Annual Plan Progress Report
Q4 Summary

DRIVING QUALITY IMPROVEMENT - PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DQI 1-Suicide Prevention
- Project launched
- End report *(delayed from Dec-13)*
- Learning events
- Scoping exercise *(delayed from Jun 13)*
- Best practice
- Training

DQI 2- Safer Care
- All participants are registered on the IHI Extranet
- Key changes implemented in the pilot pops
- Pilot populations have been identified
- 100% outcome measures reported on Extranet *(delayed from Sep-13)*
- Completion of the first audit cycle of the IHI patient safety culture questionnaire
- Plans to spread within org. have been developed

DQI 3- Productives
- Complete introductions
- Introduce sustainability model *(delayed from Mar-14)*
- Dedicated learning and sharing events

DQI 4- Reducing ligature risks and improving privacy and dignity on wards
- Manor House- Construction period *(delayed from Nov-13)*
- Manor House- Commissioning Communications *(delayed from Dec-13)*
- Manor House- Procurement *(delayed from Nov-13)*
- Manor House- Staff training *(delayed from Dec-13)*
- Manor House- ICT
- Manor House- FM/Hotel services *(delayed from Jan-14)*

DQI 5- Reducing preventable HCAI
- Continuing with the ATP (cellular activity) environmental screening
- Roll out MRSA screening in OA
- Rev. infection control training *(delayed from Apr-13)*
- New infection control training programme

DQI 6- Protecting vulnerable groups from flu
- First draft of community services flu campaign
- Roll out of community services flu campaign

DQI 7- Providing high quality PMVA training
- Review the use of physical restraint in the Trust *(delayed from Mar-14)*
- Literature Review
- Review all available training packages *(delayed from Apr-14)*

DQI 8- Routine collection, analysis and publication of patient experiences
- The 'patient feedback to improve care' group set up and scoped
- Develop team level feedback
- Agree and promote a set of clear standards for staff that constitute good care
- Patient experience strategy presented at IGC
- Develop clinician level feedback *(start date delayed from Sep-13)*
- Patient experience strategy approved
- Develop team level feedback *(start date delayed from Oct-13)*
- Develop a webpage on patient experience *(start date delayed from Oct-13)*
- Every team collecting and demonstrating change as a result of patient feedback *(start date delayed from Oct-13)*
- Pilot surveying along patient journeys *(start date delayed from Jul-13)*

DRIVING QUALITY IMPROVEMENT - PROGRESS

| FY14 Q1 | FY14 Q2 | FY14 Q3 | **FY14 Q4** |

Summary of Progress / **Actions to Mitigate any Slippage**	Summary of Risks, Issues, Concerns and Changes
DQI 1 Suicide Prevention – Report completed and presented at steering board in Feb-14. Amended changes incorporated and now ready for sign-off by steering board leads.	**DQI 2 – Safer Care** - 2/3 AWOL projects have ceased activity. The AWOL projects have not been led by their assigned Matron Leads. The Whiteleaf move inhibited project development on Kimmeridge ward, and the first test of change on Allen ward was unsuccessful because the ward-based psychiatrists were not in place. Jill Bailey has offered to support them to re-energise their projects and is waiting for a response.

DQI 2 Safer Care – 100% of outcome measures are now reported. First plan to spread Community Acute Services work to Adult Mental Health Teams (AMHTs) is underway in the Adult Services Directorate.

DQI 3 Productives – Productive care introductions to Children and Young People and Specialised services complete. The sustainability model has been introduced to Bucks mental health wards. Dedicated learning events were completed for 2013/2014, with an overall average satisfaction rate of 86%. The plan to introduce the sustainability model to Oxon community services and mental health inpatient wards is delayed from Apr-14 to June-14. This is due to the services being under extreme pressure due to capacity and staffing, particularly during winter pressures.

DQI 4 Reducing ligature risks and improving privacy and dignity on wards- The Trust took completion of Manor House in Jan-14. Staff training and procurement is complete. Additional office furniture was delivered in Mar-14. All staff/services, with the exception of Ward 4, are now operational within the Whiteleaf Centre. The optimum number of cleaners has been agreed and a business case is with Finance to approve an increase to the existing facilities management pay and non-pay budget.

DQI 6 Preventing vulnerable groups from Flu – The final review paper was completed in Mar-14. This outlines details to take forward for the next Flu Campaign later in 2014.

DQI 7 Providing high quality Prevention and Management of Violence and Aggression (PMVA) training - Sites for evidence-based co-design agreed and psychology input requested. First three visits for wards with intensive care areas to review environments set in Apr-14. Increasing senior oversight of restraint incidents agreed and underway in weekly clinical governance team review meeting. All leading providers of PMVA training have now been visited or have visited the Trust. Visit to South London and Maudsley (SLAM) completed. Date for scoring potential training packages set for 9 April. Completion date is delayed from Apr-14 to June-14. Processes are being established to ensure that the review is continuous, but a final report is expected in June-14.

DQI 8 Routine collection, analysis and publication of patient experiences - Two pilot surveys were completed in 2013/14 asking groups of patients their experience from a whole system approach. The outcome of the national work with the Dep. of Health is still to be reported, and due to be published in May/June-14. Further surveys are planned for 2014/15 to trial different approaches to surveying along a patients journey.

