

Business Plan

FY18 Q4 Report

- 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	<ol style="list-style-type: none"> 1. Deliver patient involvement and experience strategy (trust-wide) 2. Deliver the carers strategy
2. To improve the quality of care by transforming services	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	Amber	Deliver patient involvement and experience (PEI) strategy	Two years of the PEI strategy have now been completed. The objectives in year one were delayed as capacity and resources were put in place. Currently of the 61 objectives set out for three years; 9 are completed (rated green), 37 are in progress (rated amber) and 15 have not been started (rated red). A decision will be made in 2018/19 about whether to extend the strategy for another year or to re-focus our priorities. Progress with the objectives in the work plan are overseen by the Trust-wide Taking Action on Patient Feedback Group and then reported to the caring and responsible quality sub-committee, well-led quality sub-committee and Trust Board quarterly. Information on the feedback we have received and the actions being taken is published on a dedicated page on the Trust's internet website. <i>WGC</i> to collect and report on feedback was procured for three years and rolled out to every clinical team in 2017/18. The amount of feedback captured has significantly increased and staff have reported having better access to the information which they are using to make improvements. Over 14,500 patients have given teams feedback in 2017/18. <i>You Said, We Did</i> (YSWD) actions have been carried out across the trust and 92/ 320 teams in Q4 are displaying/ sharing their YSWD actions with patients and carers either by poster or newsletter. This has improved from 58/320 teams in Q1. Clinical teams engaging with patients/ carers in improvement projects has also increased.
	Green	Deliver the carers strategy	The Carers Involvement Lead joined the Trust in April 2018. Interactive carer awareness training for staff is in development and review of senior leaders job descriptions to ensure they include involving patients and carers is underway. Strategy developments continue to be driven by Friends, Family and Carers Forum who meet quarterly.
2. To improve the quality of care by transforming services	Amber	Deliver Oxfordshire Community Pathway : Locality & Bed Based services (OPD)	District Nursing Service Efficiencies Pilots reviewed and learning identified to be built into the wider development of district nursing service as part of the neighbourhood team environment. This development is ongoing, comprising upskilling of the DNs and community nurses. SPA is operational and clinical deliverables identified; positions recruited to; telephony and changes to care notes being finalised. Due to go live in July subject to funding being made available for telephony and ongoing resource in IT to deliver.
	Green		Developing neighbourhood working (ILT Phase 2) Work still ongoing in development of Joint Enterprise; in the meantime some localities have commenced working in a more joined up way inclusive of GPs and Practice Nurses and patient focused MDT discussions
	Amber		Development of District Nursing Workforce Workforce planning and skill mix project running January - Sept 2018, run by community matron. District Nursing are running a pilot benchmarking capacity. A staff model is agreed in principle, communicated and tested with staff and is now being implemented. Other workstreams include: Preceptorship / Induction, DN Band 6 upskill, DN Workshop Support, Frailty Upskilling, and DN Course Management. Evaluation is ongoing and linked to continuous improvement activity.
	Amber	Deliver new Learning Disability service (Adults)	Community Hospitals – Consultation Public consultation still planned for revised timetable, to start May 2018.
	Green		Learning Disability services continue to embed into OHFT. A Post 100 days plan is in place to address any outstanding actions. A Transformation programme plan is currently being developed, with the LD Strategy expected to be completed by July 2018. A Comms Plan and Engagement and Involvement Plan have been drafted to support the transformation work.
	Green	Deliver improved Adult MH pathway (reduce OATS) (Adults)	First Peer Support trained cohort has been successfully recruited, and training has commenced and expected to be complete by August 2018. A Perinatal Mental Health Bid has been submitted and we are awaiting outcome; planned implementation throughout FY19. Oxford Safehaven opened on 6th April. Service user feedback has been positive so far with some returning users. Further engagement required with AMHT's and other periphery services to raise awareness and profile to increase uptake and impact.
	Green	Deliver CAMHS Transformation (CYP)	New Swindon, Wiltshire, Bath & NE Somerset pathways are live. Care notes configuration and Performance Agenda Frameworks scheduled to be complete by end of April. Buckinghamshire CAMHS annual review complete. Text messaging appointment reminders pilot underway. Single Point of Access and Getting Help teams are now live. New Oxfordshire CAMHS website went live and will continue to grow and develop. Getting More Help and Neuro Developmental Conditions pathways schedule to go live 1st May. Phase 2 of the project is scheduled to start in May. OHFT successfully appointed as lead provider for FCMAHS service in South Central and South West regions. Pathways live with ongoing recruitment throughout Q1 of FY19.
	Green	New Care Models	Thames Valley & Wessex Forensic Network (Adults) The level of patient repatriations to network beds has exceeded the high projections in the business plan. The accurate financial position remains difficult to confidently determine due to persisting data issues despite the work commissioned to improve data quality. A year end position has been reached although there remains outstanding validation required to conclusively agree the 2017/18 budget. Collaboration amongst provider partners is positive. Collaborative relationships continue to develop with NHSE although some challenges remain. The recruitment to the senior roles of Senior Clinical Pathways Manager and TVWFN Manager will enable appropriate management capacity to robustly address reviewing, business and operational planning.
Green	Eating Disorders New Care Model (CYP) Ongoing work to verify and agree budget as well as rules associated with the transfer. NHSE are working to develop consistent methodology that is applicable to all NCM sites. There has been positive engagement so far from all parties. The national New Care Models programme has been extended beyond the pilot period of 2 years. Ownership and responsibility has been transferred to regional hubs. This opportunity has resulted in a delay to the New Care Model but OHFT and the NHSE Regional team are close to agreeing on the Management Agreement and Contract variation. Expected to be finalised and live by 1st May 2018. T4 CAMHS New Care Model (CYP) NHSE confirmed that they are happy for OHFT to proceed with his piece of work and set up a network for T4 beds. Agreement between OHFT and NHSE to delay Go Live to October 2018		
Green	Estates Redevelopment	Warneford redevelopment proposals for clinical accommodation are completed, and initial SOA and estimated construction and operational costs developed. Programme has been developed, including possible phasing. Proposal to develop Littlemore as a Forensic Site confirmed, with proposed developments identified. Potential proposals included in Strategy Development and draft Estates Strategy - requires approval.	

