

Trust Board Meeting: Wednesday 12 November 2014

TB2014.126

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| Title | Review of progress in delivering 2014/16 Trust Business Plan |
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| Status | For information |
| History | The Trust Business Plan for 2014/16 was approved by the Trust Board on 14 May 2014 (TB2014.58) |

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

Executive Summary

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| 1. This paper summarises the progress against the corporate objectives set out in the 2014/16 Trust Business Plan. |
| 2. The Business Plan contained some short term and long term objectives. Progress against performance standards is reported separately via the Integrated Performance Report. |
| 3. Overall good progress has been made. |
| 4. Key areas for more attention in the coming months include: <ul style="list-style-type: none">• Continued work to meet the national standard in relation to Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR).• Sustained performance in relation to some of the quality standards in contracts with commissioners (VTE assessment, reconciliation of medicines within 24 hours of admission and some Stroke care standards).• Continued engagement with Oxfordshire CCG and the Local Authority to develop a shared view of the future shape of services in the light of the introduction of the Better Care Fund.• Development of business cases for large capital developments (including radiotherapy, re-provision of JR2 Theatres, Critical Care, Renal ward and Clinical Genetics).• A continued focus on recruitment and retention and the impact on turnover and bank and agency rates. <p>Plans for addressing these areas are included in other Board papers.</p> |
| 5. Some of the milestones relating to the further development of the Trust's assurance systems have been revised due to the prioritisation of the FT application process and the delayed release of software. |
| 6. Recommendation The Trust Board is asked to note this report and to approve revised milestones for objectives 2.4 d) and e) (development of the Assurance Plan and updated use of Health Assure). |

ABBREVIATIONS

| | |
|--------|--|
| AGM | Acute General Medicine |
| AHP | Allied Health Professions |
| AHSC/N | Academic Health Science Centre/Network |
| BGAM | Board Governance Assurance Memorandum |
| BRC/U | Biomedical Research Centre/Unit |
| CCG | Clinical Commissioning Group |
| CD | Clinical Directorate |
| C Diff | <i>Clostridium difficile</i> |
| CEO | Chief Executive Officer |
| CIP | Cost Improvement Programme |
| COO | Chief Operating Officer |
| CPD | Continuing Professional Development |
| CPN | Community Partnership Network |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |
| ED | Emergency Department |
| ENT | Ear, Nose and Throat |
| EPR | Electronic Patient Record |
| FAIR | F inding people with dementia, A ssessing and I nvestigating their symptoms and R eferring for support |
| FBC | Full Business Case |
| FFT | Friends and Family Test |
| FT | Foundation Trust |
| HDU | High Dependency Unit |
| HEIs | Higher Education Institutions |
| HETV | Health Education Thames Valley |
| HGH | Horton General Hospital |
| IM&T | Information Management and Technology |
| JR | John Radcliffe |
| KPI | Key Performance Indicator |
| LiA | Listening into Action |
| LOS | Length of Stay |
| MRI | Magnetic Resonance Imaging |
| MRSA | Meticillin-resistant staphylococcus aureus |
| NHSP | NHS Professionals |
| NOC | Nuffield Orthopaedic Centre |
| OBC | Outline Business Case |
| PLACE | Patient-led Assessment of the Clinical Environment |
| PPI(F) | Patient and Public Involvement (Forum) |
| QC | Quality Committee |
| QGF | Quality Governance Framework |
| RAID | Recognising Acutely Ill and Deteriorating Patients |
| RTT | Referral to Treatment |
| SEND | System for Electronic Notes Documentation |
| SOC | Strategic Outline Case |
| TDA | Trust Development Authority |

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| TME | Trust Management Executive |
| VBC | Values Based Conversation |
| WW | West Wing |
| VTE | Venous Thromboembolism |
| Ytd | Year to date |

Review of progress in delivering 2014/16 Trust Business Plan

1. Purpose

1.1. This paper provides an update on the delivery of the corporate objectives set out in the Trust's 2014/16 Trust Business Plan. The plan was approved by the Trust Board on 14 May 2014 (TB2014.58). Progress against performance standards is reported separately via the Integrated Performance Report.