DELIVERING OPERATIONAL EXCELLENCE- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DOE 1.1-Integration of Children's services physical and MH services
- Integrated Management structure in place, Integrated care pathway to be defined
- Re-design document storage. Commence intranet re-design. Complete integration staff workshops

DOE 1.2- Improving Transitions for young people into adult services
- ASD pathway – PM and project scoped
- Developing services for young people with emerging personality disorder – Oxon pilot , implementation and launch
- Children and young people with complex physical health needs - transitions to adult services – Scoped model *(delayed from Jun-13)*
- Development of ASD pathway across the age span services- Oxfordshire only *(delayed from Oct-13)*

DOE 1.3- Review & Redesign Early Intervention in Psychosis Service
- Develop model
- Prepare and move to implementation *(delayed from Sep-13)*

DOE 2.1- Integrated locality-based community MH services
- Evidence based model of care
- New pathways and model of care operationalised *(delayed from Oct-13)*
- Set up service user/carer focus groups. Draft Clinical Model presented
- Consultation with staff, implementation of model *(delayed from Sep-13)*
- Operation policy agreed *(delayed from Jun -13)*

DOE 2.2- Integrated Psychological Therapies & medicines services pathway
- Community psychological medicine service implementation
- Integrated Psychological Therapies pathway Model completed *(delayed from May-13)*
- Acute psychological medicine service development (with OUHT) live

DOE 2.3- Development of Maternal health services
- Scoping exercise to establish gaps in service provisions and develop options *(delayed from Sep-13)*

DOE 2.4- Forensic Services – strategic review
- Agreed strategy for forensic services and reconfiguration of estates *(delayed from Jun-13)*
- Detailed plans for reconfiguring and transferring patients
- Commence execution plan
- Deliver plan

DOE 2.5- Eating Disorders service development
- Production of agreed pathway
- Stage 2 plan to be agreed Sep-13

DOE 2.6- Review and redesign complex needs service
- Draft model
- Single model of service across Oxon/Bucks Sept/Oct 2013

DOE 3.1- Review of Inpatient services for older adults
- Bucks consultation document drafted, Staffing Review *(delayed from Jun-13)*
- Bucks Consultation with SPNCC and HOSC *(delayed from Sep-13)*
- Review Bucks Day Hospitals- to memory clinics and enhance CMHTs *(delayed from Dec-13)*
- New model implemented in Bucks
- City Comm relocated to Fulbrook
- Sandford and Cherwell Wards- Re-refurbishment *(delayed from Sep-13)*
- Oxfordshire consultation document drafted, staffing review
- Oxfordshire Consultation with SPNCC and HOSC
- New model implemented in Oxfordshire

DELIVERING OPERATIONAL EXCELLENCE- PLAN

PAGE 2 of 2

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DOE 3.2- Integrated locality teams
- PID Developed and signed off
- Review phase 1/2
- Clinical workshops, Costing of 7 day model
- Integrated Teams Ph 3 complete (Oxfordshire County Council)
- Integrated Teams phase 1 complete
- Integrated Teams phase 2 complete *(delayed from Sep-13)*

DOE 3.3- Integrated pathway for people with dementia
- PID Developed
- Pathway in Oxon launched *(delayed from Dec-13)*
- Urgent care pathway in Bucks launched

DOE 3.4- Interface medicine and EMU Phase 3
- Project Charter, Clinical design w/shops
- New pathway for EMU and interface medicine piloted (Abingdon)
- PID developed
- Model phase 2 starts
- Estate issues scoped and plan confirmed
- Witney EMU Launched

DOE 3.5- SPA phase 2
- Project completed
- SPA Phase 3- North Base launched *(delayed from Sep-13)*
- Implementation

DOE 3.6- Bucks integration model/partnership working
- Operational Policy Agreed

DOE 3.7- Rehabilitation & Therapies
- Cross use of sessional posts
- Frail Elderly pathway implementation complete
- Frail Elderly pathway redesign complete, implementation commences

DOE 4.1- To develop the productivity/ capacity dashboards aligned with service models
- Productivity/Capacity Dashboard Prototype
- Productivity/Capacity Dashboard Live

DOE 4.2- Systems will go live and full training programme will be implemented
- Primary systems including RIO, ESR, Fin., Safeguard
- General users' training
- Urgent care, Learning and Dev. Forensic
- Expansion. of training manual *(delayed from Sep-13)*
- Development of training materials
- Re-ablement and Finance PLICS
- Cost centre and service groups
- Integrated SPA
- Other systems (GL, UGI and others, medicines and prescription

DOE 5.1- Implementation of detailed plans and business changes to deliver cost improvement
- Briefs for all 2nd round projects received and entered into tracker *(delayed from Jul-13)*
- Develop CIP/mitigation plan for any forecast shortfall against target
- Develop CIP plans for FY15 & FY16 forecast shortfall *(delayed from Dec-13)*
- All project briefs reviewed and assured

DOE 5.2- Implementation of patient level costing
- Implementation of Patient Level Information Costing system
- Development of reports in Patient Level Information Costing system *(delayed from Oct-13)*
- Agree Service Lines and reports to support Service Line Management system *(delayed from Oct-13)*

DELIVERING OPERATIONAL EXCELLENCE - PROGRESS

| FY14 Q1 | FY14 Q2 | FY14 Q3 | **FY14 Q4** |

Summary of Progress / Actions to Mitigate any Slippage PAGE 1 of 2	**Summary of Risks, Issues, Concerns and Changes**
DOE 1.2 Improving Transitions for young people into adult services – Transitions pathway mapped and completed. The service will now agree a launch and implement. End of project report completed. **DOE 1.3** Review and Redesign Early Intervention in Psychosis Service – Proposal signed off by Executive Board in Jan-14. Project is now with the Division for implementation. **DOE 2.1** Integrated locality-based community adult mental health services- Operational policy for the inpatient services and AMHTs has been completed and has been shared with the teams. The new AMHTs commenced on 1st April with each team moving to the new model. Extended hours and the assessment/treatment function now in effect. Recruitment is still underway to the Night Assessment team. **DOE 2.3** Development of Maternal health services- Workshop held with CCG's (Oxon / Bucks) and those involved in the Maternal Health Services and Community Mental Health Team (CMHT) staff; business case to be developed from the outcomes of this. The paper will be present to Adult Directorate Clinical Advisory Board in May-14. **DOE 2.4** Forensic Services – strategic review- Derogation plans have been completed. **DOE 3.1** Review of Inpatient services for older adults - Day hospitals have now closed. CMHT staff interviews underway with existing CMHT and displaced Day Hospital staff. Oxfordshire Consultation with Society of Physicians with Non-Clinical Careers (SPNCC) and Health Overview and Scrutiny Committee (HOSC) complete. **DOE 3.2** Integrated locality teams – Implementation progressing with phased development in each locality. Consultation events held with staff, patients and third sector partners. Oxfordshire Clinical Commissioning Group (CCG) engaged in shared approach with Primary care to Case finding complex/high cost patients. Joint integration implementation plan agreed with Oxfordshire County Council (OCC).	**DOE 3.2 Integrated locality teams** - Cost Improvement Programme (CIP) requirements may impact on scale and pace of the integration rollout.

