

**Trust Board Meeting: Wednesday, 9 January 2013**

**TB2013.08**

<b>Title</b>	Review of progress against 2012/13 Trust Business Plan
--------------	--

<b>Status</b>	A paper for information
<b>History</b>	The Trust Business Plan for 2012/13 was approved by the Trust Board on 5 July 2012
<b>Recommendation</b>	The Trust Board is asked to receive this report

<b>Board Lead(s)</b>	Mr Andrew Stevens, Director of Planning and Information			
<b>Key purpose</b>	Strategy	Assurance	Policy	<b>Performance</b>

## Summary

1	This paper summarises the progress against the corporate objectives set out in the 2012/13 Trust Business Plan.
2	The Business Plan contained some short term and some long term objectives.
3	Overall, good progress has been made.
4	Key areas for more attention in the coming months include CIPs, QIPP, sustained performance against targets and the roll out of the Quality Strategy.
<b>Recommendation</b> The Trust Board is asked to note this report.	

**ABBREVIATIONS**

AHSN	Academic Health Science Network
BRC/U	Biomedical Research Centre/Unit
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CIP	Cost Improvement Programme
CNST	Clinical Negligence Scheme for Trusts
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DGH	District General Hospital
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
FT	Foundation Trust
I&E	Income and Expenditure
IBP	Integrated Business Plan
JR	John Radcliffe
LTFM	Long Term Financial Model
MRSA	Meticillin-resistant staphylococcus aureus
NHSLA	National Health Service Litigation Authority
NOC	Nuffield Orthopaedic Centre
PTL	Patient Tracking List
QIPP	Quality, Innovation, Productivity and Prevention
SPC	Strategic Planning Committee
TME	Trust Management Executive
VTE	Venous thromboembolism



## Review of progress against 2012/13 Trust Business Plan

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
<b>SO1</b>	<b>Delivering Compassionate Excellence</b>					
<b>1a</b>	Embed the Trust's new values into everyday action	Director of Workforce	Increased levels of staff satisfaction and improved customer care	Year on Year improvement in ranking on net quartile score for staff survey, assessed in relation to other Association of UK University Hospitals (AUKUH)	Date of publication of comparative survey results (date of last results was March 2011)	Preliminary results will be available in January with publication anticipated in March 2013
			Progress the Listening into Action work programme		March 2013	Programme on track: <ul style="list-style-type: none"> <li>• Held CEO led conversations.</li> <li>• Identified 10 pioneer teams.</li> <li>• Planning "Pass it On" event for new year.</li> </ul>
			Integrate values based behaviour set into recruitment, induction, appraisal and staff recognition practices		March 2013	<ul style="list-style-type: none"> <li>• Pilot of value based interviewing recruitment underway.</li> <li>• Pilot induction and appraisal from January.</li> </ul>

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						<ul style="list-style-type: none"> <li>First staff recognition event held 12th December.</li> </ul>
1b	Maintain a focus on patient safety	Chief Nurse	Reduction in healthcare associated infections	Maximum of 7 incidences of MRSA bacteraemia	Total across financial year	2 MRSAs up to the end of November (target maximum 4)
				Maximum of 88 incidences of <i>Clostridium difficile</i>		56 C diffs up to the end of November (target maximum 60)
	<ul style="list-style-type: none"> <li>Develop Patient Safety Framework as part of overarching Quality Strategy</li> </ul>		Increasing percentage of patients free from harm as assessed by Safety Thermometer	Achieve NHS Safety Thermometer CQUIN collection targets (data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE)	<ul style="list-style-type: none"> <li>Q2 - survey data for 60% of relevant patients using the safety thermometer tool</li> <li>Q3 – 80%</li> <li>Q4 – 100%</li> </ul>	On track to meet Q3 target (November performance >98%)

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
			Patient Safety Framework approved	Framework and implementation plan approved by Trust Management Executive	November 2012	Framework approved. Monitored at Patient Safety Committee.
				Deliver Patient safety priorities as set out in Quality Account:	31 March 2013	
				<ul style="list-style-type: none"> <li>Medicines reconciliation</li> </ul>		On target.
				<ul style="list-style-type: none"> <li>Medicines to take home</li> </ul>		The target was met earlier in the year, but performance has recently been affected by staffing difficulties. A recovery plan is in place which will