2. Background

2.1. Each objective has been reviewed in conjunction with the director accountable for its delivery.

2.2. Progress as at the end of September 2014 is provided in the table below.

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|--|---|-------------------------------|--|
| 1. | Responding to strategic commissioning intentions and service changes | | | |
| 1.1 | Continue to review specialised services in relation to specialised services specifications | | Director of Clinical Services | |
| a) | Deliver action plans for services which are currently operating under derogation | Milestones in action plans | | Business case agreed for additional paediatric gastroenterology staffing and recruitment on-going. Business cases to be considered by TME in Nov 14 for e-prescribing for paediatric chemotherapy and Dec 14 for additional paediatric MRI capacity. |
| b) | Identify services where specialised services specifications are increasing referrals to the OUH and identify and address any resultant capacity issues | Agreed and implemented strategies/business cases | | Between 2012/13 and 2013/14 referrals increased from 97,000 to 108,000. Business cases have been approved to increase capacity in radiotherapy, medical oncology and neuropathology. |
| 1.2 | Engage with Oxfordshire CCG and Local Authority in 2015/16 to develop a shared view of the future shape of services in the light of the introduction of the Better Care Fund | | Director of Clinical Services | |
| | Milestones to be developed during 2014/15 for delivery during 2015/16 | | | System unable to put forward agreed proposal in Sept 14. A group containing CEOs and COOs has been established to seek to reach an agreement in order to be able to submit a plan in Jan 15. |
| 1.3 | Develop and implement a joint response with Oxford Health NHS Foundation Trust (OH) to Outcome Based Commissioning | | Director of Clinical Services | |
| | Develop and implement proposed service model for integrated Health and Social Care service for the frail elderly | <ul style="list-style-type: none"> • End Apr 14 – Agreed outline service model • Apr 15 – Model implemented | | Proposals between the two Trusts have been developed. A detailed proposal was submitted to the CCG in Sept as part of the Most Capable Provider assessment process. The CCG will determine whether to proceed with the Alliance proposal at the meeting of its governing body in |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|--|---|---------------------------------------|--|
| | | | | Nov 14. |
| 1.4 | Respond to service changes driven by commissioners (as well as Strategic Clinical Networks and Senate) | | Director of Clinical Services | |
| a) | Implement vascular network | <ul style="list-style-type: none"> Consolidate activity from High Wycombe into OUH Build hybrid theatre (see 4.4 below) | | <ul style="list-style-type: none"> In place Part of theatres business case (see 4.4) |
| b) | Plan for future provision of urological cancer services | Plan agreed | | Joint appointments with Milton Keynes in post. Review group established to respond to issues raised in Cancer Peer Review in relation to urological cancer surgery being performed in two locations. |
| 1.5 | Support NHS England's ambition for "parity of esteem" between physical and mental health by expanding the Psychological Medicine Team to provide support to an increased range of specialties across the Trust's sites | | Director of Clinical Services | |
| | Approval of business cases and recruitment of staff | | | Three new posts developed for Cancer, Women's and Children's services. Locums are in place and interviews arranged for Dec and Jan. |
| 1.6 | Review and improve End of Life care and choices | | Director of Clinical Services | Now part of 1.3 above. |
| 1.7 | Support the Delivery of NHS England's ambitions to Improve Health and Reduce Health Inequalities through Implementation of the Trust's Public Health Strategy | | Director of Planning and Information | |
| | Implement the Trust's Public Health Strategy: | | | |
| | <ul style="list-style-type: none"> Establish Public Health Steering Committee | June 14 | | Achieved. First meeting of Steering Group held on 24 July 2014. |
| | <ul style="list-style-type: none"> Confirm Action Plan | July 14 | | Achieved. Action Plan confirmed at above meeting. |
| | <ul style="list-style-type: none"> Implement Health and Wellbeing clinic | Sept 14 | Achieved. Clinic opened on 27 Aug 14. | |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 | |
|-----------|--|--|-------------------------------|---|--|
| 2. | Improving Quality and Safety | | | | |
| 2.1 | Continue to Embed the Quality Strategy | | Medical Director | | |
| a) | Agree Quality Account 2014/15 | | | Agreed according to required timescales, and action plan in progress. | |
| b) | Implement Quality Account priorities | | | Quality Account priorities are each subject to individual action plans that are reported to TME directly or via Clinical Governance Committee. | |
| 2.2 | Achieve Quality Improvements in key areas: | | Director of Clinical Services | | |
| a) | Implement risk summit recommendations | <ul style="list-style-type: none"> Implement recommendations of Diabetes risk summit Implement recommendations of Pneumonia risk summit | | Actioned. | |
| b) | Improve internal discharge arrangements | <ul style="list-style-type: none"> April 14 – Hold risk summits for Care 24/7 project | | <ul style="list-style-type: none"> Summits held and site leads appointed. | |
| c) | Further improve the out of hours support to all four sites | <ul style="list-style-type: none"> Paper to TME | | <ul style="list-style-type: none"> Update paper presented to TME 9 Oct 14. | |
| d) | Improve the management of the acutely ill patient on the ward: | | | | |
| | <ul style="list-style-type: none"> Assess potential to invest in critical care outreach team | June 14 – Paper to TME | | Director of Clinical Services | Put on hold due to financial position. |
| | <ul style="list-style-type: none"> Progress High Dependency Unit business case (as part of business case for provision of JR2 theatres) | Sept 14 – Review progress | | Director of Clinical Services | Decision made to split theatres and critical care business cases. Critical care strategic outline case will be submitted to Trust Board by March 15. |