DELIVERING OPERATIONAL EXCELLENCE - PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

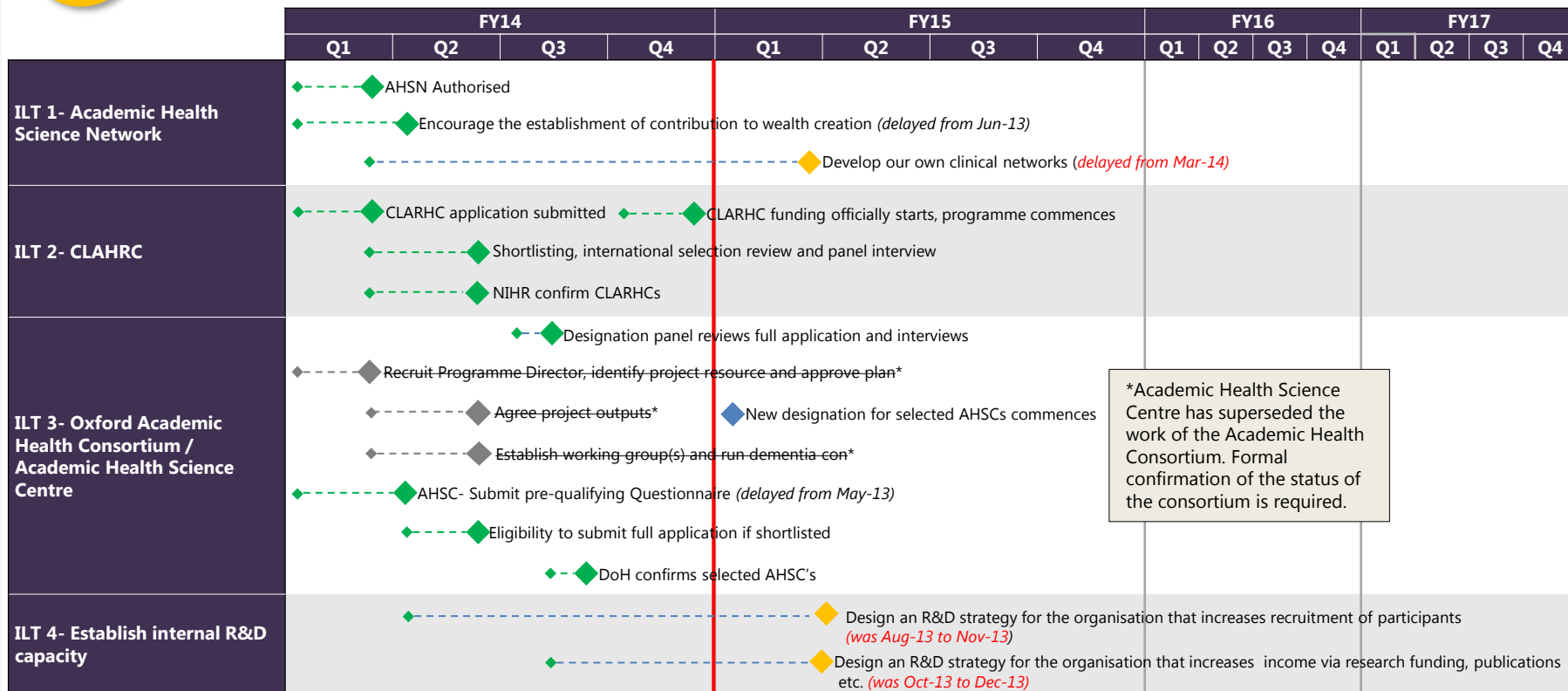| **Summary of Progress / Actions to Mitigate any Slippage** PAGE 2 of 2	**Summary of Risks, Issues, Concerns and Changes**
DOE 3.7 Rehabilitation & Therapies - Frail Elderly pathway implementation phase one completed. Workshop to be held on 1 May to review with everyone involved so far and to agree developments for FY14/15: move of occupational therapy and physiotherapy into the emerging six locality teams on 1 April; move of Physiotherapy mental health team into community therapy on 1 April; submitted generic skill training to HSJ awards. The work will continue for another year to support the integration work both internally and between health and social care.	**DOE 3.4** Interface medicine and EMU Phase 3– Phase two was concerned with the expansion of EMU capability to four across the county to include Horton and JR. Agreement with commissioners that OUH will lead on the development of capability and JR with the support of OHFT.
DOE 4.2 Systems will go live and full training programme will be implemented (CUBE)– Monthly training sessions and ad hoc sessions with teams are being provided. On-line help information is available in 30% of the screens with work progressing to add help information to the remaining screens. 'Train the trainer' model also in operation with performance leads showing teams and healthcare professionals how to access the CUBE. This task is now a business as usual process. Audit report promised by CEAC (auditors) in April. Most of dashboards are now in LIVE status. New development area set-up so that Dashboards that have not been signed off as ready can be managed/validated here before publishing.	**DOE 3.7** Rehabilitation & Therapies - Joint work with OUH with the frail elderly pathway will deliver an integrated service.
DOE 5.1 Implementation of detailed plans and business changes to deliver cost improvement – Fully assured plans in place for approx. £4 million in FY15. Productivity working groups established to agree delivery of 2% operational CIP (non-recurrent) and methodology for delivering 2% recurrent productivity savings in FY16. Director of Finance leading HR working group. £4.7million delivered in FY14 of a target of £11.3 million (42% of target). Shortfall due to emphasis on service remodelling through FY14 providing a platform for delivering high value services in the future.	**DOE 4.2** Systems will go live and full training programme will be implemented (CUBE)–On-line self training is not set-up and not feasible at this time due to the large resource required to develop this training package.
DOE 5.2 Implementation of patient level costing - We have developed various reports on unit costs and high level service line reports. Report improvements are being developed working with the Information team. We are on track for completing more detailed patient level reports for end of Jun-14. We are in the process of mapping the contract service lines to operational hierarchy to be reviewed by clinical managers. System refinements have been made and data validation undertaken.	**DOE 5.1** Implementation of detailed plans and business changes to deliver cost improvement Still a significant shortfall in assured plans for FY15.