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						see automation installed in the last quarter, allowing the target to be met in the next financial year.
				<ul style="list-style-type: none"> <li>Medicines storage and security</li> </ul>		Divisions have completed action plans and identified outstanding risks. A repeat audit is planned for the last quarter of this year to inform action plans for the new financial year.
<b>1c</b>	Improve/maintain access to services	Director of Clinical Services	Achievement/maintenance of national standards for access to services:			
	<ul style="list-style-type: none"> <li>Implement new integrated performance framework</li> <li>Reduce delays for patients and improve the efficiency with which resources are used by further</li> </ul>		<ul style="list-style-type: none"> <li>Referral to treatment pathways</li> </ul>	<ul style="list-style-type: none"> <li>≥ 90% admitted pathways within 18 weeks</li> <li>≥ 95% non-admitted patients within 18 weeks</li> </ul>	Ongoing	Year to date performance (Nov) 91.33% Year to date performance (Nov) 97.49%



		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	developing weekend and extended day working, including access to diagnostics			- ≥ 92%incomplete pathways within 18 weeks		Year to date performance (Nov) 95.4%
			• Diagnostic Test waiting times	< 1% of patients waiting 6 weeks or more for a diagnostic test	Ongoing	Year to date performance (Nov) 3.64%
			• A&E Waiting Time	95% of patients seen within 4 hours	Ongoing	Submitted performance Q3 to date (week ending 25/11/12) 96.63%
			• Cancer waiting times	85% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Ongoing	Year to date performance (Oct) 85.84%
			96% of patients receiving first definitive treatment within one month of a cancer diagnosis	Year to date performance (Oct) 96.82%		
			93% of patients seen within two weeks of an urgent GP referral for suspected cancer	Year to date performance (Oct) 95.23%		

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
				93% of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected		Year to date performance (Oct) 97.1%
<b>1d</b>	Improve the quality of services, achieving the objectives set out in the quality account	Medical Director	Delivery of quality standards, including those set out in the Quality Account for 2012/2013	Completion of Quality Strategy implementation plan	31 March 2013	Quality Strategy approved. Implementation plan will be completed by the end of 2012.
	<ul style="list-style-type: none"> <li>Agreement of Quality Strategy</li> </ul>			Active monitoring of CQUIN and Quality Account priorities		Lead programme manager appointed October 2012 to drive future development of CQUINs. Quarterly update provided to Trust Board on progress against targets and monthly update to Clinical Governance Committee. Making good progress against

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						12/13 CQUINs.
				<ul style="list-style-type: none"> <li>Consistent delivery against 90% VTE risk assessment since April 12</li> </ul>		Performance has been maintained at over 90%
				<ul style="list-style-type: none"> <li>Investigation and reporting of clinical incidents delivered in accordance with policy</li> </ul>		DATIX incident reporting system implemented in April 2012 and now rolled out across the organisation. Has improved rate and speed of reporting of incidents.
				<ul style="list-style-type: none"> <li>Acquisition and rollout of DATIX electronic incident reporting</li> </ul>		
<b>1e</b>	Engage with patients to establish what really matters to them	Chief Nurse	Achievement of CQUIN on electronic patient feedback	Achievement of CQUIN:	March 2013	Implementation programme for Friends and Family presented to Quality Committee and agreed with PCT.
	<ul style="list-style-type: none"> <li>Implement electronic patient feedback</li> </ul>			<ul style="list-style-type: none"> <li>Agree (with commissioner) a strategy for harnessing patient and carer feedback</li> </ul>	<ul style="list-style-type: none"> <li>Q2</li> </ul>	Procurement Group for wider

