



Oxford University Hospitals
NHS Foundation Trust

Our Clinical Strategy 2023-2028



Our Clinical Strategy



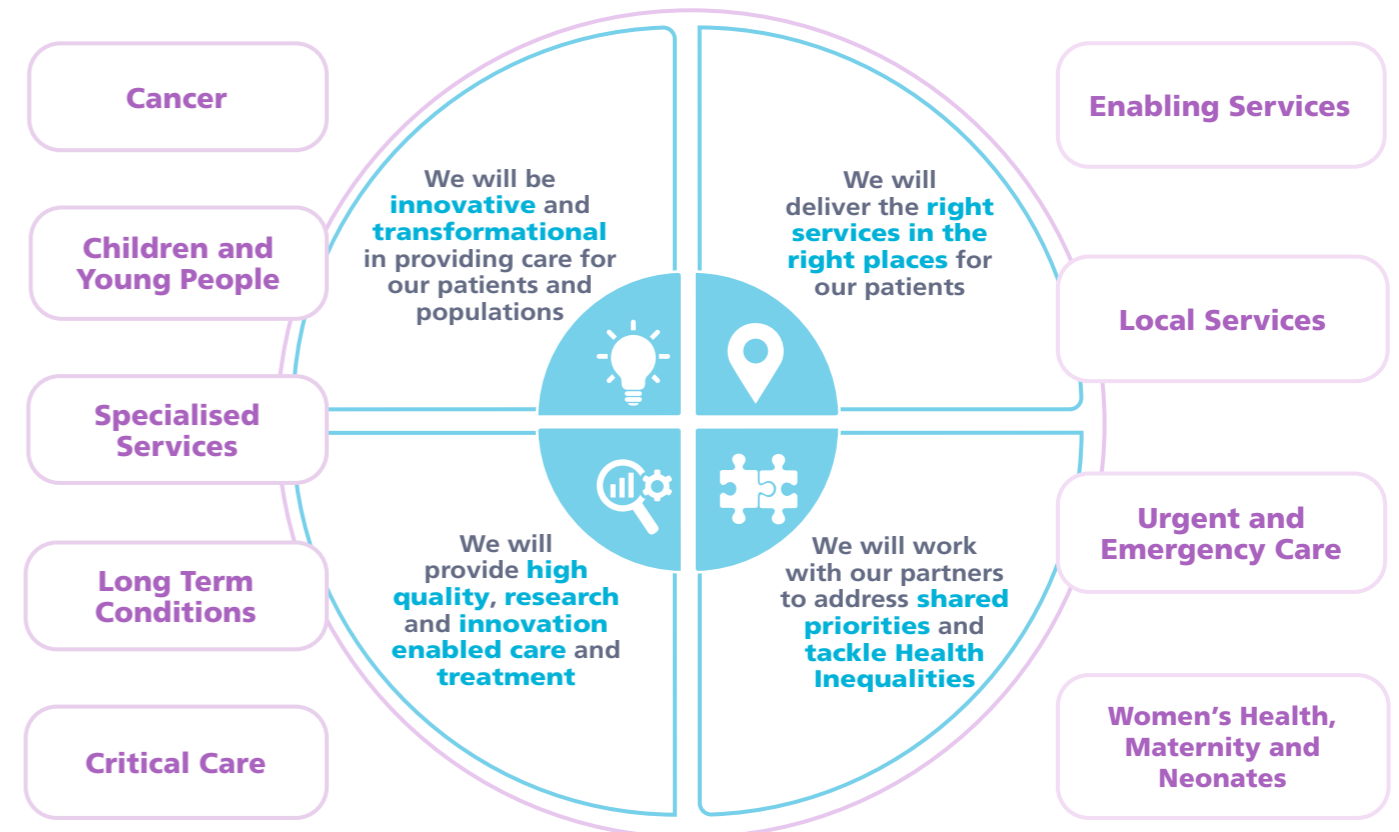
OUR ROLES

A provider of excellent local and specialist care

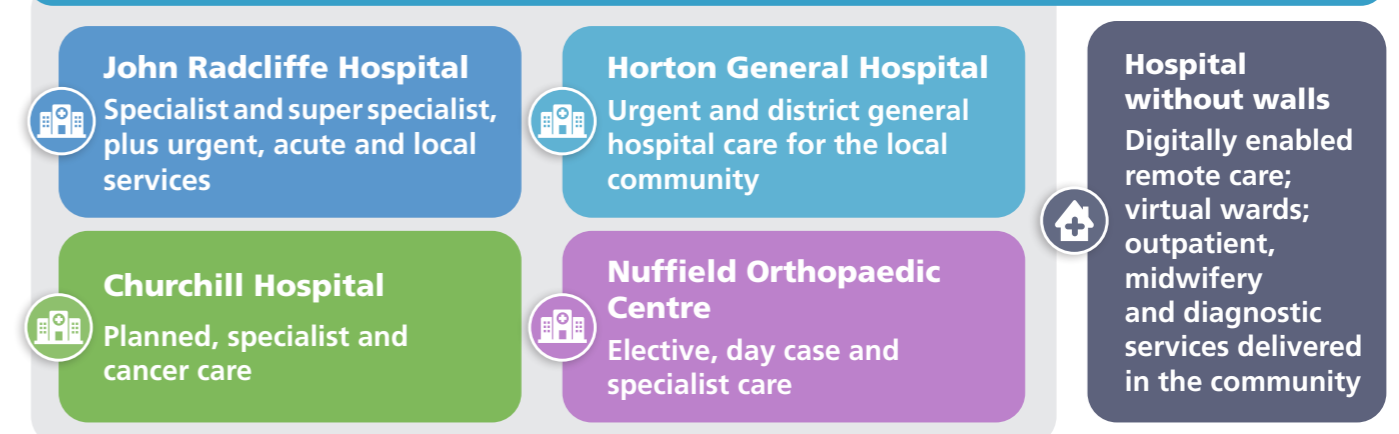
A leading centre for Quality Improvement, education, innovation and research