DELIVERING INNOVATION, LEARNING AND TEACHING- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

ILT 1- Academic Health Science Network
- AHSN Authorised
- Encourage the establishment of contribution to wealth creation *(delayed from Jun-13)*
- Develop our own clinical networks *(delayed from Mar-14)*

ILT 2- CLAHRC
- CLARHC application submitted
- CLARHC funding officially starts, programme commences
- Shortlisting, international selection review and panel interview
- NIHR confirm CLARHCs

ILT 3- Oxford Academic Health Consortium / Academic Health Science Centre
- Designation panel reviews full application and interviews
- Recruit Programme Director, identify project resource and approve plan*
- Agree project outputs*
- New designation for selected AHSCs commences
- Establish working group(s) and run dementia con*
- AHSC- Submit pre-qualifying Questionnaire *(delayed from May-13)*
- Eligibility to submit full application if shortlisted
- DoH confirms selected AHSC's

*Academic Health Science Centre has superseded the work of the Academic Health Consortium. Formal confirmation of the status of the consortium is required.

ILT 4- Establish internal R&D capacity
- Design an R&D strategy for the organisation that increases recruitment of participants *(was Aug-13 to Nov-13)*
- Design an R&D strategy for the organisation that increases income via research funding, publications etc. *(was Oct-13 to Dec-13)*

Legend:
- ◆ Start date
- ◆ Finish date
- ◆ Complete
- ◆ Delayed
- ◆ Date change / milestone at risk of slippage
- ◆----◆ Milestone from start to end date

DELIVERING INNOVATION, LEARNING AND TEACHING- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

Summary of Progress / Actions to Mitigate any Slippage	Summary of Risks, Issues, Concerns and Changes
ILT 1 Academic Health Science Network (AHSN) – Work is on track to fully develop the clinical networks. Funding agreements for Early Intervention, Dementia & Comorbidity are now signed by all parties. Dementia Clinical Network team is established. Dementia & Early Intervention launch events are set for early May. Successful Mental Health Networking event was held, hosted by the AHSN.	**ILT 1** AHSN –Project plans & signed funding agreement outstanding for Anxiety & Depression.
ILT 2 Collaborations for Leadership in Applied Health Research and Care (CLAHRC) –Annual finance report 2013/14 was returned to National Institute for Health Research (NIHR) with no underspend. Memorandum of Understanding was agreed between Oxford Health and University of Oxford for CLAHRC. Collaboration agreement with wider partnership is in final stages of legal advice and agreement. First CLAHRC board has met and theme leads presented plans for the next two years. Wider stakeholder event to be planned at the end of 2014.	
ILT 3 Oxford Academic Health Centre/Oxford Academic Health Science Consortium (OAHC/AHSC) – The AHSC is designated from 1 April 2014. A launch event was held in March with good attendance from all partners.	
ILT 4 Establish internal Research & Development (R&D) capacity – New R&D strategy forum established. Patient Recruitment Manager filled on 12 month secondment. Recruitment of 5 Research Assistants to support recruitment within the Adult Mental Health Division will follow the appointment of the Research Implementation Manager. Job role being redefined to include some clinical case load. D CRIS (Clinical Records Interactive Search) system will overlay our EPR system. New R&D governance committee established. National Institute for Health Research Clinical Research Facility (NIHR CRF) website under construction, leading to R&D website design. Children and Families Division Research Day follow up meeting planned for May-14.	

DEVELOPING OUR BUSINESS- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DOB 1.1 Delivering capacity to design and develop innovative and new service models

- Framework and outline agreed
- Collating the ideas for further analysis
- Scoping exercise- prioritise and analyse ideas (long term ideas)
- Scoping exercise- prioritise and analyse ideas (short term ideas)

DOB 1.2 Establish a marketing programme and strategy for the trust

- Market analysis of current commercial position *(delayed from Aug-13)*
- Market analysis of current NHS commissioning
- Developing the strategy and setting direction for organisation

DOB 2.1 *(formally DOB 2.3)* Develop and improve trust information platforms

- Appoint new Head of Communications
- Interim arrangements in place
- Develop specification of required changes
- Review current platforms

Legend:
- ◆ Start date
- ◆ Finish date
- ◆ Complete
- ◆ Delayed
- ◆ Date change / milestone at risk of slippage
- ◆----◆ Milestone from start to end date

DEVELOPING OUR BUSINESS- PROGRESS

| FY14 Q1 | FY14 Q2 | FY14 Q3 | **FY14 Q4** |

Summary of Progress / Actions to Mitigate any Slippage	**Summary of Risks, Issues, Concerns and Changes**
DOB 1.1 Develop capacity to design and develop innovative and new service models- The scoping exercise to prioritise and analyse long-term ideas is part of the core role of commercial services. It is a continuing exercise looking at all opportunities and assessing the viability of all ideas. This financial year has closed with the generation of over £100k. A programme for work for FY14/15 is now underway looking at long and short term ideas to progress, as well as to build on those opportunities that have already been started. **DOB 1.2** Establish a marketing programme and strategy for the trust **-** It has been agreed by the Executive Board that work should be accelerated in the identification of developing specialist services. The next stage is to produce a paper to submit to Executive Board and gain approval to proceed. This paper will be submitted before 30 Apr-14. A piece of work has now commenced in collaboration with business development to look at organisational position in consideration of core NHS services as well as individual opportunities. An outline of the strategy for commercial development has been drafted to complement the Trust strategy. It focuses on the development of our business to enhance the Trust reputation as well as income generation. It is currently being reviewed in collaboration for the development of a strategy that focuses on core NHS business development.	None reported

DEVELOPING LEADERSHIP, PEOPLE AND CULTURE- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DLP 1.1 Staff Health & Wellbeing programme of activities rolled out
- Build network of wellbeing champions across the Trust *(delayed from Mar-14)*
- Launch wellbeing site
- Annual programme of public health campaigns
- Launch wellbeing guide for staff and managers
- Implement specific projects./initiatives
- Quarterly wellbeing days