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
				<p>to enhance services, including options appraisal of IT system.</p> <ul style="list-style-type: none"> <li>• Procure system</li> <li>• Evidence of use of real time feedback within Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Q3</li> <li>• End of Q4</li> </ul>	patient feedback system has met and agreed the specification.
	<ul style="list-style-type: none"> <li>• Hold two annual patient engagement events</li> </ul>				March 2013	<p>2nd event to take place in March/April.</p> <p>Meeting individual patient interest groups, particularly “hard to reach” groups</p>
	<ul style="list-style-type: none"> <li>• Refreshed Customer Care programme in place</li> </ul>				March 2013	Listening into Action process to be used in February and March to identify content of customer care

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						programme
1f	Plan and deliver a sustainable future for the Horton General Hospital	Director of Clinical Services	Production of a vision for the Horton, supported by key partners	Vision supported by Community Partnership Network (CPN)	31 March 2013	Updates provided to CPN. Discussions held with CCG. Consultation on plans for the Horton to be initiated in Q4.
	<ul style="list-style-type: none"> <li>Enhance the quality, efficiency and sustainability of services at the Horton General Hospital, including the re-modelling of adult medical and surgical services and the provision of a flexible, robust core medical function that supports other specialty work, developing the Horton Vision</li> </ul>					
<b>SO2 Becoming a resilient, flexible and successful organisation</b>						
2a	Achieve NHS Foundation Trust status	Director of Planning and Information	Authorisation as an NHS Foundation Trust (in 2013/14)			
	<ul style="list-style-type: none"> <li>Finalise Integrated Business Plan (IBP) and Long Term Financial Model (LTFM)</li> </ul>			Submit final version of IBP/LTFM to SHA	1 November 2012	IBP and LTFM submitted
	<ul style="list-style-type: none"> <li>Undertake public consultation</li> </ul>			Complete consultation	12 October 2012	Consultation Completed
	<ul style="list-style-type: none"> <li>Increase membership</li> </ul>			Achieve 6,000 public members by date of first election and 7,000 by time of authorisation.	May/June 2012 – first election	6,426 members as of 10 December

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	<ul style="list-style-type: none"> <li>Elect governors</li> </ul>			Shadow Council of Governors established	In line with Monitor timetable	Awaiting confirmation of timetable. Briefing days for potential governors arranged.
<b>2b</b>	Improve Governance and Assurance systems	Director of Assurance	Successful Governance assessments for FT application	Successful Board Governance Assurance Framework (BGAF) assessment outcome	1 November 2012 – Formal report from Ernst & Young	Report received from Ernst & Young and action plan developed. Fairly strong correlation with self-assessment
	<ul style="list-style-type: none"> <li>Review the Trust's proposed governance framework as part of the development of the application for Foundation Trust status</li> <li>Agree and implement strategy to strengthen risk management</li> <li>Continue to implement action plans to ensure continued compliance with CQC outcomes</li> </ul>		Compliance with Care Quality Commission (CQC) outcomes	No major concerns identified by CQC in any inspection reports and/or no conditions attached to licence	On-going throughout financial year	Remain with no conditions attached to licence and there was a positive inspection at the Horton in Q3
			Achievement of level 2 NHSLA status for acute and maternity services in 2013	Project plan for delivery is on target throughout financial year	Positive progress report against plan presented every 6 months	Progress continues in implementing project plan to meet assessment. Progress report to be presented in February 2013.

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
				Mid-assessment informal visits from NHSLA indicate no major concerns with progress	Informal visits scheduled for 20 August (Maternity) and 23 August (Acute)	Informal visits held in August and feedback received on how to prepare for assessment
2c	Continue to develop financial regimes and systems that meet FT requirements	Director of Finance and Procurement	Delivery of agreed Financial Plan	<ul style="list-style-type: none"> <li>Monthly monitoring of financial position to Trust Board</li> </ul>	31 March 2013	Month 8 I&E position indicates surplus of £205k against plan.
				<ul style="list-style-type: none"> <li>Quarterly FIMS (Financial Information Management System) returns to SHA</li> </ul>	Q1 – 16 July 2012 Q2 – 15 October 2012 Q3 – 16 January 2013 Q4 – 16 April 2013	
				<ul style="list-style-type: none"> <li>Planned surplus at 31<sup>st</sup> March 2013 is £3,602M</li> </ul>	31 March 2013	
			Achievement of surplus to underpin FT application	As above	31 March 2013	As above.
			Removal of residual cumulative deficit	Achievement of Planned surplus will	31 March 2014	Retained surplus of £1.5m will