Seven Priorities- Progress Updates (Priorities 3-4)

Priority	RAG	Project Title	Progress Update
3. To support teams to improve the safety and quality of care they provide	Green	Deliver Quality Account priorities	Of the 23 Quality Account priority objectives for 2017/18, 21 either achieved or were close to achieving their targets by year-end. Only 2 objectives failed to meet their targets, one of which related to staff retention and the other to rolling out the safer ward programme.
		Deliver Oxford Centre for Quality Improvement	Recruitment continues into available posts and we are now also seeing a high calibre of Researcher for Improvement applicants. We are seeking nominated QI Leads from each Directorate and support services to join the OHI Faculty and train to support the operational teams. OHI are delivering QI capability building into the Leadership and Preceptorship programmes.
			We have an agreed strategy with NHS Elect to support capability building in our allied enablers. We continue to work with two NHSI projects plus a further nine projects identified by services themselves.
			IHI have delivered a full day workshop for the Extended Executive Group and we have joined IHI Open School. Consultation of the OHI Strategy has now concluded and the strategy will go forward for final approval. Our mapping exercise has been completed. The main findings were that a variety of improvement work is going on across the organisation but the methodologies are inconsistent in use and application. No single data base exists to record and publicise improvement activity. At the QSC Well Led Committee meeting in April, it was agreed to investigate options for a suitable platform for the organisation. The OHI website is under construction and logo is in design, and work is underway to operationalise a modern, fit for purpose conference room.
Implement the recommendations from the Mazars review	All planned actions completed. Tiaa completed an audit in March 2018 to follow up on the Mazar Group recommendations, which found all the recommendations had been completed and the audit received a reasonable assurance rating. The Trust is meeting national learning from deaths recommendations. Directorate and trust-wide mortality review processes are in place, with regular reporting to Trust Board. We completed a self-assessment against CQCs/ HSIB framework on reviewing how an NHS Trust learns from deaths, shared in March 2018. The outcome was reported to the trust-wide mortality review group to shape workplan for 2018/19.		
4. To support leaders to maintain a positive culture for teams	Yellow	Deliver recruitment & flexible workforce management solutions	An HCA/Agency worker project is underway to recruit our agency workers onto our staffing solutions bank. Due to delays in passing sufficient numbers of new applicants through the Trust's mandatory training before the planned deadline of 1 st April, the start date to convert all agency HCA's to our own bank has now been pushed back to May 2018.
		Deliver workforce strategy to attract and retain staff	We have recruited more staff in 2017 than in previous years, and are beginning to recruit more than we are losing but we still have a high level of leavers. We have just completed a round of very successful Linking Leaders conferences to support hiring managers and leaders with recruitment and retention issues. The recent changes to the operational directorates will mean the Senior HR Business Partners will need to be very active supporting this organisational change which will limit or delay some of the proposed retention work. A programme of works has begun including steering groups for Stress, Bullying & Harassment and Equality & Diversity
	Green	Deliver Leadership and Management Development pathways	41 students commenced programmes in January. We are in the process of procuring 100 student places with a University for nursing associates (50 starting May and 50 in September) with the Trust as sub-contractor to deliver some of the programme. There are now 24 trainees on the programme, with new starters commencing on apprenticeships. We are working with Oxford Brookes to accredit modules we will deliver in house. The first cohort of our Leadership programme remains at 20. A second cohort of 90 has commenced.
		Deliver Equality, Diversity & Inclusion Workplan	We ran an LGBT history month in February, including a staff quiz and a special workshop on LGBT perspectives in healthcare. Feedback from Stonewall on our Workplace Employers Index (WEI) and results meant that we significantly improved our scores and ranking as a result of our hard work. To support the L&D department and diploma course we have written and delivered training packages for a module on diploma apprenticeship in senior HCA level, a further training module on religion and culture, and a module for the Leadership development diploma.