DLP 1.2 Occupational Health
- Improve uptake of flu vaccination
- Raise managers' awareness of the service, publish KPI's and SLA's *(delayed from Mar-14)*
- Advertise services via wellbeing site on intranet SLA's *(delayed from Mar-14)*
- Develop and implement stress management training

DLP 2.1 Staff survey programme
- Communicate results of staff surveys needs
- Support operational leads to develop and implement action plans in response to staff survey results
- Ensure the responses to the results of the national and local staff survey programme meet organisational needs

DLP 2.2 Recognition
- Review Trust and Divisional recognition schemes to provide a consistent approach

DLP 2.3 Staff consultation process
- SHRBP to support op. leads to ensure effective staff consultation as part of service remodelling programme

DLP 2.4 Effective working r/ships with tr. unions, prof. bodies and governors
- Further develop partnership working model

DLP 2.5 Improve staff awareness and understanding of Trust T&C's
- Staff handbook developed and made available to all staff

DLP 2.6 Ensure all HR policies are clear, succinct, up to date and operationally workable
- Improve effectiveness of policy group *(delayed to June-14)*
- Review terms of reference for policy group and membership
- All HR policies updated and compliant with legislation *(delayed to June-14)*
- Review and improve management training on HR policies
- Develop guidance for managers in policy appl.

DLP 2.7 HR advice and casework: improve staff productivity by ensuring casework is managed effectively
- Increase no. of staff who are trained and can competently carry out investigations
- Further develop metrics and provide information to DD's on a monthly basis *(delayed from Sep-13)*
- Review casework on a reg. basis to ensure consistency and dev. precedents log *(delayed from Nov-13)*

DLP 3.1 Continuous improvement of appraisal process
- Rev. appraisal process & identify best approach to linking changes to T&C *(delayed from Mar-14)*
- Link values to appraisal process *(delayed from Mar-14)*
- Incorporate consideration of staff wellbeing into appraisal process

DLP 3.2 Enhance patient and personal safety training with all business units
- SME work to revise content especially refresher training
- Pilot & introduction of e-assessments to reduce training volume

DEVELOPING LEADERSHIP, PEOPLE AND CULTURE- PLAN

PAGE 2 of 2

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

DLP 3.3 Improve talent management cross the management
- Put in place a consistent approach to talent management and succession planning across org.
- Review PDR process to ensure it supports succession planning and talent management

DLP 3.4 Management development
- Identification of management structure
- Establish system to identify new manager appointments and agree development needs
- Review use of Learning and Management Devt f/w against new NHS leadership competences *(delayed from Mar-14)*

DLP 3.5 Increase team based working across the Trust
- Ensure HR policies and practices enable and support effective team based working)
- Increase in team away days including use of MBTI)

DLP 4.1 Continue to develop and implement Aston team based working
- Simplify assessment within leadership development framework to contribute to TNA *(delayed from Dec-13)*
- Continue use of teamwork development structure/process to embed care pathways
- Use of Action Learning Sets and other tools to underpin service remodelling

DLP 4.2 Workforce plans baselined and managed
- HR/Op leads to ensure workforce plans reflect services remodelling programme and plans
- Trust wide review of admin posts to support remodelling pathways

DLP 4.3 Staff rewards: more flexible approach to pay and reward
- Develop improved staff benefits and comm. to staff *(delayed from Mar-14)*
- Consider and agree potential for introduction of further salary sacrifice schemes for staff *(delayed from Mar-14)*
- Develop and implement a reward strategy
- Put in place a 'total reward' approach including consideration of Employee Assistance Programme

DLP 4.4 Right people, right skills, attitudes and behaviours to reflect trust values
- Extend competence based interviewing across the Trust *(delayed from Sep-13)*
- Introduce value based interviews
- Roll out of Safe Recruitment training to more areas in the Trust

DLP 4.5 Improving cycle time of recruitment process
- Review and adjust the Recruitment Process
- Develop comm. of recruitment process and training of recruiting man
- Roll out recruitment training to managers
- Develop metrics in order to enable monitoring of compliance *(delayed from Mar-14)*

DLP 4.6 Reduce costs on agency spend and use of temporary spending
- Extend Recruitment Solution to include other occupational groups *(delayed from Sep-13)*
- Deliver an agree model for recruit. and placement of temp staff

DLP 4.7 Job evaluation: improve cycle time and consistency
- Review and streamline job evaluation process *(delayed from Dec-13)*
- Train more job evaluators *(start date delayed from Jul-13)*
- Develop a library of standardised JDs by band *(delayed from Sep-13)*
- Develop a 'job families' as guidance for managers *(start date delayed from Oct-13)*

DLP 4.8 Increase effectiveness and consistency of perf. manage. of staff
- Consistent roll out of performance management training for managers
- Develop and implement probationary period policy

DEVELOPING LEADERSHIP, PEOPLE AND CULTURE- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

Summary of Progress / Actions to Mitigate any Slippage PAGE 1 of 2	**Summary of Risks, Issues, Concerns and Changes**
DLP 1.2 Occupational Health –Final flu vaccine figures reached 56% of frontline staff. Plans being developed to support the target of 75% in Quarter 3. Stress Awareness and Wellbeing courses being developed and due to commence in May-14. **DLP 2.1** Staff Survey Programme - Divisional information shared with Senior HR Business Partners (SHRBPs) and Divisions. Action plans being developed. Action Plan being developed by Staff Health and Wellbeing Action Group which will also focus on results of staff survey. **DLP 2.2** Recognition - Working group established, options under consideration. **DLP 2.3** Staff consultation process - Senior HR Business Partners and their teams have been working with Divisions and providing support during the consultation process associated with the service remodelling. **DLP 2.4** Effective working relationships with trade unions, professional bodies and governors - Discussions taking place with new Chair of Staffside to ensure an improved model of partnership working is developed. Joint workshops being planned with the Royal College of Nursing. **DLP 2.5** Improve staff awareness and understanding of Trust T's and C's - 60% of staff handbook drafted; now in conversation with Communications about formatting on the intranet. **DLP 2.6** Ensure all HR policies are clear, succinct, up to date and operationally workable –60% drafted; now in conversation with Communications about formatting on the intranet. Of two remaining policies, one is at the IGC stage. Two new policies at IGC stage. All other policies are now business as usual - for three key policies a suite is being written to include guidelines and letters. Training is being developed in line with policy development e.g. Probationary policy. **DLP 2.7 -** HR advice and casework – The metrics have been further developed and will be submitted to operational Directors monthly from January. An annual summary will also be provided to Ops Directors and the NCS meeting in Jan-14. **DLP 3.1** Continuous improvement of appraisal process- Work delayed and rescheduled to June-14. Project plans being compressed to still achieve end date. **DLP 3.4** Management development– NHS Leadership model now confirmed and framework being reviewed against it. System established to identify new manager appointments and agree development needs. Completion date delayed from Mar-14 to June-14 due to delayed publication of new NHS Leadership competencies in Feb-14. **DLP 3.5** Increase team based working across the Trust - Initial review of HR policies at next HR Quality Improvement Committee in April. 550 attended team working away days YTD with further programmes to include Dietetics, Tissue Viability & School Health Nurses.	None Reported