An Anchor Institution at the heart of our community

OUR APPROACH AND SERVICES



OUR SITES



Our Clinical Strategy 2023-2028



Welcome to our Clinical Strategy 2023-2028



Introduction

This document provides a blueprint for our clinical services, our sites, and the role we aim to play as an organisation over the next 5 years, setting out our priorities to guide our future decision making. It has been developed by summarising a wealth of ideas from Our People, who have balanced providing input against a backdrop of significant operational challenges, and I want to extend my thanks to them.

Our Clinical Strategy sets out how we will deliver the highest quality care for our patients and our population by:

- Playing our part in the delivery of **integrated patient pathways** for the population of Oxfordshire
- Building on our role as a **regional and national specialist provider**, learning from those 'best in class', and networking with partner organisations to share best practice
- Adopting a more **system-focused approach** to the design and delivery of our services, **making decisions with Our Partners** so that services are joined up and delivered in the context of the right patient pathway, location or provider

Our Changing Context

In developing this strategy, we have been particularly mindful of 5 shifts in our context:

- 1 **Pandemic Response and Recovery** – Adapting to the demands of the pandemic, delivering new ways of working, and meeting the elective recovery challenge
- 2 **A new system landscape and legislative framework** – Focusing on greater collaboration through the shift to statutory Integrated Care Systems (ICSs)
- 3 **A sharper focus on Health Inequalities** – Observing how long-standing inequalities were both exposed and exacerbated by the pandemic, and recognising our key responsibility in identifying and reducing Health Inequalities for Our People, patients and wider population
- 4 **The increasing imperative to reduce the environmental impact of our services** – NHS carbon emissions currently equate to 4% of England's total carbon footprint. Recognising that we hold the crucial responsibility of contributing to NHS England's target of net zero direct carbon emissions by 2040
- 5 **Demographic change** – Recognising the need to deliver effective and equitable services to a growing and shifting population. This includes a 20% expected increase in Oxfordshire's overall population over the next 10 years and 25% increase in the number of people aged 65 years or above

Overview

Our Clinical Strategy is structured over three main sections.

Our Role

- Our role providing both local and specialist care within a changing system landscape
- Our role as a centre for Quality Improvement, Education, Innovation and Research
- Our role as an Anchor Institution – as a large organisation whose sustainability is tied to the wellbeing of the population we serve

Our Services

Our vision for all our clinical services, mapped across 9 themes:

- ✓ Cancer
- ✓ Children and Young People
- ✓ Critical Care
- ✓ Enabling Services
- ✓ Local services
- ✓ Long Term Conditions
- ✓ Specialised Services
- ✓ Urgent and Emergency Care
- ✓ Women's Health, Maternity and Neonates

Our Sites

Our vision for each of our hospital sites, alongside our approach to community, virtual and remote delivery of healthcare.



Taking this forward

This is a challenging time for the NHS, as we navigate the ongoing legacy of the pandemic and the complex landscape of economic, political, environmental and social challenges, which surrounds us. Within this changing context, our Clinical Strategy, developed by Our People, will help provide us with clarity and focus. It will also help to guide us in terms of how we best work together with our partners across our Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) and beyond, to prioritise our resources and adjust how and where we deliver our services for the benefit of our patients and population.

Over the next year, we will turn this 5-year blueprint into a programme of implementation, working across our teams and with our partners to turn our ambitions into reality.

I look forward to working on this together.