Seven Priorities- Progress Updates (Priorities 5-6)

Priority	RAG	Project Title	Progress Update
5. To ensure Oxford Health NHS FT is high performing and financially viable	Red	Cost Improvement Programme	The FY18 Cost Improvement Programme delivered £3,826,477 against the OHFT target of £7,400,000, this is a shortfall of 48%. OHFT over performed against plans of £3,339,256 (+15%), the main reason for this being significant savings associated with the Forensic New Care Model.
	Green		Adults Directorate In FY18 delivered £2,054,432 Vs plan of £1,072,000 (+92%) and Vs Target of £2,100,000 (-2%), £1,481,220 of the total savings was non-recurrent. Slippage against plan occurred due to an increase in out of area treatments resulting in AD01, Patient Pathway Transformation underperforming. This was largely mitigated by over performance in AD03, Forensic Services New Care Model.
	Red		Children & Young People Directorate In FY18 delivered £632,000 Vs plan of £632,000 (100%), and Vs target of £1,700,000. There was no slippage against plans, although £378,000 of the total savings was non-recurrent. The CYP directorate did not achieve their FY18 CIP target due to limited opportunities and lack of plans.
	Red		Older Adults Directorate In FY18 delivered £474,243 Vs plan of £1,101,765 (-57%), and Vs target of £2,100,000 (-77%), £150,000 of the total savings was non-recurrent. Slippage against plan occurred throughout the year. Community Hospitals encountered cost pressures in relation to agency staffing resulting in no savings associated with scheme OP01. Integrated Locality Teams identified skill mix opportunities and posts to be removed but some were occupied throughout the year or covered by pay protection. The Older Adults directorate did not achieve their FY18 CIP target due to limited opportunities and lack of plans.
	Red		Support Services In FY18 delivered £665,801 Vs plan of £533,491 (+25%), and Vs Target of £1,500,000 (-56%), £264,728 of the total savings was non-recurrent. Some slippage occurred in Pay Rationalisation (SS19) but mitigations were identified in HR, L&D and Nursing & Clinical Governance. Support Services did not achieve their FY18 CIP target due to limited opportunities and lack of plans.
	Green	Embed New Performance Team and Performance Management Framework	Deliverables and milestones for Year 1 of 3-year Service Change delivery programme finalised. Final actions from transition plan are in process of being handed on to Performance Heads of Service meeting to action.
	Yellow		Development of the business front door is now planned for end of Q2 18/19. Vacancies on track to reduce to c.20% by May 18 following recruitment, with full team establishment expected by end of Q1 18/19.
	Green	Embed Patient-level costing and Service Line Reporting	GL chart of accounts is aligned to SLR. FY18 budgets are aligned to Service Lines. Board Finance report and Directorate Finance reports include financial performance by service lines. New Financial Management structure implemented. Developing variance reports for SLR. Cover for Head of Financial Management now in place. New costing system installed during FY18 to meet requirements of new costing standards issued by NHSI. New costing system will allow for more effective reporting to be developed and implemented during first two quarters of FY19.
6. To lead research and adopt evidence that improves the quality of care	Green	Biomedical Research Centre (BRC)	BRC funding arrangements completed, with budgets set. BRC structures established and working well and feeding into Research Management Group. PPI strategy has been developed and is now published.
	Green	Collaboration for Leadership in Applied Health Research & Care (CLAHRC)	Discussions ongoing about using the resource to prepare for the potential next round of funding. Discussions continue to look at potential of enabling pullthrough from OH and OUH BRCs.
	Green	Clinical Research Facility (CRF)	New CRF Board is established and terms of reference are being developed. Number of research studies has increased and commercial studies due to be moved to Whiteleaf Centre to free up capacity and provide additional opportunities for staff and patients in the Trust. Delays in identifying appropriate space at the JR hospital site for CRF expansion. Discussions are ongoing.
	Green	Clinical Research Network (CRN)	Refurbishment due to start.
	Green	Diagnostic Evidence Co-operative (DEC)	Completed.
	Green	Medtech & Invitro diagnostic Co-operative (MIC)	Completed.
	Green	Deliver Case Records Interactive Search	UK CRIS is fully operational. Working group with Trust wide membership established to roll out consent for recontact process.
	Green	Deliver effective Research Management Group	Attendance and engagement continues. Quarterly dashboard reports are being submitted. Work continues to increase engagement and develop PIS within the Trust. Looking at increasing workforce opportunities for research delivery across the Trust.