| e) | Address single sex accommodation issues in Horton Endoscopy and Churchill Day Surgery Unit | <ul style="list-style-type: none"> July 14 - paper to Trust Board paper on Horton Endoscopy July 14 – FBC to TME on Churchill Day Surgery Unit | Director of Clinical Services | <ul style="list-style-type: none"> Horton Endoscopy design and costing being finalised with paper to TME before the end of 2014. The Churchill Day Surgery Unit was supported by TME 25 Sept 14 and will be considered by Trust Board Nov 14. | |
| f) | Improve outpatient clinic booking system and associated | <ul style="list-style-type: none"> Deliver the Outpatient re-profiling plan | | Review complete. Implementation underway with a view to full | |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|--|---|----------------------|---|
| | administrative processes | | | completion by Dec 14. First phase of direct booking to be implemented Nov 14. |
| 2.3 | Improve specific aspects of safety and quality linked to national guidance documents | | | |
| a) | Reduce avoidable deaths, learning from all deaths that occur in our hospitals | Ongoing | Medical Director | Mortality review process is in place, currently being audited and will be refreshed if required dependent on results of audit |
| b) | Ensure that early warning systems are in place for recognising and responding to the deteriorating patient | Ongoing | Medical Director | RAID committee oversees this work. SEND project is linking i-Pad recording of patient data to an evidence based early warning support system. Care 24/7 project is developing improved handover systems to roll out on all Trust sites. |
| | Ensure safe staffing capacity and capability (see under Workforce plans section) | | | |
| c) | Ensure a clean environment and continue to reduce Healthcare Associated Infections, particularly MRSA and <i>Clostridium difficile</i> | <ul style="list-style-type: none"> • PLACE assessments • MRSA Target • <i>Clostridium difficile</i> target | Medical Director | MRSA and C diff targets remain under close scrutiny, reported monthly to Board or Quality Committee. PLACE assessments published intermittently and responded to. In house cleaning audits continue and are reported to Board and QC. |
| d) | Reflect Compassion in Practice, including the implementation of the Trust's values at a clinical level in demonstrating responsiveness to the needs of patients and their carers | Establish a mechanism for transferring best practice in professional and responsive practice through the Senior Nurses Forums, i.e. master classes, lunch time lectures, grand rounds, invited speakers | Chief Nurse | Programme of compassionate care has commenced as a pilot using similar methodology to value based conversations. Several areas such as wards and receptions have completed bespoke training. |
| e) | Improve the Trust's response to complaints, incorporating the recommendations of the Clywd/Hart review | Reduction in number of reopened complaints | Chief Nurse | A complaints algorithm and process has been agreed at Trust Board and implemented, with additional training for staff. There has been a steady reduction in complaints in the last 3 months and the trend will be monitored. |
| f) | Improve dementia and delirium care, | Achieve national standards | Medical | FAIR national standard, including immediate |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|---|---|--|
| | including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR). | | Director | assessment of cognitive state in all unplanned admissions of patients >75 years old, is not yet met. Improving metrics, and significant work with Dementia steering group led by Chief Nurse and Dementia strategy led by Deputy Chief Nurse |
| 2.4 | Continue to develop the Trust's governance, assurance and accreditation processes | | Director of Assurance | |
| a) | Ensure robust response to external reviews | | | |
| | Ensure appropriate response to CQC inspection report | Ensure appropriate monitoring and delivery of action plan (From May 14 – 31 Mar 2015): <ul style="list-style-type: none"> Action plan to address compliance issues to be submitted by 12 June 2014 Action plan to address other recommendations to be submitted by 31 July 2014 | | Monitoring process established with monthly reports provided to TME. Delivery of actions on target with a small number of exceptions which are being monitored by TME. |
| b) | Further develop Phase 2 of the Peer Review Process | | | |
| | Use the results of the evaluation process to produce a Phase 2 Peer Review Programme | <ul style="list-style-type: none"> Phase 2 Peer Review Programme (by June 2014). Implementation of phase 2 monitored (Oct 2014) | <ul style="list-style-type: none"> Draft programme developed by June 14. Presented and approved for implementation by TME in Sept 14. Implementation to commence from late November, as agreed by TME in Sept 14. Delayed implementation agreed due to FT programme priorities. | |
| c) | Map and establish a programme of work to support the accreditation work being conducted across the Trust | | Director of Assurance | |
| | Develop a programme of work to ensure accreditation work is captured, reviewed and used to identify and address risks | <ul style="list-style-type: none"> Complete map of all accreditation work across the Trust (June 2014) Accreditation support | | <ul style="list-style-type: none"> Baseline map completed by 30 June 14. Development of accreditation support programme in progress and on target for |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|--|----------------------|---|
| | | programme developed (Dec 14) | | Dec 14. |
| d) | Further embed the Assurance Strategy into the Trust at Divisional level and Corporate directorate level | | | |
| | Develop the Assurance Mapping process and a wider Assurance Plan for the Trust | <ul style="list-style-type: none"> • Develop assurance mapping process (Jul 14) • Assurance Plan developed (Jul 14) • Implementation review of the Plan (Dec 14) • Note: it is requested that the timescale for developing the assurance plan and the implementation review are revised in light of the impact of BGAM and QGF. The new timescales proposed are 31 Jan 15 for the Assurance Plan development and 31 July 15 for review of Implementation. | | <ul style="list-style-type: none"> • Process for assurance mapping developed. • Assurance Plan is still work in progress. Timescale was adjusted due to increased priorities for BGAM and QGF assessment. |
| e) | Ensure the continued development of the Health Assure suite | | | |