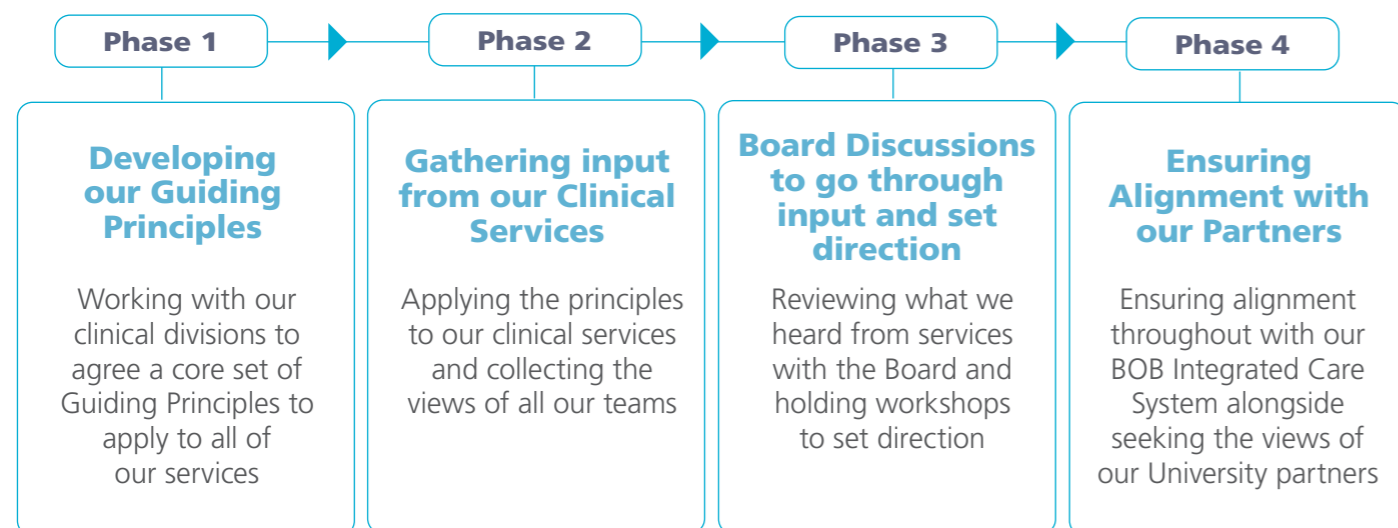
Professor Meghana Pandit
Chief Executive Officer,
Oxford University Hospitals



How we developed this strategy

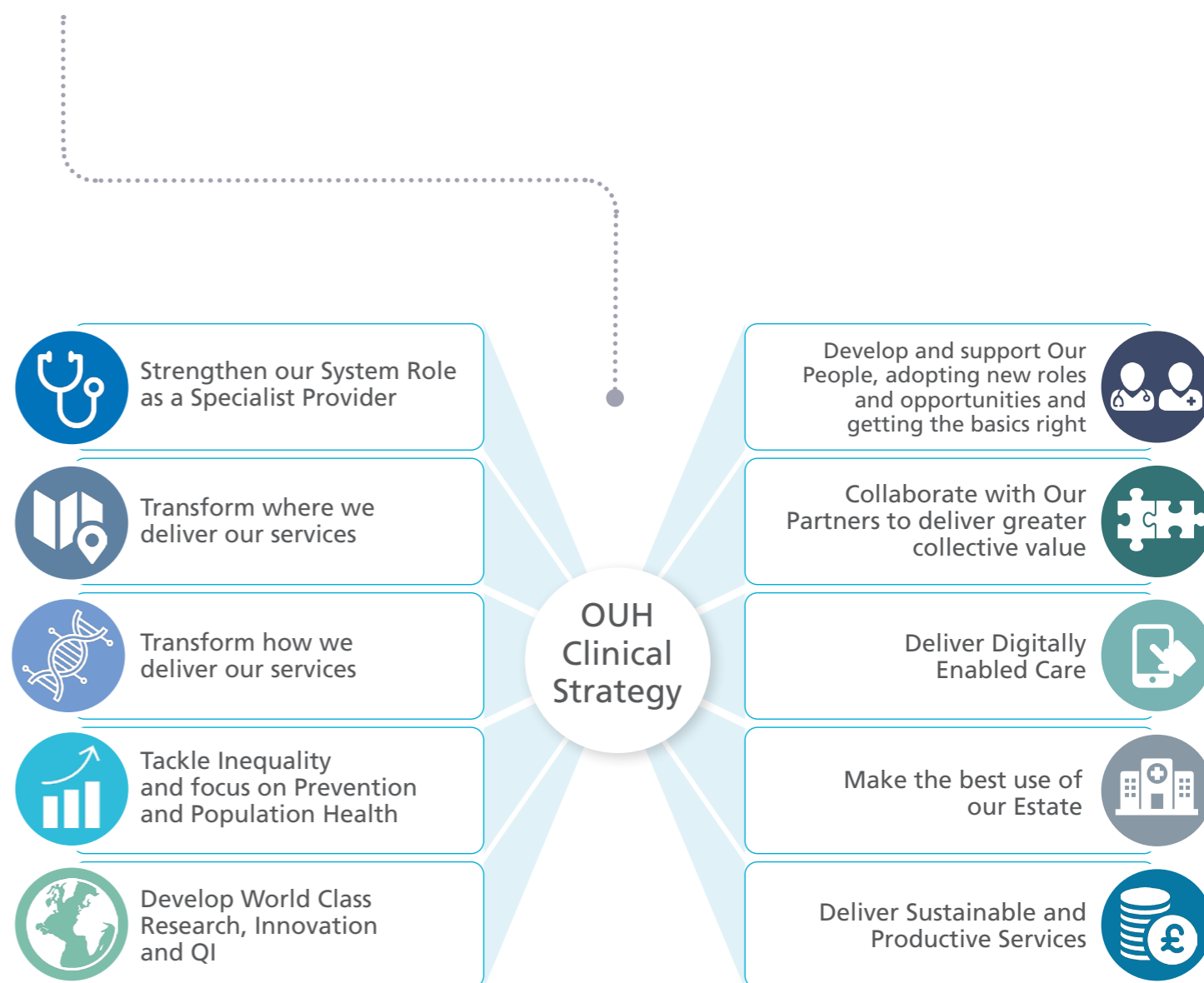
Our Approach

Over 2022, we worked with our teams, our Board and our partners to develop our vision for the role we play within a changing system landscape, along with the future of our services and our sites. We structured this work into four phases.