DEVELOPING LEADERSHIP, PEOPLE AND CULTURE- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

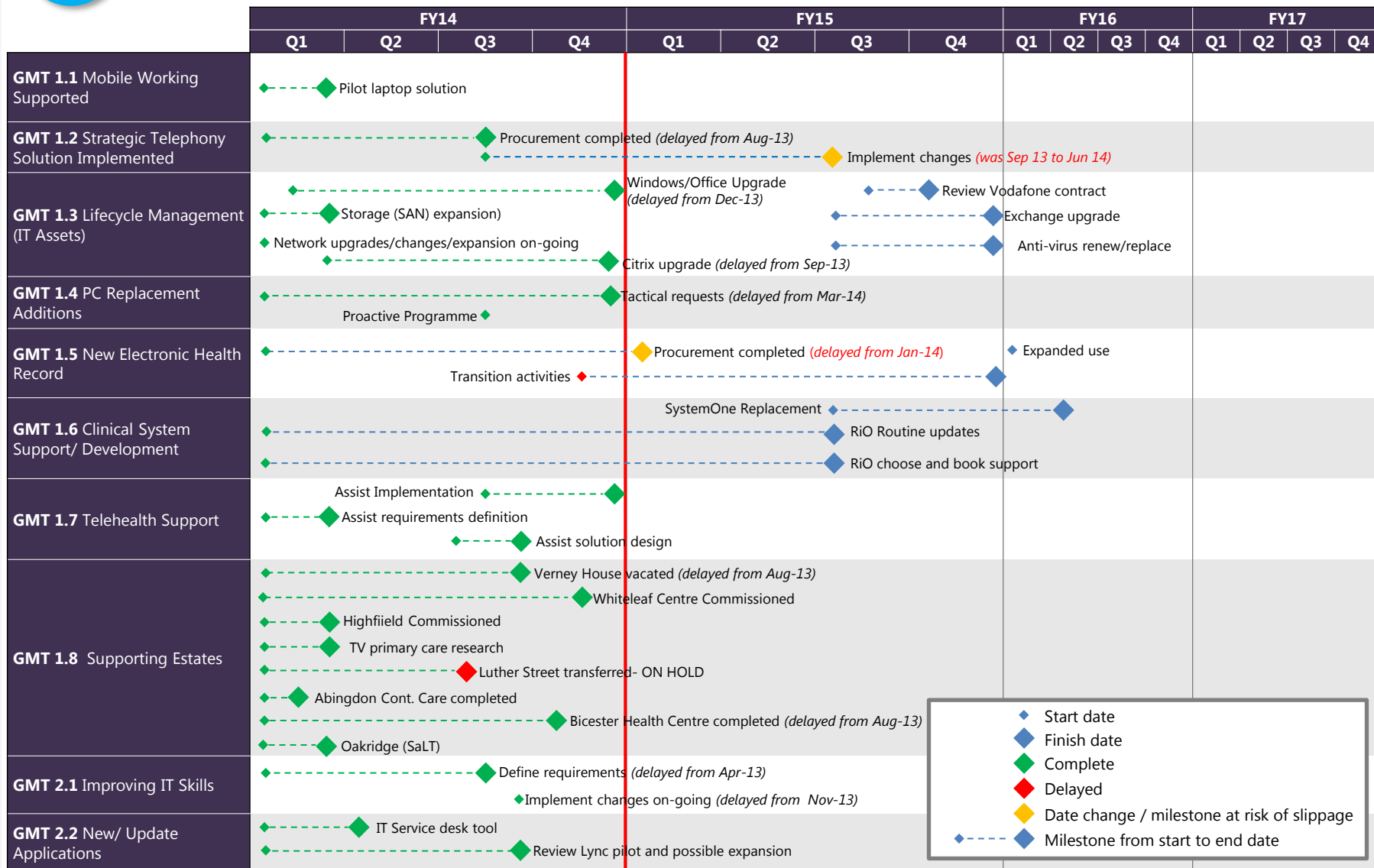| **Summary of Progress / Actions to Mitigate any Slippage** PAGE 2 of 2	**Summary of Risks, Issues, Concerns and Changes**
DLP 4.2 Workforce plans baselined and managed - Updates to workforce plans will take place after new structures are in place. **DLP 4.3** Staff rewards: more flexible approach to pay and reward - On-going, staff discounts and benefits published on intranet and communicated to staff. **DLP 4.4** Right people, right skills, attitudes and behaviours to reflect trust values - Following Exec Board approval in Feb-14 and Ops SMT sign off Mar-14, we moving to the next stage in Apr-14 with structured interviews with our staff on professional and personal values and behaviour for a wider view on its application within OHFT. This will involve a sample of the workforce and will be representative of all staff groups and levels. **DLP 4.5** Improving cycle time of recruitment process – Review of recruitment process complete. Several improvements have been implemented which has removed packets of transactional work. This includes direct transactional input on all pay related changes by payroll provider, and the development and roll out of the Managers portal (Web based) which standardizes and provides assistance to managers. The development of the handbook in conjunction with Communication has been successfully completed. In conjunction with Workforce Planning Team, Recruitment designed a comprehensive tracking system for all recruitment activity that handles all recruitment processes in line with agreed timescales/KPI's/metrics as agreed with operational managers. Roll out of recruitment training to all existing managers and new managers upon commencement of employment will be mandatory from 1 April 2014. **DLP 4.6** Reduce costs on agency spend and use of temporary staffing – We are increasing our Admin resources capacity due to an increase in demand. The Housekeeping staff pilot has not been straightforward due to the supervisory elements and checks needed – this will now be moving to Estates and Facilities and where it would be best served. Discussions still taking place with Manpower to deliver an agreed model for recruitment and placement of temporary staff, and no final decision reached. **DLP 4.7** Job evaluation: Improve cycle time and consistency -Revised job evaluation process in place. Further review to take place in Q1 of FY14/15. Generic admin posts 2-5 have been completed and are live on the intranet and managers portal. Nursing posts to be agreed in April 2014. Development of a library of standardised job descriptions by band delayed from Mar-14 to Aug-14. **DLP 4.8** Increase effectiveness and consistency of performance management of staff - Dates in calendar for training. Materials have been reviewed. Probationary period policy was published, and training and guidelines are in place.	None Reported