| | Review the system and ensure it is compliant with current regulations | <ul style="list-style-type: none"> • System Reconfiguration Plan developed (June 14) • Planned changes to the system delivered (Sept 2014) • Updated use and reporting monitored (Dec 2014) • Note: it is requested that the timescale for implementing the reconfigured software is | | <ul style="list-style-type: none"> • System reconfiguration plan developed by June 2014. • Planned changes not yet implemented as the software company has not yet released the reconfigured system to reflect the proposed changes in regulations. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|--|--|-------------------------------|---|
| | | <p>revised to reflect the delays in release of the software. A proposed date for implementation of this objective is 31 Dec 14, subject to software release.</p> <ul style="list-style-type: none"> Note: it is requested that the timescale for "updated use and reporting monitored" is revised to 31 March 15. | | |
| f) | Standardisation of local Corporate Governance processes at a divisional and clinical directorate level | | Director of Assurance | |
| | Develop a local corporate governance programme | <ul style="list-style-type: none"> Divisional corporate governance programme (Sept 2014) Clinical Directorate corporate governance programme (Mar 2015) | | <ul style="list-style-type: none"> Due to capacity issues, this remains work in progress and should be completed by 31 Dec 14. CD programme has started and is on target for March 15. |
| 2.5 | Deliver additional quality standards included in contracts with commissioners | | Director of Clinical Services | A large number of quality standards are included in contracts and are monitored through the "Schedule 4 Report". The Trust is performing well against the majority of these standards. However penalty points have been incurred in relation to VTE assessment, Medicines reconciliation within 24 hours of admission and some stroke care standards. |
| 3. | Clinical Strategy | | | |
| 3.1 | Redesign care pathways | | Director of Clinical Services | |
| a) | A&E and General Medicine (including Oncology) | End Aug 14 – improved pathway implemented | | Acute General Medicine average length of stay (LOS) has reduced from 5.9 to 5.4 days over the last 3 months. A mechanism has been proposed to expedite patient discharge direct from AGM |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|---|--------------------------------------|---|
| | | | | post Cardiology procedure. A meeting has been arranged for mid-November with appropriate key stakeholders to confirm arrangements. |
| b) | Trauma & Orthopaedics | End Oct 14 – improved pathway implemented | | Primary project identified is Pre-admission for surgery. Clarification required how this will reduce LOS. Transformation Project team working with key stakeholders to map the pre-admission process. |
| c) | Neurosurgery | End Dec 14 – improved pathway implemented | | Neurosurgery offers an out of area service and the electronic transfer database due to come on line in 2015/16 will help to streamline decision making within the pathway. |
| d) | ENT | End Feb 15 – improved pathway implemented | | Work is underway in the service to reduce the LOS amongst a small cohort of 58 patients staying in excess of 4.7 days. |
| e) | Cardiology | End Apr 15 – improved pathway implemented | | The plan is for this project to develop into a streamlining exercise to increase the efficiency and capacity of the Cath Labs. |
| f) | Upper GI and Breast | End Jun 15 – improved pathway implemented | | There are plans for GP sessions to be run to discuss appropriate discharge of patients North of the county. Meetings with key stakeholders to be arranged. |
| 3.2 | Further develop the vision for the Horton | | Director of Planning and Information | |
| a) | Progress capital schemes –see 3.6 c) | | | Paediatric and Interventional Ultrasound schemes close to completion. |
| b) | Complete Outpatient option appraisal | Dec 14 | | Option appraisal on course. |
| c) | Continue to work with Community Partnership Network and other stakeholders to shape and communicate the vision | | | Trust has continued to participate fully in Community Partnership Network (CPN). Service plans/changes discussed with CPN. |
| 3.3 | Consolidate and grow the Trust's catchment population for specialised services, promoting the Trust's "flagship services" | | Director of Clinical | |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|---|---|--|
| | Progress business cases for radiotherapy satellite units: | | Services | |
| | <ul style="list-style-type: none"> Swindon | Sept 14 - Full business case presented to Trust Board, followed by TDA | | FBC will be presented to Jan 15 Trust Board. |
| | <ul style="list-style-type: none"> Milton Keynes | July 14 – Outline Business case presented to Trust Board | | OBC will be presented to Mar 15 Trust Board. |
| 3.4 | Consolidate Cardiac Services | | Director of Clinical Services | |
| | Continue to implement Cardiac review action plan | To be reviewed by May 14 Trust Board | | Complete. |
| 3.5 | Develop a strategy for the future of Paediatric sub-specialties | | Director of Clinical Services | |
| | Business case | Sept 14 | | Pending. |
| 3.6 | Optimise the configuration of services across the Trust's four sites | | Director of Clinical Services supported by Director of Development & the Estate | |
| a) | Support the strengthening of acute services by the transfer of medical sub-specialties to the JR site to provide enhanced and more responsive support | For respiratory services and Infectious Diseases: <ul style="list-style-type: none"> Agreement of strategy and location Completion and approval of business case Completion of necessary works Relocation of services | | Review paper due to be presented to TME Nov 14. Proposal to relocate inpatient services Dec 14. |
| b) | Continue to assess and address the challenges posed by deterioration of the clinical environment in some areas | For the renal ward and Clinical Genetics services: <ul style="list-style-type: none"> Agreement of strategy and location Completion and approval of business cases Completion of necessary works | | Renal: SOC to be presented to TME Jan15. Clinical Genetics: option appraisal completed for review with CEO prior to submission to TME in Dec. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|---|---|---|---|