Our Guiding Principles

The below principles were developed by our Clinical Divisions, and we have applied them to all our services to help define both *what we will do* at OUH and *how we will do it*.

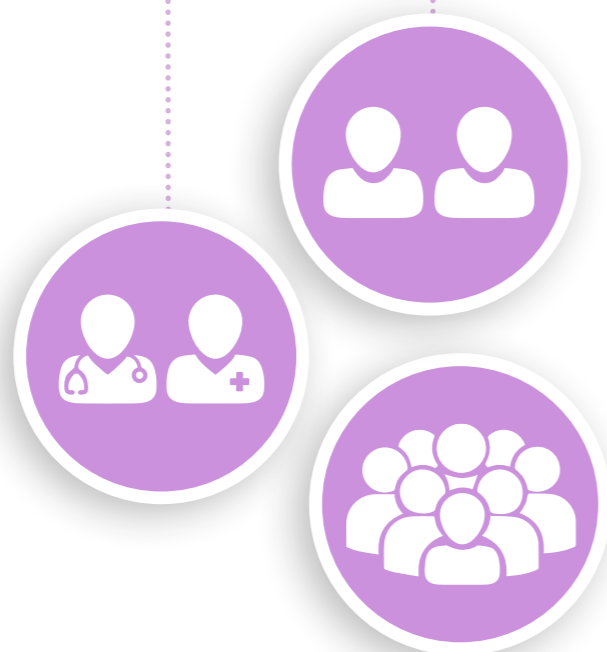






Our Role

At OUH, we have much to be proud of. We are one of the **largest teaching trusts in the UK**, with over 12,000 staff providing compassionate care through more than 1 million patient contacts each year.

Since developing our Trust Strategy in 2020, our context has changed in multiple and significant ways. These include navigating a global pandemic and a changing health and care system landscape, alongside the need to adopt a sharper focus on environmental sustainability and the reduction of Health Inequalities. Through this changing context, our Trust Vision has remained constant.



At OUH, we are here to Deliver Compassionate Excellence for:

-  **Our People**
by making OUH a great place to work
-  **Our Patients**
by providing high quality and safe patient care
-  **Our Populations**
by working in partnership to improve health and wellbeing

As we think about our Clinical Strategy for the next 5 years, we see our role developing across **three important areas:**

- 1** As a Provider of Local and Specialist Care
- 2** As a Centre for Quality Improvement, Education, Innovation and Research
- 3** As an Anchor Institution – where Our Sustainability as an organisation is tied to the Wellbeing of the Population we serve



As a Provider of Local and Specialist Care

In 2022, Integrated Care Systems, which are partnerships of organisations working together to plan and deliver joined up health and care services and to improve the lives of people who live and work in their area, were established as new statutory organisations.

At OUH we play an important role within both our local and wider system, balancing providing local services to the population of Oxfordshire, as well as a range of specialist services to patients from across the South East, the UK and further afield. We are part of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), and deliver services for patients across multiple other Integrated Care Systems nationally.

Our success therefore relies on working in a collaborative way with our partners, building on our relationships within our local BOB ICS, across the Thames Valley and through our specialist and networked services across the UK.

Over the next 5 years at OUH we will focus on strengthening our system role through:

1 Being a collaborative and engaged local system partner

We will work with our local partners across Oxfordshire to prevent ill health, tackle inequalities and join up and improve the care we provide. This might be through working together to improve

access, outcomes and experience for those at risk of the poorest health and wellbeing and joining up our teams and pathways across primary, secondary and community care.

2 Being a nationally and internationally recognised centre of excellence for specialist care and expertise

Over the next 5 years, we want to build on examples of excellent Specialist Services to deliver nationally recognised specialist care across the following key areas, such that we are exemplars in provision of these Services for clinical outcomes, access and patient experience. We will make this happen through collaboration between clinical medicine, academia, and Industry:

- Cancer services
- Cardiac services
- Children's Hospital
- Genomics
- Neurology and Neurosciences
- Orthopaedics
- Specialist Surgery
- Transplant
- Vaccine Development and Infectious Diseases
- Virtual Wards and Ambulatory Care

Our Demographic

Between 2011 and 2021, the overall population of Oxfordshire increased by almost 11%.

Over the next 10 years, it is expected to **increase a further 20%** with a **25% increase in the number of people aged 65 years or above.**

- 10 wards are in the **20% most deprived** in England
- **1 in 5 children** are living in poverty
- **16%** of the population are from ethnic minority backgrounds
- 131,400 people have a **disability**

We recognise our key responsibility in **identifying** and **reducing Health Inequalities** for Our People, Patients and wider Population. We will **collaborate across our system** to **systematically identify Health Inequalities of access, experiences, and outcomes** across our services and support focused action across the Trust, and by working with partners, to reduce these inequalities.



