q2 delivered £270,936 Vs plan of £270,936 (100%), in FY18 forecast to deliver £504,541 (of which £100,991 is non recurrent) Vs Target of £1,500,000. There has been no slippage YTD. Support Services are forecasting to deliver below target due to limited opportunities and lack of plans.
	🟩	Embed New Performance Team and Performance Management Framework	The restructure of the Performance Service was completed as planned at the end of May 2017. The project has now been officially closed. There are still a small number of staff (3) that have yet to be redeployed but we expect to have all staff redeployed by the end of November. ESR has been configured for the new establishment but the budgets are still not finalised. Agreement has been reached with the Directorates so the Accountants are currently working to complete the transfers. A transition plan has now been produced and work to redevelop the service change and delivery team is now underway. A performance framework has been created and was recently audited as part of the Well-Led Review. Changes have been recommended and we will be adopting them where appropriate. The Head of Business Services has now started work in the Trust and the development of a business front door is a principal objective. Progress to be reported during Q3 and Q4.
	🟩	Embed Patient-level costing and Service Line Reporting	A launch event has taken place for the new integrated Financial Management structure and vacancies are currently being recruited to. The first of a series of workshops has taken place to discuss how SLR reports get rolled out to the organisation and more workshops will be taking place over the next few months.
6. To lead research and adopt evidence that improves the quality of care	🟩	Biomedical Research Centre (BRC)	Individual theme meetings are commencing. All theme leaders meet on monthly basis. Patient & Public Involvement manager has resigned, role is currently out to advert to miminise gap. Current manager working to progress the strategy as far as possible
	🟩	Collaboration for Leadership in Applied Health Research & Care (CLAHRC)	Ongoing work to continue to deliver the objectives of themes 1-6. NIHR is extending funding until the renewal and discussion are ongoing regarding opportunities for pull through of activity including looking at potential of enabling pull through from OH and OUH BRCs
	🟩	Clinical Research Facility (CRF)	Ongoing discussions with partners to identify clinical research space in OUH. BRC studies are supporting the CRF. Business plan has been approved for late phase research studies to be undertaken at the Whiteleaf Centre in Aylesbury
	🟩	Clinical Research Network (CRN)	Business case for studies to take place at Whiteleaf Centre for late phase research studies approved. Ongoing work to support the integration of True Colours. work continues to increase research engagement within the Trust clinical services.
	🟩	Diagnostic Evidence Co-operative (DEC)	Ongoing work in the following areas: Horizon Scan programme, unmet clinical needs assessment, point-of-care testing and attitudes to implementing IVDs in primary care. For delivery during Q3.
	🟩	Medtech & Invitro diagnostic Co-operative (MIC)	Application for funding successful. Contract process ongoing. Funding due to commence in Q4.
	🟩	Deliver Case Records Interactive Search	UK CRIS is fully operational. Work continues to engage Trust Audit, Information and Performance teams to look at potential utilisation of CRIS across the Trust and to increase research engagement within the Trust clinical services
	🟩	Deliver effective Research Management Group	Good attendance and engagement continues at the Research Management Group. Highlight reports of the various elements of research within the Trust presented on a quarterly basis. Meeting provides good forum to inform collaborative opportunities.

Seven Priorities- Progress Updates (Priority 7)

Priority	RAG	Project Title	Progress Update
7. To embed and enhance the electronic health record	🟧	Refine and enhance existing EHR functionality	Q2 has focused on optimising Carenotes and Adastra to improve end user experience, support the reporting of key contractual data and mobile working. Enabling Carenotes for Community Hospitals is now underway with the first phase planned to go live in November 17. The Child Health Service has now migrated away from Carenotes, with an element of dual entry being agreed to support operational processes. E-correspondence is being rolled out further within Oxfordshire to include Part 1 and 2 discharge summaries. Wider county deployment has a dependency for the Docman Managed Service which is linked to a version of Carenotes to be deployed early 2018. Viewing primary care data directly from Carenotes and Adastra via the MIG is in the final stages of issue resolution with go live dates scheduled for October 17. Deployment of a patch has resolved the majority of Carenotes issues when accessed via the iPad using Web@Work and Safari. Carenotes iOS App for Community instance is now deployed and tested, one key issue remains to be resolved for go live. E-prescribing workshops have been held to review the functionality against current processes.
	🟩	Deliver New Data Warehouse	The third party tool has been decommissioned and the legacy BI solution is running smoothly. At the same time, a BI Roadmap for the next 14 months has been finalised by working closely with the head of performance and information. The BI roadmap identifies themes that need to be delivered in order to decommission the legacy reporting. As a result, the new data warehouse built continues but the focus has been shifted to being able to decommission the legacy BI solution in Q4 2018.
	🟩	Reporting Presentation Layer	In Q2 the main projects that the BI team has been focusing on are: Appointments SLA reports have been identified as a theme on the BI Roadmap. An initial draft of appointments dashboard has been produced by working closely with the Performance & Information team. Decommission legacy inpatient reporting - business analysis has been carried out to identify which legacy inpatient reports are still being used and additional data items have been added to the inpatient dashboards in order to be able to decommission legacy inpatient reporting solution. Safer Care / incident reporting business analysis has been carried out on existing reports and the scope has been defined. Additional data items have been added to the data warehouse. Further work is required to finalise the dashboards. Information governance reports are currently produced manually and consume a lot of time. Work is underway to produce information governance dashboards which highlight potential patient access breaches.
	🟩	Enhance core IT infrastructure	The focus of work on Office 365 has continued, with several trials of alternative security overlays having taken place, including offerings from market-leading Identity Provider Services. This work has concluded that the trust still has a significant investment and reliance upon legacy non-cloud services and that as such a more legacy solution for single Sign On (SSO), Self Service Password Reset (SSPR) and Multi Factor Authentication (MFA) is required, such as Imprivata. For the device-specific controls required, MobileIron Access will be utilised. Central configuration has taken place to enable this and the rollout of Office 2016 has commenced to an advanced pilot group. Q2 spend on replacement PC devices remains lower than expected, however departmental spend still appears to be high, representing approximately a quarter of overall spend. The IT Service continues to only replace hardware at end-of-life rather than pro-actively based on age, and this approach is not being experienced as problematic in nature. Legacy Wi-Fi Access Points are now fully replaced, and planned work to replace legacy Local Area Network (LAN) switching has commenced, with priority on in-patient areas. Plans to re-procure the trust's network continue to make little progress due to the speed of progress of the national programme supporting the delivery of Health and Social Care network (HSCN)-compliant solutions. To date there is only a single provider that can deliver HSCN, although more are currently going through the certification process required by NHS Digital. Any new investments in networking that are required are being procured on low-term contracts at somewhat elevated expense.

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