| | | <ul style="list-style-type: none"> Relocation of services | | |
| c) | Upgrade key elements of the Horton Estate: | | | |
| | <ul style="list-style-type: none"> Ultrasound | <ul style="list-style-type: none"> Complete upgrade of Ultrasound department | Director of Clinical Services supported by Director of Development & the Estate | New department due to open Nov 14. |
| | <ul style="list-style-type: none"> Expand Horton Outpatient Capacity | <ul style="list-style-type: none"> Agreement of strategy and location Completion and approval of business case | | New children's department in progress. |
| | <ul style="list-style-type: none"> Develop an integrated day surgery unit at the Horton | Develop business case | | On hold |
| 4. | Service capacity and developments | | | |
| 4.1 | Continue to extend six and seven day working and working hours through Care 24/7 project | | Director of Clinical Services | |
| | Development of 7 day working in key areas, e.g. radiology and pharmacy | <ul style="list-style-type: none"> May 14 – launch of project workstreams June 14 – baseline assessments and identification of KPIs (will be at least a 12 month project) | | Paper agreed by TME 9 Oct 14. |
| | Develop an action plan to achieve compliance with the clinical standards developed by the NHS Services, Seven Days a Week Forum | | | |
| 4.2 | Increase radiotherapy capacity (see 3.3 above) | | Director of Clinical Services | As above. |
| 4.3 | Review and improve elective theatre utilisation | | Director of Clinical Services | |
| | Implement new theatre planning and review meetings (JR, WW, HGH) | 1 Apr 14 | | Weekly planning and review meetings established. |
| | Implement start time procedures across all theatres and specialties | End Apr 14 | | Revised theatre timetable, including clear statement re start time, in place. |
| | Implement revised theatre booking processes where required | End Apr 14 | | Theatres standard operating procedures to be developed and rolled out. Elective access policy to be enforced. |
| 4.4 | Reprovide the theatres currently located in the main JR building | | Director of Clinical | |
| | Agreement of strategy and location | July 14 – Options paper | | SOC to be presented to Jan 15 Trust Board. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|--|--|---|
| | | presented to Trust Board | Services | |
| | Completion and approval of business cases (SOC, OBC and FBC) by Trust Board and TDA | To be agreed following submission of options paper | | |
| | Completion of necessary works | Once business case agreed | Director of Development and the Estate | |
| 4.5 | Reprovide/improve the JR adult critical care facilities | | Director of Clinical Services | |
| | Agreement of strategy and location | July 14 – Options paper presented to Trust Board | | SOC to be presented to Mar 15 Trust Board. |
| | Completion and approval of business cases (SOC, OBC and FBC) by Trust Board and TDA | To be agreed following submission of options paper | | |
| | Completion of necessary works | Once business case agreed | Director of Development and the Estate | |
| 4.6 | Continue to implement the Trust's IM&T strategy | | Director of Planning and Information | |
| | Reprocure EPR | | | |
| | FBC agreed by Board | May 14 | | Achieved. FBC approved by May Trust Board. |
| | FBC agreed by TDA | TDA's July Board meeting | | Achieved. FBC approved by June TDA Capital Investment Group. |
| | Contract agreed | Dec 14 | | Achieved. Contract signed on 23 Sept 14. |
| | Implement EPR clinically across the organisation | <ul style="list-style-type: none"> Neurosciences Intensive Care Unit deployment – Autumn 2014 Medicines Management – Autumn 2014 Development of nursing documentation | | <ul style="list-style-type: none"> NICU and roll out of electronic prescribing and medicines management went live on 6 Oct 14. Plans for nursing documentation under development. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|---|---|--|---|
| 5. | Delivery of operational performance standards | | | |
| 5.1 | Deliver the NHS Constitution entitlement standards listed in Appendix B. | | Director of Clinical Services | Performance against standards is reported in Integrated Performance Report |
| a) | Provide access to the highest quality urgent and emergency care | | | |
| | Learning from reviews (Acute General Medicine review, Mant audits, Keogh/Willetts) | | | Series of action programmes and service redesigns instituted with CCG following General Medicine review and Mant audits. |
| b) | Work with partners to reduce delayed transfers of care | | | |
| | Expand Supported Home Discharge Service: <ul style="list-style-type: none"> • Agree posts with Oxfordshire County Council • Recruit staff | Reduced number of delayed discharges | | Supported Discharge Service expanded and licensed as a care provider with Oxfordshire County Council. |
| c) | Continue the project to reprofile Outpatient Capacity | | | |
| | As per project plan | | | As above – 2.2 f) |
| d) | Ensure sustainable delivery of cancer standards | | | |
| | As per action plan | | | Standards being delivered with exception of 62 day standard which will be delivered sustainably from Jan 15. |
| 6. | Workforce plans | | | |
| 6.1 | Ensure safe staffing capacity and capability | | | |
| a) | Continue bi-annual review of nurse staffing using Safe Nursing Care tool to ensure appropriate establishments and skill mix of nursing staff | Provide Trust Board with a report outlining mitigation strategies and evaluate impact on agency, increase in permanent or NHSP staffing | Chief Nurse with Director of Clinical Services | Reports submitted to each Trust Board meeting. May 14 Acuity and dependency review was completed with subsequent business case expected at TME from Surgery and Oncology. Workforce optimisation group has recommended actions to improve bank rates. EU recruitment is in progress for commencement in Feb 15. |
| b) | Improve the management and monitoring of safe staffing levels in real time | <ul style="list-style-type: none"> • Establishment of appropriate real-time IT system • Twice daily staff and bed | Chief Nurse | Tender for electronic tool is in progress to meet the current safe staffing requirements with consideration of an integrated tool that measures acuity and nursing hours. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|--|--|---|
| | | capacity monitoring meetings, addressing escalation shifts requiring action and moving staff appropriately to mitigate areas of short notice staff deficit | | |