Our Quality Improvement, Education, Innovation and Research

At OUH, we have a strong commitment to Quality Improvement (QI), Education, Innovation and Research. These improve the care and treatments we provide for our patients, provide opportunities for our staff and deliver a positive impact for our wider population.

Over the next 5 years we will create an inclusive culture where every OUH staff member, across all professional groups, is equipped with the capabilities to develop their skills and confidence in these areas and sees them as part of their job description. We will embed them in every service and ensure that we are delivering benefits to our wider system and population by making the most of our expertise and scale.

We will achieve this by:

1 Equipping all Our People with the QI skills and confidence to drive improvement in their services and teams

We will build on our growing culture of QI by supporting all our staff with further training and support to drive improvements in efficiency, effectiveness and outcomes across our services and processes. Internally, we will build on our award winning QI Hub and regular all staff QI Stand Up presentations to further expand the QI community across

the Trust. Working with partners, we will strengthen the links between research and QI to maximise the benefit of both for patient care. We will also continue to strengthen our links and partnerships across our local system, learning from each other and sharing ideas and solutions for improvement together.

2 Building our education partnerships and impact

At OUH, we are proud to partner with our local universities to develop Our People and train the clinicians of the future. Over the next 5 years, we will continue to strengthen these partnerships, including by focusing on working together on the development of new roles such

as Advanced Clinical Practitioners and apprenticeships. We will also work with our local and wider system partners to ensure that we are making the most of our clinical education assets and scale for the benefit of the wider system.

3 Improving the adoption of innovation by working across the Trust, and with our ICS and industry partners

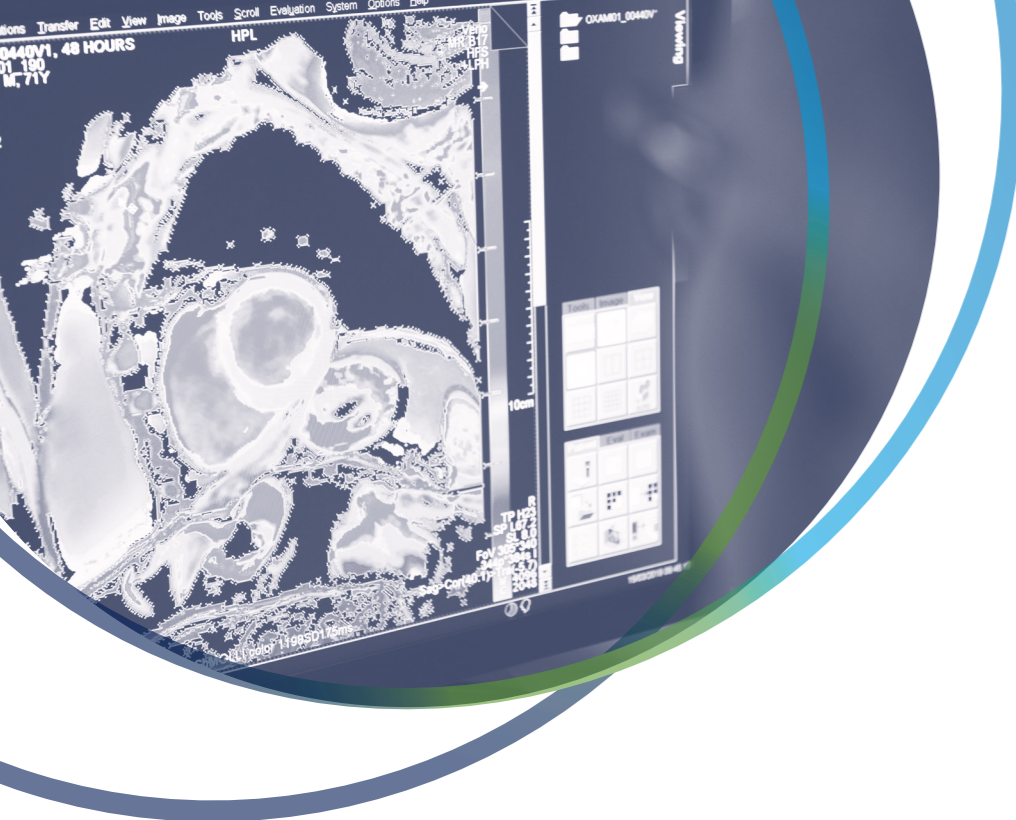
At OUH, we benefit from links with Life Sciences and commercial partners, who we work with to pilot new techniques, technologies, and processes. In addition, our digital innovation hub – TheHill, supports digital innovation adoption locally and across the NHS. Over the next 5 years we will build on this foundation, focusing on partnering to improve the adoption of innovation at scale through

the Trust and BOB ICS. We will continue to improve our innovation pipeline, supporting staff to progress projects and scale up solutions. We will also collaborate further with our partners, aiming to be a flagship testbed for solutions to some of the NHS’ biggest challenges, such as delivery of secondary prevention and improving the effectiveness and efficiency of operating theatres.