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
			generated in 2005/6 and 2006/7	result in cumulative I & E deficit as at 31 <sup>st</sup> March 2013 of £4,262M (The Trust's recovery plan, approved by the SHA aims to achieve break-even in 2013/14.)		continue progress in removing the cumulative deficit.
			Improved liquidity ratio – minimum against Monitor Financial Risk Rating 3 ratio of 15 days	<ul style="list-style-type: none"> <li>• Monthly monitoring of financial position to Trust Board includes calculation of liquidity ratio.</li> <li>• Reduction in long term debtors &amp; creditors [over 90 days]</li> <li>• Completion of Working Capital review</li> </ul>	31 March 2013	At Month 8 16 days was achieved.
<b>2d</b>	Realise the benefits of the introduction of the Electronic Patient	Director of Planning and Information	Successful stabilisation of system	Robust Patient Tracking Lists (PTLs) in place	31 December 2012	Key components of system stabilised. PCT



		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	Record (EPR) to all sites					has signed off commissioning data. Robust inpatient patient tracking in place. Outpatient PTL in process of being validated.
	<ul style="list-style-type: none"> <li>Progress the roll-out of the EPR</li> </ul>		Agreement of roll-out of clinical functionality	Plan agreed by Trust Board	November 2012	Initial clinical roll-out plan agreed by Trust Board. Clinical roll-out to acute general medicine at JR and Horton commenced.
			Achievement of benefits realisation plan	Benefits achieved in line with plan	31 March 2013	Benefits plan updated in line with clinical roll-out plan.
<b>2e</b>	Produce a workforce plan that is in alignment with the clinical and workforce strategies and provides the Trust with the skill mix it requires and the ability to	Director of Workforce	Affordable workforce plan	Affordable workforce plan achieved	31 March 2013	Outline workforce plan produced. Workforce costs exceed plan due to additional activity cost – partially offset by additional income.

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	respond quickly to changes in activity		Reduced agency costs	Reduction in use of agency over 2011/12	31 March 2013	Due to operating pressures this target is not achieved as at Month 8 - £2.5m above 2011/12.
<b>SO3 Delivering Better Value Healthcare</b>						
<b>3a</b>	Improve the understanding of financial performance through the further development of service line reporting and patient level costing	Director of Finance and Procurement	Delivery of Cost Improvement Programme (CIP)	<ul style="list-style-type: none"> <li>Weekly flash reports on progress with implementation.</li> <li>Monthly monitoring of financial position to Trust Board includes update on CIP achievement in year.</li> </ul>	31 March 2013	At Month 8 90% of the 2012/13 plan was expected to be achieved
			<ul style="list-style-type: none"> <li>Timely and robust reference cost data</li> <li>Improved understanding of</li> </ul>	Data submission of 2011/12 reference costs in accordance with national timetable.	20 July 2012	Data delivered.

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
			profitability of services to inform decision making	Report on outcome to TME 27.12.12 (subject to national publication of results)	20 December 2012	Report to Trust Management Executive in October 2012.
				<ul style="list-style-type: none"> <li>Introduction of regular service line reports.</li> </ul>	Reports to be produced by: Q2 – 30 November 2012 Q3 – 28 February 2013 Q4 – 31 May 2013	Service line reporting data provided quarterly to divisions. Month 6 results presented in November 2012.
				<ul style="list-style-type: none"> <li>Development of Patient level information and costing system (PLICS) within divisions</li> </ul>	31 March 2013	
			<ul style="list-style-type: none"> <li>Delivery of Cost Improvement Programme which assures patient safety and quality</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Quality review process with standard template.</li> <li>Sign off of all</li> </ul>	<ul style="list-style-type: none"> <li>30 June 2012</li> <li>31 July 2012</li> </ul>	Papers produced on all CIPs for Quality Committee in September and December