| c) | Develop a Nursing, Midwifery and Allied Health Professions strategy | Progress towards agreement of strategy in 2015/16 | Chief Nurse | Initial draft outline has been developed. Consultation with nurses and midwives through focus groups is in progress for a summit on Dec 4 th to finalise the key elements. Launch likely to be initially in early 2015. Key events during International Nurses and Midwives week 5-12 May15. |
| 6.2 | Undertake Values Based Conversation Project | | Director of Organisational Development and Workforce | |
| | Complete and evaluate initial pilot to inform and shape second wave pilot | <ul style="list-style-type: none"> Complete first phase pilot and evaluation Q2 2014/15 Second wave pilot to commence Q3 2014/15 | | <ul style="list-style-type: none"> First phase and evaluation complete. Total of 49 people attended, with 90% very satisfied and 10% satisfied with the course. (100% of attendees would recommend the course to their colleagues). Second wave pilot commenced in Q3, to be completed Dec 14, with 144 training spaces available. Evaluation to follow Jan 15. Provisional VBC dates for 2015 established, with 396 training spaces available. |
| 6.3 | Improve recruitment and retention | | Director of Organisational Development and Workforce | |
| a) | Develop Recruitment and Retention Strategy | Strategy developed by end Q2 2014/15 | | Strategy developed and associated key interventions being pursued. |
| b) | Further improve recruitment processes. Introduce specific initiatives to address recruitment and retention issues in key staff groups where the | Achieve 10 week time to recruit target by Q3 2014/15 | | Vacancy rate reduced to 5.8% by end of Q2. Further work with Divisions to take place to improve time to shortlist and interview to achieve 10 week KPI. |
| | | Implement Recruitment and | | Key interventions and actions being implemented. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|--|--|--|---|
| | turnover figures are above Trust average, such as Band 5 nurses and Band 2 Care Support Worker staff | Retention Strategy from Q2 2014/15 For Nursing: <ul style="list-style-type: none"> Implement a pilot as proof of concept for a structured and rotational programme with an improved prolonged preceptorship programme for newly registered nurses. Implement targeted recruitment strategies maximising on junior staff feedback | Chief Nurse | <ul style="list-style-type: none"> First 'Foundation Programme 1' (FP1) commenced Sep 14 with broader roll out for all Band 5s by Feb 15. Review of post graduate programme to encourage external applicants. <p>Recruitment and retention interventions are informed by feedback from nursing staff.</p> |
| 6.4 | Reduce and maintain sickness absence at a Trust-wide average of 3% or below | | Director of Organisational Development and Workforce | |
| | Implement FirstCare absence management system across the Trust | Q1 2014/15 – Implementation of FirstCare system | | FirstCare system fully implemented. |
| 6.5 | Improve staff turnover | | Director of Organisational Development and Workforce | |
| | Implement Recruitment and Retention Strategy | Reduce turnover rate to 10.5% by Q4 2014/15 and 10% by Q2 2015/16 | | <p>Turnover has increased month on month for the last two quarters. The Workforce directorate is leading on work which is focused on six 'high impact interventions', namely:</p> <p>Increasing substantive workforce capacity:</p> <ul style="list-style-type: none"> new starters now outnumbering leavers on a monthly basis; overseas recruitment programme initiated; targeted recruitment activity. <p>Mitigating high cost of living:</p> <ul style="list-style-type: none"> financial modelling being undertaken to consider feasibility of salary weighting and introduction of living wage; consideration being given to providing |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|---|--|--|
| | | | | <p>assistance with daily travel and lower cost accommodation.</p> <p>Applying targeted recruitment and retention incentives</p> <ul style="list-style-type: none"> recruitment and retention premia (RRP) agreed for specified professional groups and being considered for others; fast track increments under consideration; first year adult nurse foundation programme (FP1) established. <p>Widening participation:</p> <ul style="list-style-type: none"> supporting return to practice; increasing access to professional qualification via modern apprenticeship. <p>Improving professional development and career opportunities:</p> <ul style="list-style-type: none"> development and implementation of a multi-professional Education and Training Strategy to support and promote personal and professional growth, and career progression <p>Creating and sustaining the right environment:</p> <ul style="list-style-type: none"> detailed programme of work aimed at continuous improvement in staff engagement and involvement; embedding a healthy culture; promoting and recruiting for values, etc. |
| 6.6 | Further improve Staff Engagement | | Director of Organisational Development and Workforce | |
| a) | Introduce quarterly Pulse surveys | Quarterly pulse surveys to be implemented from Q1 2014/15 | | Fully implemented - second survey conducted in Q2. |
| b) | Hold 'Listening events' to enable staff to contribute to and support the development of action plans in | Listening events scheduled Q1 and Q2 2014/15. Output to be incorporated into Divisional | | Total of 30 focus groups conducted across all divisions in Q1/Q2. Output of focus groups incorporated into local actions plans. Results of |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|---|---|--|---|
| | response to survey results and contribute to improvement initiatives | and Directorate Actions plans. Reported bi-annually. | | the focus groups and actions taken to address identified areas for improvement reported at TME in Sep 14. |
| c) | Incorporate LiA methodology into engagement and innovation toolkit to facilitate staff engagement in the development and implementation of improvement and innovation initiatives | LiA methodology further embedded by Q2 2014/15. | | LiA methodology continues to be applied to staff focus group sessions (e.g. staff survey and CQC action planning). |
| 6.7 | Further improve Staff Recognition | | Director of Organisational Development and Workforce | |