4 Working together across clinical and research teams on a shared set of priorities to deliver increased population impact

OUH is one of the most research-active NHS trusts nationally. The high volume and variety of our research provides our patients with advances in diagnosis and treatment, development opportunities for our staff and significant population impact – such as through the international clinical trials and vaccine development we delivered in the pandemic. Over the next 5 years, we will work as one team with our university partners, actively horizon-

scanning for new ways to maximise our links and becoming more agile to make the most of these shared opportunities. We will deliver a more seamless continuum of research, from participation in early-stage studies through to piloting solutions in the Trust before wider deployment. By embedding an inequalities lens, we will also work to increase the diversity of participants and the voices of those who shape our research agenda.



Our Role as an Anchor Institution

Anchor Institutions are large organisations, whose sustainability is tied to the wellbeing of the population who they serve. As a large public sector organisation with over 12,000 staff and delivering over 1 million patient contacts each year, we are both deeply connected to, and can have a significant impact on, our staff and the communities we serve and work within. In addition to providing high quality and compassionate care, we recognise the importance of leveraging our significant assets and spending power to address Health Inequalities and to support Our People and the wider community.

Over the next 5 years, we will develop our role as Anchor Institution by:

1 Playing a greater role in tackling inequality

Although Oxfordshire and its surrounding area is relatively affluent, pockets of significant deprivation are associated with large differences in health outcomes, and these are linked to the circumstances in which we are born, grow, work, live and age. Indeed, those living in the more affluent areas of the county are expected to live around 11-12 years longer

than those in deprived areas. We will continue the work started by our Health Inequalities Programme to embed a focus on identifying and reducing inequality across all our services, using the national Core20PLUS5 frameworks. We will also increase our focus on reducing inequalities experienced by our staff.

2 Reducing our environmental impact across our services and footprint

NHS carbon emissions currently equate to 4% of England's total carbon footprint. We recognise that we hold the crucial responsibility of contributing to NHS England's target of net zero direct carbon emissions by 2040 and will work across our Trust services to implement our OUH

Green Plan published in 2022. We will also continue to work on innovative partnership projects, such as the e-liability project with university partners to explore how to better account for and reduce the carbon footprint of our clinical pathways.

3 Developing a clearer strategy to maximise our role as an Anchor Institution

In implementing our Clinical Strategy, we will make it our core business to deliver social value alongside clinical excellence. This means that across the delivery of our services, we recognise our responsibility to think carefully about how we recruit and care for our workforce, procure goods and services and manage our Estates – ultimately to deliver services that are socially, economically and environmentally

sustainable. Over the next year, we will work closely with our staff, patients, communities, local government and other local anchor institutions, to understand what is already happening, identify priority areas for action, and become clearer about how we can leverage our role as an anchor institution to deliver value for the patients and population we serve.



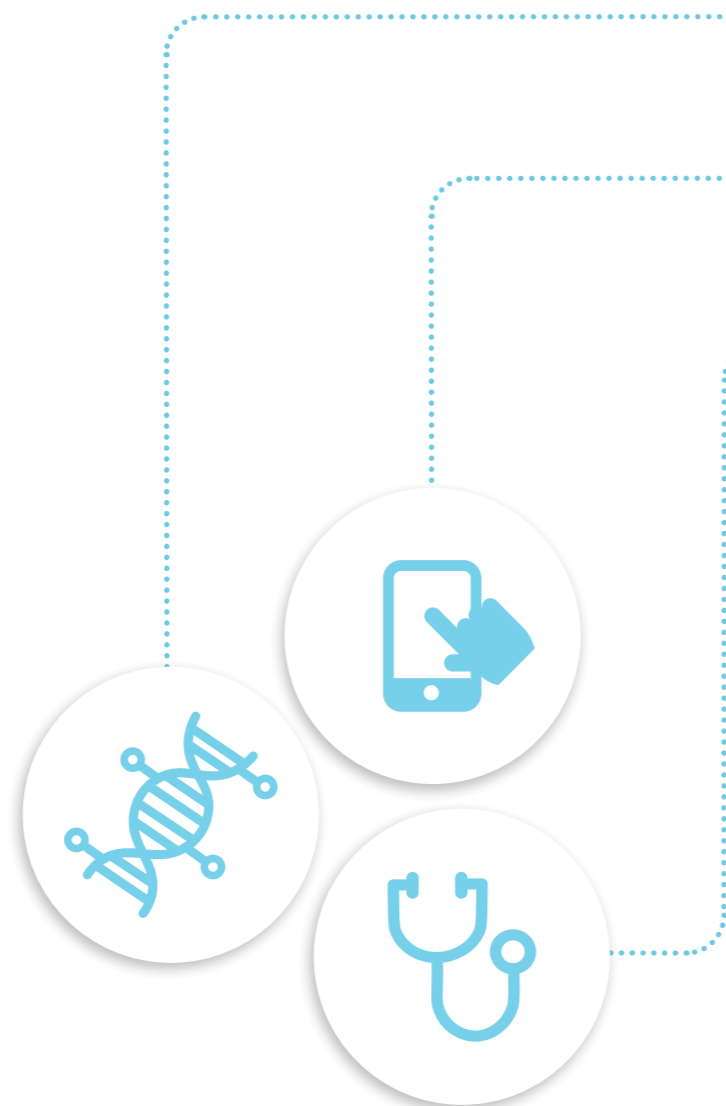
Our Services

At OUH, we provide a range of secondary, tertiary and quaternary services to patients across Oxfordshire, the Thames Valley and beyond. We are proud of our wide portfolio of services and the way in which our skilled teams provide compassionate and excellent care to our patients and populations every day.