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
				2012/13 CIPs <ul style="list-style-type: none"> <li>• Formulation of future year CIPs</li> <li>• Weekly flash reports on progress with implementation.</li> <li>• Monthly monitoring of financial position to Trust Board includes update on CIP achievement in year.</li> </ul>	<ul style="list-style-type: none"> <li>• 30 September 2012</li> </ul>	
<b>3b</b>	Increase productivity and delivery of CIPs year on year in line with the agreed financial strategy and within the agreed performance framework/compacts	Director of Finance and Procurement				
	<ul style="list-style-type: none"> <li>• Investigate how innovation can drive improved value, e.g. by drawing on research already underway on self-care and the use of e-health</li> </ul>		Downsize commensurate with commissioner QIPP delivery	Achievement of QIPP plans for which OUH has responsibility	March 2013	In areas of QIPP delivery trust budgets were reduced. Overall financial balance

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	technologies					is being achieved at Month 8
3c	Improve utilisation of the Trust's estate, plant and equipment	Director of Development and the Estate	<ul style="list-style-type: none"> <li>• Reduced estate footprint</li> <li>• Rationalisation of plant</li> <li>• Improved utilisation of resources such as theatres and diagnostic equipment</li> </ul>	Deliver a full 5 facet analysis across all sites	March 2013	Initial Estates Strategy produced. 5 facet survey to begin in Q4.
				Identify sequencing of in-patient reconfiguration (subject to clinical strategy on adjacency requirements)	March 2013	Sequencing was done. Urology has moved. A business case to relocate respiratory services will be presented to Strategic Planning Committee in Jan/Feb. The move of Infectious Diseases has been deferred until next year. An overview paper on options for the future configuration of renal services was accepted by

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						the Strategic Planning Committee. A detailed project is due to start in the new year with a cross party working group, including patient representation.
				Make proposals on future space ownership, utilisation control and management systems. Work with Director of Finance on space costing model	March 2013	On track linked to 5 facet survey which also includes utilisation and occupancy survey.
				Develop infrastructure replacement programmes funded from non-core capital sources	March 2013	Entered into formal arrangement with Carbon Energy Fund to build a business case for a £7-8m investment, externally funded. Business case expected to come

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						to the Board in May 2013.
<b>3d</b>	Work with partners in the local health community to ensure that services are financially sustainable	Director of Clinical Services	Long term financial model that is supported by commissioners and other partners	Positive response to commissioner alignment exercise	1 November 2012	Letters of support for IBP and LTFM received from Oxfordshire CCG and specialist commissioners
	<ul style="list-style-type: none"> <li>Produce strategy</li> </ul>					
<b>SO4 Delivering Integrated Healthcare</b>						
<b>4a</b>	Work with partners to redesign local services to put in place a model of care that is patient centred and clinically and financially sustainable	Director of Clinical Services				
	<ul style="list-style-type: none"> <li>Work with partners to reduce the number of system wide delayed transfers of care (DTOCs)</li> </ul>		Reduced DTOCs (delayed transfers of care)	Achievement of CQUIN	March 2013	DTOC provider group established in June 2012. New discharge pathway and protocol agreed and implemented 3 December 2012

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
						with full use by February 2013. Week ending 16 December 2012 delays within OUH were 84.
	<ul style="list-style-type: none"> <li>Work with partners to respond to the needs of our ageing population, including improving services for patients with dementia</li> </ul>		Establish Psychological Medicine Service	Service established	March 2013	Business case approved and being implemented
	<ul style="list-style-type: none"> <li>Continue to improve Emergency/acute services/care pathways, both internally and across different providers in conjunction with partners</li> </ul>		A&E waiting time	95% of patients seen within 4 hours	Ongoing	Submitted performance Q3 to date (week ending 25/11/12) 96.63%
	<ul style="list-style-type: none"> <li>Work with partners on initiatives to reduce planned activity</li> </ul>		Reduction in planned activity	Reduced number of elective inpatients, daycases and outpatients	31 March 2013	Elective activity levels in line with contract. Further work being undertaken to develop additional QIPP
	<ul style="list-style-type: none"> <li>Continue to work with partners on initiatives to deliver care "closer to home", including meeting the needs of the rural populations within the Trust's catchment area</li> </ul>		Establishment of new models of care	Reduced hospital based activity	31 March 2013	Abingdon Emergency Multidisciplinary Unit established