| a) | Expand categories in Annual Staff Recognition Awards | Annual Awards Ceremony | | Further categories included in this year's Staff Recognition Awards. Awards Ceremony scheduled for Dec 14. |
| b) | Recognise and reward long service | Long Service Awards to be implemented in Q3 2014/15 | | Review of long service recognition complete - to be reported to Workforce Committee in Dec 14. |
| c) | Source recognition IT package to facilitate on-line nomination, local administration and 'thank-you' recognition scheme | Business case to be submitted in Q2 2014/15 | | System fully implemented. |
| 6.8 | Reduce the use of bank and agency staff | | Director of Clinical Services | Proposal to enhance bank rates in order to reduce agency usage has been agreed and will be operational from 3 Nov 14. |
| | Build retention strategies for nursing and midwifery | <ul style="list-style-type: none"> Implement recruitment and retention objectives described above through plan agreed by Divisional nurses Develop local retention strategies including educational programmes in partnership with HEIs | Chief Nurse | Similar programme to be established as FP2 for speciality areas such as Theatres, ED, Neurosciences, stroke and paediatrics. Structured programme has been reviewed for Band 2 with implementation expected in 2015. Review of Shift patterns to support Statutory and Mandatory training and appraisal rates and the impact on retention. Initial planning for education and practice development activities and facility in progress within overall Nursing & Midwifery strategy. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|--|--|--|--|
| 6.9 | Improve Leadership Capacity and Capability | | | |
| | Develop and implement a Leadership and Talent Development Strategy | Strategy developed by end Q2 2014/15 and implemented from Q3 2014/15 | Director of Organisational Development and Workforce | Leadership and Talent Development Strategy endorsed by Trust Board in Sept 14. Implementation being taken forward. |
| 7. | Financial and investment strategy | | | |
| 7.1 | Deliver cost Improvement Programme | As per agreed CIP | Director of Finance and Procurement | £17.2m delivered against ytd plan of £19.2m. See paper on Finance Performance to 30 Sept 14, pp 11-12. |
| 8. | Organisational relationships and capability | | | |
| 8.1 | Continue to implement the Patient Experience Strategy | | Chief Nurse | |
| a) | Patient Experience and Involvement Programme | Implement the Patient Experience business case through a tender process to facilitate and deliver the real-time feedback and other systems – Dec 14 | | The tender part one has been completed and will be implemented. Review of patient engagement process has been implemented. Patient Engagement Manager has been appointed. |
| b) | Patient Leaders Programme | <ul style="list-style-type: none"> Deliver training for patient leaders to take part in patient-led assessments Patient leaders identified to take part in PPI initiatives | | Review of PPIF currently in place to assess key elements of programme. |
| c) | Patient Stories Programme | <ul style="list-style-type: none"> Provide agreed number to the Trust Board (12/year) Use learning to develop implementation plan across the Trust | | Patient stories have been developing with additional metrics and learning points disseminated through key leadership groups, i.e. senior nurses and grand rounds. |
| d) | Compassionate Care Programme | <ul style="list-style-type: none"> Provide customer care training for key staff (including receptionists, ward clerks and porters as well as clinical staff) Training for complaints team staff to improve | | <ul style="list-style-type: none"> Programme of compassionate care has commenced as a pilot using similar methodology to value based conversations. Several areas such as wards and receptions have completed bespoke training Training on writing complaints completed. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|------|--|---|--|--|
| | | responsiveness to complaints | | |
| e) | Patient Feedback | | | |
| | <ul style="list-style-type: none"> Improve response rate to "Friends and Family" test Roll out "Friends and Family" test to outpatients and day areas Implement wider patient feedback system | <ul style="list-style-type: none"> Improved response rate, particularly in ED "Friends and Family" test rolled out to outpatients and day areas according to national timings | Chief Nurse | Roll out of FFT commenced Oct 2014 to outpatients and day areas. Feedback system tendered for implementation. Roll out of electronic and other tools to increase response rate for FFT. Response rate improved in maternity and CQUINS met for Q1. |
| 8.2 | Participate in the provision of evidence-based care for the patients and populations served through innovation, research opportunities and wealth creation as a partner in both the Oxford Academic Health Science Centre and the Oxford Academic Health Science Network | | Chief Executive | |
| | <ul style="list-style-type: none"> Regular update reports from AHSN Partnership Board meetings Contributions to the Quality Account in relation to innovations (supported by the AHSN Clinical Innovation Adoption programme) Update reports on activities of clinical networks | | | Trust engaged in Programme. Plans are being developed to integrate AHSN Clinical Innovation Adoption Programme with Trust's business planning cycle for 2015/16. |
| 8.3 | Collaborate on programmes to increase the scale and quality of world-class research and to deliver these benefits more rapidly to patients as a partner in the Oxford AHSC designated 1 April 2014 | | Chief Executive | |
| | Inclusion of information on OUH research and clinical activity as part of regular reports on the activities of the six key themes adopted by the AHSC | | | Update on AHSC and the implementation of its business plan through the six themes presented to September Trust Board. |
| 8.4 | As a partner in the OxAHSC facilitate the rapid movement of scientific discoveries from the laboratory to the ward, operating theatres and general practice, so patients benefit from innovative new treatments | | Chief Executive | |
| | As above | | | Trust fully engaged with AHSC. |
| 8.5 | Through the implementation of a Leadership and Talent Development Strategy, establish a framework within which OUH will attract, identify, develop and retain leadership of the highest quality. | | Director of Organisational Development and Workforce | See 6.9 above. |