This section sets out our vision for our clinical services, organised around the 9 themes, to which we have mapped all of our clinical services.

It has been written based on detailed input from each of our Clinical Directorates, who provided a wealth of over 700 ideas from which we have themed and drawn. We have also taken the key points of national policy for each area, in addition to aligning to the strategy developing within our local Integrated Care System.

Given our changing system landscape, the implementation of what follows will depend on working closely in partnership with our health, social care and wider partners at Oxfordshire, BOB ICS level and beyond.



Our Clinical Themes:

- **Cancer**
- **Children and Young People**
- **Critical Care**
- **Enabling Services**
- **Local Services**
- **Long Term Conditions**
- **Specialised Services**
- **Urgent and Emergency Care**
- **Women's Health, Maternity and Neonates**



Theme: Cancer

Where we are

We are a regional cancer centre, serving a local population of 2.5 million from across Oxfordshire and surrounding counties, alongside providing specialist treatment to patients from across the country. We provide services across the following tumour sites: *Skin; Oncology; Haematology; Head*

and Neck; Breast; Ear, Nose and Throat; Urology; Gynaecology; Upper GI; Lower GI; Lung; Sarcoma; Endocrine; Brain and Spine; Maxillofacial; Children and Young People; Lynch Syndrome; alongside Radiotherapy and screening programmes.

Where we want to get to

We aspire to be a leading cancer centre, acting as a base for pioneering research, innovation and high quality care, delivering on all nationally set cancer standards. We will aim to be at the forefront of improving diagnosis through screening and advances in imaging, endoscopy and pathology. As cancer survivorship and the numbers of patients living with cancer increases, we will need to

increasingly move towards ambulatory and hub and spoke models of care delivery. In addition, it is clear that cancer care will increasingly focus on delivering personalised and precision medicine and we will continue to adopt precision medicine tools such as new immunotherapy treatments and CAR-T cell therapy.



What this means for me

“Where possible, I receive more of my cancer care closer to home.”

How we will get there

1 We will develop as a specialist provider, supported by hub and spoke models

We will work with partners across the Thames Valley Cancer Alliance to achieve a more sustainable balance of demand and capacity across the system, identifying where to grow tertiary and quaternary provision, enabled by developing a true hub and spoke model. We will work systematically through our tumour sites, identifying opportunities to partner more closely with referring centres and move

services or certain pathways closer to home. Doing so will allow us to retain capacity at OUH for more complex work, or services which depend on on-site infrastructure such as critical care provision, as is the case of CAR-T cell therapy. We will also work with partners to identify gaps in provision, for example, looking to improve our offer for children and young people with cancer.

2 We will strengthen our research excellence

We will strengthen our research to become a truly world leading centre of cancer science, data and technology, supported by the Cancer Theme within our recent Biomedical Research Centre designation.

We will also build on our existing work as a leading centre for genetic medicine, genetic susceptibility of cancer and rare conditions that predispose to cancer.

3 We will adapt how we deliver cancer care, utilising remote and ambulatory models to meet changing demand

We will work to increase our use of ambulatory models, for example, considering their use to accommodate service growth alongside exploring how we can improve our children's cancer estate. We will deliver systemic anti-

cancer treatment in the community to deliver care closer to home, and through expansion of the Brodey Cancer Centre at the Horton, we will reduce the number of patients travelling to the Churchill for treatment.

4 We will ensure we have fit for purpose digital infrastructure

We will ensure we have effective systems that collect data which allow for our staff to spend more time with our patients, and use

these data to predict demand and capacity and support productivity.

5 We will improve integration with primary care across the pathway

We will work with primary care to ensure diagnostic pathways are timely and integrated, in line with new provision through Community Diagnostic Hubs and independent sector activity. We will increase our focus on reducing inequalities, using data to identify

priorities for early diagnosis. In terms of discharge, we will explore new roles such as Community Associate Specialists to support patients with discharge and follow up closer to home.

6 We will work with partners to develop a more sustainable workforce

There are national and regional shortages across the diagnostic cancer workforce, particularly for radiographers, radiologists and oncology consultants. We need to deliver

a more sustainable workforce and we will explore new roles, working closely with Thames Valley Cancer Alliance and other partners to deliver this.