GETTING THE MOST OUT OF TECHNOLOGY- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

GMT 1.1 Mobile Working Supported
- Pilot laptop solution

GMT 1.2 Strategic Telephony Solution Implemented
- Procurement completed *(delayed from Aug-13)*
- Implement changes *(was Sep 13 to Jun 14)*

GMT 1.3 Lifecycle Management (IT Assets)
- Windows/Office Upgrade *(delayed from Dec-13)*
- Review Vodafone contract
- Storage (SAN) expansion)
- Exchange upgrade
- Network upgrades/changes/expansion on-going
- Anti-virus renew/replace
- Citrix upgrade *(delayed from Sep-13)*

GMT 1.4 PC Replacement Additions
- Tactical requests *(delayed from Mar-14)*
- Proactive Programme

GMT 1.5 New Electronic Health Record
- Procurement completed *(delayed from Jan-14)*
- Expanded use
- Transition activities

GMT 1.6 Clinical System Support/ Development
- SystemOne Replacement
- RiO Routine updates
- RiO choose and book support

GMT 1.7 Telehealth Support
- Assist Implementation
- Assist requirements definition
- Assist solution design

GMT 1.8 Supporting Estates
- Verney House vacated *(delayed from Aug-13)*
- Whiteleaf Centre Commissioned
- Highfiield Commissioned
- TV primary care research
- Luther Street transferred- ON HOLD
- Abingdon Cont. Care completed
- Bicester Health Centre completed *(delayed from Aug-13)*
- Oakridge (SaLT)

GMT 2.1 Improving IT Skills
- Define requirements *(delayed from Apr-13)*
- Implement changes on-going *(delayed from Nov-13)*

GMT 2.2 New/ Update Applications
- IT Service desk tool
- Review Lync pilot and possible expansion

Legend:
- ◆ Start date
- ◆ Finish date
- ◆ Complete
- ◆ Delayed
- ◆ Date change / milestone at risk of slippage
- ◆----◆ Milestone from start to end date

ℹ GETTING THE MOST OUT OF TECHNOLOGY- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

Summary of Progress / Actions to Mitigate any Slippage	Summary of Risks, Issues, Concerns and Changes
GMT 1.2 Strategic telephony solution implemented - Implementation activities continue. The initial go-live at Marlborough House, Milton Keynes is still on schedule for mid-April. Negotiations are taking place with Vodafone to secure additional resource from them to help with deployment activities. **GMT 1.3** Lifecycle management (IT assets) – Implementation activities for Citrix upgrade continue. Windows/Office Scheme is progressing - activities to upgrade will continue throughout FY15 and into FY16. Most network upgrades for FY14 have been completed. **GMT 1.4** PC Replacement Additions - Tactical requests are being actioned as they arise. **GMT 1.5** New Electronic Health record – Procurement stage nearing completion. Excellent input from colleagues across the Trust has resulted in the selection of the preferred supplier. Contract negotiations have commenced. **GMT 1.6** Clinical System Support/Development - Plans are advancing for the next major upgrade to the RIO system that the Trust is contractually obliged to undertake. Choose and Book support is ongoing. **GMT 1.8** Supporting Estates – Work at Bicester Health centre is now complete.	**GMT 1.2** Strategic telephony solution implemented - Delays at the Vodafone data centres will mean that further roll-out will be delayed by one month. This is likely to extend the finish date by a month, from Sept-14 to Oct-14. **GMT 1.3** Lifecycle management (IT assets) - Capacity in the IT Team is impacting on delivery.

USING OUR ESTATE EFFICIENTLY- PLAN

	FY14				FY15				FY16				FY17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

UEE 1.1 Provide a safe environment for service users, and carers
- Fire risk Assessments for all properties to be undertaken *(delayed from Dec-13)*
- Develop business case for capital investment & business case for revenue investment for 2014/15 and future yrs
- Identify outstanding risks relating to Statutory Compliance / CQC Standard 10 Compliance
- Develop total investment plan for estate based on risk register
- Estate is compliant with statue/or plan to achieve same

UEE 1.2 Provide an estate of suitable quality to support service delivery (Condition b)
- Undertake Condition Survey of the Estates building and engineering components and elements
- PPM/LCC works identified risk assessed and entered on risk register; with mitigating actions

UEE 1.3 Provide suitably located, functional community services accomm. to support home/community care service models
- Draft Estates Strategy completed
- Property tenure determined and understood, and processes to manage developed *(delayed from Dec-13)*
- True cost of estate understood *(delayed from Mar-14)*
- Property utilisation, functional suitability, age profile to be determined (part of 6 facet survey information) *(delayed from Mar-14)*
- SHAPE property information developed
- Initial Property Asset Management Plan to be completed end December 2013

UEE 1.4 Provide high quality estates and facilities services
- Review current hard fm service delivery approach to better support services; develop proposals and plans
- Commence review of existing soft fm service delivery approach to better support services
- Establish single priced small works ordering system (IT based) *(delayed from Mar-14)*
- Develop clear guidance for Ops - what to do, who to contact, what to expect *(delayed from Jan-14)*
- Develop and implement work sign off (to manage quality) procedures
- Develop and implement regular site visits and walk arounds with modern matrons, and infection control