| Ref. | Key Actions | Milestones/Measurables | Accountable Director | Progress as at end Sept 14 |
|-----------|---|------------------------|----------------------|---|
| 9. | Research | | | |
| 9.1 | Progress the Biomedical Research Centre/Unit work programme | | Medical Director | |
| | As per BRC/U work programme | | | Mid-term review of BRC completed in September, with each theme peer reviewed and challenged by international review panel over two days. Full report now received. This will assist in developing priorities and refocused work for the remaining 2 years while the BRC renewal bid is developed. BRU Steering Group has major review awayday planned in early December. |
| 9.2 | Provide a research strategy for Nursing, Midwifery and AHPs | | Chief Nurse | |
| | Establish a nursing education and research (practice development) strategy for the OUH, including review of current postgraduate programmes and research endeavours | | | Summit for research progressed with AHSN and planning for linked education strategy in progress with expected completion early 2015. Review of possible CPD programmes and postgraduate links between education and research as a practice development institute in progress through initial consultation with key partners in the AHSN. Establishment of Head of Nursing and Midwifery Research (recruitment finalised for commencement 12 Jan 15) through HETV funding in partnership with Oxford Brookes. Negotiation on options for Head of Nursing and Midwifery Education in progress with HETV. |

3. Conclusion

3.1. Overall good progress has been made. Areas for more attention in coming months include:

- Continued work to meet the national standard in relation to **Finding** people with dementia, **Assessing** and **Investigating** their symptoms and **Referring** for support (FAIR).
- Sustained performance in relation to some of the quality standards in contracts with commissioners (VTE assessment, reconciliation of medicines within 24 hours of admission and some Stroke care standards).
- Continued engagement with Oxfordshire CCG and the Local Authority to develop a shared view of the future shape of services in the light of the introduction of the Better Care Fund.
- Development of business cases for large capital developments (including radiotherapy, reprovision of JR2 Theatres, Critical Care, Renal ward and Clinical Genetics).
- A continued focus on recruitment and retention and the impact on turnover and bank and agency rates.

3.2. Plans for addressing these areas are included in other Board papers.

3.3. Some of the milestones relating to the further development of the Trust's assurance systems have been revised due to the prioritisation of the FT application process and the delayed release of software.

4. Recommendation

4.1. The Board is asked to note this report and to approve revised milestones for objectives 2.4 d) and e) (development of the Assurance Plan and updated use of Health Assure).

Mr Andrew Stevens, Director of Planning and Information

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

Ailsa White, Corporate Planning Manager

November 2014