		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	<ul style="list-style-type: none"> <li>Work with commissioners to move to quality/outcome based commissioning</li> </ul>		Establishment of schemes	As per CQUINs	31 March 2013	CQUIN schemes established. Discussions held with CCG on establishment of outcome based commissioning pilots for 13/14.
<b>4b</b>	Implement workforce redesign and the development of new roles to support new models of care	Director of Workforce	Development of and recruitment to new roles	New roles support integrated models of care	31 March 2013	Developed and introduced Community Support worker as part of Discharge Pathway project
<b>SO5 Delivering Sustainable Clinical Networks</b>						
<b>5a</b>	Develop and strengthen the Trust's involvement in all Clinical Networks	Director of Clinical Services				
	<ul style="list-style-type: none"> <li>Agree a blueprint for an effective clinical network and associated organisational framework/business model to be used as the basis for discussions with partners</li> </ul>		<ul style="list-style-type: none"> <li>Agreed blueprint, joint ways of working, patient pathways, protocols etc.</li> <li>Improved clinical outcomes</li> </ul>	Blueprint produced	December 2012	Blueprint produced and being taken forward as part of AHSN
	<ul style="list-style-type: none"> <li>Continue to develop a Paediatric Network for Children's Heart Surgery and Neurosurgery in collaboration with University Hospital Southampton NHS</li> </ul>			Networks established	March 2013	Paediatric Cardiac Network established. Neurosurgery

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	Foundation Trust					Network being developed.
<b>5b</b>	Deliver specific network initiatives	Director of Clinical Services	Improved clinical outcomes, including reduced mortality	Delivery of outcomes from business cases for Trauma, Vascular, Stroke and Neonatal	As set out in business cases	
	<ul style="list-style-type: none"> <li>Implement plan to become regional Trauma Centre</li> </ul>					Major Trauma Centre now operational
	<ul style="list-style-type: none"> <li>Continue centralisation of Vascular Surgery in Oxford</li> </ul>					First phase implemented
	<ul style="list-style-type: none"> <li>Continue development of Oxford as a Hyperacute Stroke Centre</li> </ul>					As planned
	<ul style="list-style-type: none"> <li>Secure agreement of full business case for expansion of neonatal services and commence implementation</li> </ul>					Business case agreed and construction in progress
<b>SO6 Delivering Excellence in Specialist and Tertiary Care</b>						
<b>6a</b>	Build partnerships with neighbouring providers	Director of Planning and Information	<ul style="list-style-type: none"> <li>Improved clinical outcomes</li> <li>Consolidation of specialist activity and income</li> </ul>			
	<ul style="list-style-type: none"> <li>Work with partners to develop new models of care which balance the provision of specialist care locally and centrally (e.g. peripheral clinics, joint appointments, local training and support, ambulatory surgical hubs at</li> </ul>			Two new clinical links/ models of care introduced	31 March 2013	New vascular surgery network established  Joint urology posts with Milton Keynes agreed

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	partners sites)					and being recruited to.  Range of other clinical links with partner DGHs being developed
	<ul style="list-style-type: none"> <li>Develop proposals for the provision of satellite radiotherapy facilities</li> </ul>			Business case produced	Strategic Outline Case (SOC) approved by March 2013	SOC being prepared for February Strategic Planning Committee
<b>6b</b>	Explore potential to repatriate specialist/tertiary activity from London providers in accordance with commissioner requests	Director of Clinical Services				
	<ul style="list-style-type: none"> <li>Continue to repatriate adult cardiac surgery from London providers</li> </ul>		Increase in referrals and consequent income	Delivery of referral targets as per business case	31 March 2013	Repatriation of adult cardiac surgery progressed
<b>6c</b>	Develop services which are strategically important to the Trust	Director of Clinical Services	Various criteria according to individual service development			
	<ul style="list-style-type: none"> <li>Undertake a Strategic Service Analysis to identify key areas for</li> </ul>			Strategic Service analysis built into	October 2012	IBP and LTFM submitted to SHA

	Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
	strategic service development		IBP and LTFM		November 2012
	<ul style="list-style-type: none"> <li>Establish an Integrated Spinal Pathway between the NOC, Neurosurgery and JR Orthopaedics</li> </ul>		Targets from business case	March 2013	Spinal pathway agreed and being implemented
	<ul style="list-style-type: none"> <li>Continue to implement the Radiotherapy Modernisation Plan</li> </ul>		Targets from business case	March 2013	Full Business Case for expansion of Intensity Modulated Radiotherapy approved. The speciality interests of all consultants have been rationalised so that they support a maximum of two tumour sites.
	<ul style="list-style-type: none"> <li>Relocate Head and Neck Cancer services</li> </ul>		Targets from business case	March 2013	Target transfer date February 2013
	<ul style="list-style-type: none"> <li>Ensure the Trust has a robust plan in response to the Carter review of pathology services</li> </ul>		Advance the molecular genetics lab	March 2013	Business case for molecular genetics lab signed off

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
<b>S07</b>	<b>A Robust Academic Health Science Network</b>					
<b>7a</b>	Advance the Oxford Academic Health Consortium (OAHC) which includes the OUH, the University of Oxford, Oxford Brookes University, Oxford Health FT, Oxfordshire Clinical Commissioning Group, Oxfordshire and Buckinghamshire PCT Cluster, Oxfordshire County Council and Ridgeway Partnership - the Oxfordshire Learning Disability Trust	Chief Executive	Establishment of formal partnership	Memorandum of Understanding signed by all parties	September 2012	Agreement on the nature of the consortium reached in July. Formal launch took place in September. Consortium will meet again in February to approve plans for dementia project and governance arrangements.
			Agreed priorities for collaboration, e.g. improving dementia services	First programme established	March 2013	Detailed planning now underway for taking the dementia project forward.
<b>7b</b>	With partners bid to achieve designation as one of the new Academic Health Science Networks, with the OUH at its heart	Chief Executive	Successful designation	Expression of interest approved	Summer 2012	AHSN prospectus submitted. Business Plan being developed.
				Final bid approved	31 March 2013	
<b>7c</b>	Progress the shared agenda with University of Oxford	Chief Executive	Successful implementation of the joint working agreement	All joint groups establish regular programme of	31 March 2013	Strategic Partnership Board, Joint

		Board Lead	Success Criteria	Measurable Targets	Timescale for achievement	Progress as at end of Q3
				meetings throughout 12/13		Executive Group and original 4 subcommittees established. 5 <sup>th</sup> joint subcommittee on Communications to be set up.
<b>7d</b>	Implement the learning and development framework, working with key partners including the University of Oxford, Oxford Brookes University, The Thames Valley Postgraduate Deanery and other key partners that will meet local and national requirements for well trained and educated staff for all areas of the NHS	Chief Nurse	Develop effective response to changing environment for education and training	Framework and implementation plan approved by TME	End of November 2012	Refresh following agreement of Workforce Strategy submitted to Trust Education Committee in December
<b>7e</b>	Progress the strategies set out in the successful renewal bids for the Biomedical Research Centre and Unit (BRC/U)	Medical Director	Renewal of BRC/U funding for 17/18	As per BRC Business Plan	31 March 2013	Theme strategies being progressed

**Conclusion**

1. Overall good progress has been made. Areas for more attention in coming months include CIPS, QIPP, sustained performance against targets and the roll out of the Quality Strategy.

**Recommendations**

2. The Board is asked to note this report.

**Mr Andrew Stevens, Director of Planning and Information**

**Other Executive Directors in relation to the objectives for which they are the lead**

**Ailsa White, Corporate Planning Manager**

**December 2012**