UEE 1.5 Develop an effective environmental strategy, incorporating green travel planning
- All new building and major building refurbishments meet BREEAM standards; LA sustainability standards
- Develop Environ. Statement and Policy *(delayed from Mar-14)*
- Development of Sustainable Development Management *Plan (delayed from Mar-14)*
- Establish proposals to reduce energy usage, and develop business case for investment *(delayed from Feb-14)*
- Implement approved investment schemes to support energy efficiency
- Deliver approved investment schemes to support green transport plans
- Develop Green Travel Plan
- Establish projects required to support delivery of green travel plan, and develop business case *(delayed from Mar-14)*

UEE 1.6 Develop and implement Space Management processes and procedures to ensure effective use of the estate
- Develop desk/room booking system for HQ
- Develop Space Management Policy
- Establish university usage of properties, and seek to place on formal footing *(delayed from Oct-13)*

UEE 1.7 Provide board assurance regarding estates and facilities
- Develop quarterly report for Estates identifying compliance and estates risks and progress

UEE 1.8 Support delivery of Operational CIP Plans
- Determine Estates delivery obligations regarding existing CIP's
- Establish estates leads and processes to support CIPs in future years *(delayed from Nov-13)*

UEE 1.9 Delivery Estates and Facilities CIP targets
- Develop options for delivery of hard and soft FM services
- Identify possible CIP plans for years 2014/15 onwards
- Develop PID's for CIPs

UEE 1.10 Accurate financial plans and effective management will be achieved
- Develop benefit based business planning systems for environmental schemes *(delayed from Feb-14)*
- Develop risk based business planning systems for capital expenditure requirements to deliver compliance with Statute, CQC, PLACE
- Adjust accounting management system to support understanding of FM costs to enable accurate business planning forecasts

UEE 1.11 Increase income from rents; increase estates and facilities income stream opportunities
- Market test current rental levels and identify potential increases and additional income *(delayed from Dec-13)*

UEE 1.12 Develop and implement business case procedures to enable the provision of quality support to Clinical Services Developing Business Cases
- Establish service bid estates lead
- Develop procedures to request assistance and to provide information for service bids *(delayed from Dec-13)*
- Develop procedures and processes for developing business cases for capital funds *(delayed from Dec-13)*

USING OUR ESTATE EFFICIENTLY- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

Summary of Progress / Actions to Mitigate any Slippage PAGE 1 of 2	**Summary of Risks, Issues, Concerns and Changes**
UEE 1.1 Provide a safe environment for service users, and carers –Fire risk assessments are all complete. A business case for capital investment for 2014/2015 and future years developed for capital programme board, and funding was allocated in Capital Programme. A paper identifying revenue cost pressures and funding requirements completed and issued. Statutory Compliance work is undertaken and monitored monthly.

UEE 1.2 Provide an estate of suitable quality to support service delivery (Condition B) - Estate reviewed to determine required risks and works. Planned preventative maintenance/lifecycle costings (PPM/LCC) works identified risk assessed and entered on risk register; with mitigating actions.

UEE 1.3 Provide suitably located, functional community services accommodation to support home/community care service models – Work is progressing to determine property utilisation, functional suitability, and age profile. However due to resource pressure this will not be completed in FY14 - the completion of this task is included within FY15 Business Plan.

UEE 1.4 Provide high quality estates and facilities services – Revised soft facilities management approach developed. Work to establish single priced small works ordering system (IT based) was delayed from Mar-14 to Aug-14. Work to develop clear guidance for Ops was delayed from Mar-14 to May-14. Work to develop and implement work sign off (to manage quality) procedure was delayed from Mar-14 to May-14. All delays due to resource pressures. Work to develop and implement regular site visits and walk arounds with modern matrons, and infection control was delayed from Mar-14 to May-14 due to implementation of new hard facilities management approach; Infection Control are supportive of plan and it is proposed that estates staff will join infection control on their planned visits; dates are not yet agreed.

All outstanding tasks are included within the FY15 Business Plan. | **UEE 1.3 Provide suitably located, functional community services accommodation to support home/community care service models** –Property utilisation, functional analysis and age profile data feeds into FY15 Business Plan. Delay has impacted upon the initial plan for this workstream, however final works stream dates are not impacted upon. |

USING OUR ESTATE EFFICIENTLY- PROGRESS

FY14 Q1	FY14 Q2	FY14 Q3	**FY14 Q4**

Summary of Progress / Actions to Mitigate any Slippage PAGE 2 of 2	**Summary of Risks, Issues, Concerns and Changes**
UEE 1.5 Develop an effective environmental strategy, incorporating green travel planning – Development of an Environmental Statement and Policy was delayed from Mar-14 to Aug-14, drafted for review and consultation. A Sustainable Development Management Plan was drafted for review and consultation. Proposals to reduce energy usage, and develop business case for investment, delayed due to lack of resources. A Green Travel Plan policy was drafted and the process for approval is ongoing. Approval is expected May 201403/04/2014. All outstanding tasks are included within the FY15 Business Plan. **UEE 1.6** Develop and implement Space Management processes and procedures to ensure effective use of the estate – Review to establish university usage of properties, and seek to place on formal footing completed. **UEE 1.8** Support delivery of Operational CIP Plans **–** Procedure agreed to establish estates leads and processes to support CIPs in future years. **UEE 1.9** Delivery Estates and Facilities CIP targets **-** Review of future hard and soft FM services developed. Estates and Facilities CIPs for 2015 - 2017 identified. Project Briefs completed. **UEE 1.10** Accurate financial plans and effective management will be achieved – Work to develop benefit based business planning systems for environmental schemes was delayed from Feb-14 to Apr-14, and is included in the FY15 business plan. **UEE 1.11** Increase income from rents; increase estates and facilities income stream opportunities – Review to market test current rental levels and identify potential increases and additional income complete, negotiations ongoing. **UEE 1.12** Develop and implement business case procedures to enable the provision of quality support to Clinical Services - The development of procedures to request assistance and to provide information for service bids, and the development of procedures and processes for developing business cases for capital funds, are within the capital planning framework policy.	