Seven Priorities- Progress Updates (Priority 7)

Priority	RAG	Project Title	Progress Update
7. To embed and enhance the electronic health record	Green	Refine and enhance existing EHR functionality	<p>The five year contract for Carenotes and AdastrA has 13 months remaining (May 2019). To extend for a further period of five years, formal notification needs to be given to OneAdvanced by 30th May 2018. The Trust has engaged with OneAdvanced to reset the contract prior to a formal extension. Discussions with OneAdvanced have been on going regarding the outstanding contractual deliverables, to identify which will be removed from the contract following the contract reset, and which are still required for delivery, for which a detailed implementation plan has been requested. Electronic Prescribing and Medicine Administration (ePMA) will be a key deliverable that will be removed from the contract. The options for how best to deliver this going forward will be reviewed following conclusions of the contract reset. The Trust continues to work closely with other Trusts that use Carenotes and AdastrA which is proving beneficial. OneAdvanced have set up a Customer Advisory Board which will support them with the prioritising of delivering customer change requests; the Trust is represented on this Board.</p> <p>The Clinical Transformation work has focussed on Community Hospitals phase 2 which will be delivering the remaining care plans and assessments at the end of April, together with Older Persons Community Services where the initial focus is SPA, Patient Profile, Heart Failure and Community Therapy Service. Pilots are ongoing for the Patient Status at a Glance dashboard for Mental Health Inpatient wards and the Assist tool to improve end user navigation. Work is also starting for School Health Nursing and Childrens Integrated Therapy services. A clinical workshop has been set up to work alongside the Oxford Healthcare Improvement team to review and improve the Mental Health Assessment form and process. The Transformation Team are also working with South London and Maudsley NHS FT and OneAdvanced to develop a configurable patient dashboard, this will improve end user experience and navigation.</p> <p>Interoperability workshops and training have taken place and the EHR Team are developing our future records sharing approach and setting up a number of projects to deliver this. Work has been ongoing to provide Partner Organisations with access to Carenotes and also to provide Trust staff with access to external clinical systems to facilitate their roles, such as access to the OUH's Cerner system for OHFT doctors to facilitate ordering of tests and viewing of results. A pilot to send text appointment reminders will start this quarter in an Adult Mental Health Team, with a view to reduce DNAs. Investigation into the Carenotes PROMS functionality is under way with the CAMHS team to review the feasibility of using Carenotes, replacing True Colours. Upgrades to both AdastrA and Carenotes will occur next quarter, providing functionality to support Electronic Transfer of Prescriptions, Child Protection Information System Integration and direct booking into EMIS for AdastrA and ability to send e-correspondence to all GP practices nationally, plus some minor improvements and issues fixes for Carenotes. The training team are starting to look at e-learning to provide a blended learning environment for end users, together with re-identifying and training Champion users to improve support to teams.</p>
		Deliver New Data Warehouse	<p>AdastrA data is now refreshed every four hours and operational reports are now being developed from the local AdastrA copy in the Trust's data warehouse. A new version of UKCRIS SQL script is in place providing a full extract. This is submitted to UKCRIS weekly.</p> <p>The BI team continue working closely with the Performance and Information Team in order to promote the use of Self-Service and to support that team's routine reporting deadlines. A local CDS extract for national submission is fully developed and is in the testing phase by the CDS experts in the Performance and Information Team. Moreover, the development of MHSDS v3 and CSDS national submissions is progressing. Additionally, the Trust has started developing the automated CSDS local submission to CCG, the first draft submission occurred on 13th April 2018.</p> <p>The PJD System is now no longer in use for DTOC by community hospitals. The developments to support reporting from Carenotes are completed and reports are in live. PJD for bed management is no longer in use and bed management reporting will be developed to source data from Alamac.</p> <p>GDPR - The BI team is working closely with the Information Governance Team to be ready by 25 May 2018 when the GDPR regulations start. This collaboration has resulted in changing the access request process and auditing the access to the Trust reporting tools. Additionally, the IG dashboard has been improved and additional IG datasets such as MIG and AdastrA access are integrated into the dashboard.</p> <p>The BI team reviewed the BI infrastructure and identified the resources that can be decommissioned. Moreover, the technical specification for the new infrastructure required has been completed and the order placed. The BI Team are having to maintain the legacy reporting infrastructure and approaches to reporting, whilst at the same time building the new strategic data warehouse and associated presentation tools. There is progress in fully decommissioning the legacy infrastructure and associated reporting approach. More training is planned with Performance and Information Team on BI Self-Service. By Q4 2018 the Trust will have fully moved all reporting to the new data warehouse and its associated self-service reporting approach.</p>

Seven Priorities- Progress Updates (Priority 7 continued)

Priority	RAG	Project Title	Progress Update
7. To embed and enhance the electronic health record	Green	Reporting Presentation Layer	See above
		Enhance core IT infrastructure	<p>The branded communication plan for the business change required in order to leverage Office 365 has been launched. Under the banner of 'Let's Get Digital' there is now a SharePoint repository which will be populated with vital project information, training, resources and information for staff. This information is also being cross-posted where possible into the Office 365 social network, Yammer. Information is actively being added to this portal as the project progresses and in line with the published deployment roadmap. The training plan, including face-to-face sessions, written material and videos is presently underway and will be released in conjunction with each Office 365 feature rollout. The Trust is working with The Inform Team on this aspect, a trusted supplier with its background in facilitating IT-enabled business change.</p> <p>Migrations of mailboxes into Exchange Online are now 100% complete, with minimal issues. The next stages of the project will be rolled out almost concurrently; these being Skype for Business and OneDrive. Supporting equipment for Skype for Business usage on local computers is presently being added to the Trust's service catalogue, and a schedule of initial implementation sites for room video conferencing systems has been agreed with the clinical directorates within the organisation, with orders for equipment being placed at the time of writing of this report. A decision has been reached not to migrate user personal data into OneDrive but instead to allow staff to self-migrate. This will greatly reduce the load on the Trust's network and will also act as a natural filter, with staff encouraged to get rid of legacy information which no longer holds any value or use. This in turn will benefit compliance with the Data Protection Act.</p> <p>The IM&T team has adopted the improvement roadmap and has been working on the actions in conjunction with other works related to the Global Digital Exemplars programme. Key achievements in this reporting period include:</p> <ul style="list-style-type: none"> • The Nessus Professional Vulnerability Scanner was initially used to scan the critical server subnets. This has been wholly successful, and so the scope of this scanning has now been expanded to include the Oxford Health client environment, which is scanned daily. Whilst there are occasional vulnerabilities discovered, the position in general is extremely positive, which is reflected in the increase in scoring for this control. • Exchange Online has fully replaced the previous on-premises Exchange server infrastructure and work is well underway to connect to the NHS Secure Relay, permitting emails containing PID (personal identifiable data) to be sent securely to most other NHS organisations, by default. • The IM&T Department has completed a procurement exercise for an email hygiene platform, Mimecast. This is presently in the implementation stage and will significantly reduce the attack surface exposed by email communications, as well as facilitating a range of other benefits including easy-to-use message encryption and large file sending. • Work continues to lock down excessive administrative privileges within the Trust's Active Directory.

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