Theme:

Children and Young People

Where we are

Our Children's Services provide a range of emergency, secondary, tertiary and quaternary provision for the population of Oxfordshire, Thames Valley and beyond. We run this largely from the John Radcliffe Hospital, alongside acute provision at the Horton, services at the Nuffield Orthopaedic Centre and in the community. Our services include *Acute Care; Cardiology; Community Paediatrics;*

Gastroenterology; Neonatal Services; Neurology; Neurosurgery; Oncology and Haematology; Intensive Care; Orthopaedics; Surgery and Urology; Respiratory Medicine; Rheumatology; Endocrinology; Diabetic Medicine; Immunology and Allergy; Infectious Diseases and Therapy Services. We also run services through *Psychological Medicine, Transition Services and Safeguarding.*

Where we want to get to

We want to build on our current position as one of the 10 largest children's hospitals in the country, into a clearer identity as a centre of excellence, research and innovation in children's and young people's health and wellbeing. We will work to develop a clear visual identity and branding, using this to support recruitment and retention of staff as well as improving the experience of our patients

as they navigate our services. We will build our research activity through closer alignment and joint working with the University of Oxford Department of Paediatrics. We will also work to build on our specific focus on reducing inequalities for children and young people, including implementing the Core20PLUS5 priorities for children and young people.



What this means for me

“My transition from children's to adult services is well managed with clear communication between the different teams and with me.”

How we will get there

1 Working with partners to develop our Ambulatory, Virtual and Hospital at Home provision

We will seek to build on existing projects which maximise the use of Hospital at Home and Virtual Wards, ensuring children can remain at home and we maximise our inpatient capacity for the sickest patients. We aim to grow our virtual ward model across Acute Paediatrics, Diabetes and Cardiology, while utilising technology

to deliver patient and school support in specialties such as Respiratory Medicine and Endocrinology. We will also review where ambulatory models might provide improved and more sustainable care, particularly exploring adopting such models within the Horton's Acute Paediatrics Service.

2 Strengthen our role across our specialist networks

We will strengthen our existing collaborations with regional and national networks, such as expanding our current involvement in national QI discussions through the Children's Hospital Alliance and sharing learning as part of the NHS England Children and Young People

Strategy. In specialties such as Cardiology, Neonatal, Oncology and Haematology and Therapies, we will continue to invest in collaboration and shared learning through our clinical and operational delivery networks.

3 Grow our research activity, through closer working with the University of Oxford

We will seek to maximise our alignment with the University of Oxford Department of Paediatrics, exploring greater synergies in our work, opportunities to involve our patients

in clinical trials and supporting translational research to improve children's outcomes and experience through a Clinical Research Facility.

4 Deepen our collaboration with local partners

We will deepen our collaboration with local partners to set up more seamless pathways of care for our patients across primary, secondary and mental health care. For example, our Acute Paediatrics team will work with local system partners to identify ways to improve outcomes for children and

young people in our care with mental health concerns. Our Community Paediatrics team will work more closely with local government partners on shared priorities around reducing Health Inequalities and support for children in child protection, fostering or adoption processes.

5 Work across the Trust to improve our Transitional Care (preparing for adulthood) offer

Ensuring a smooth and well managed transition for children to adult services is a fundamental part of delivering high quality care to children and young people. This is a priority for us in the Trust, and we want to see greater collaboration across OUH services to improve how we coordinate and plan

transitional care. In addition to this wider work, we are also exploring links across adult and paediatric departments such as in Surgery and Urology; Respiratory Medicine; Infectious Diseases; Acute Therapy and Diabetes and Endocrinology.



Theme: Critical Care

Where we are

We provide a range of intensive care provision for adults, children and neonates across multiple units, spread across our four hospital sites.

Where we want to get to

Our ambition is to continue to build our role as a regional critical care hub, working with partners and across our services to ensure we can more sustainably meet demand. Internally, we will work more closely across our units to develop an OUH pan-ICU approach to shared challenges, such as workforce recruitment and retention, outreach

and estate, alongside developing our network role by strengthening our relationships with partners. The addition of our Oxford Critical Care building provides us with an opportunity to think differently about how we utilise our shared resources and maximise our expertise to the benefit of our population and the wider region.



What this means for me

“I work more as one team with my colleagues across units in the Trust, sharing learning and working together on shared problems.”

How we will get there

1 We will work across the Trust and with partners to develop our specialist network and outreach services

We will work across our critical care networks to develop a shared strategy, share learning and increase linkages beyond ICS boundaries, for example with Milton Keynes for Primary Percutaneous Coronary Intervention (PPCI) and Thames Valley and Wessex for Paediatric Critical and Neonatal Care Unit. Internally,

we will work across the Trust to develop our outreach offer, collaborating across units and reconfiguring our follow up teams into multidisciplinary outreach teams, with senior medical and nursing leadership in both adults and paediatrics, to increase outreach to wards and ED to decrease admissions.

2 We will adapt and develop our estate to ensure it is fit to support high quality patient care

We will work in a more coordinated way across our units to ensure that we are making the best use of our critical care capacity and estate. We will seek to modify our existing estate – such as in Neonatal Intensive Care, where the numbers and complexity of pre-term babies are on the rise, requiring us to think differently about the space we need and how we ensure suitable co-location with both Maternity Services and operative space. We will seek a long term solution for Paediatric

Critical Care to ensure we can provide high quality care in a suitable environment and reduce the impact of tertiary elective cancellations and out of region transfers. We will work to identify priorities for expansion, linked to service or funding growth – such as through expanding Churchill Intensive Care Unit to support the delivery of CAR-T specialist therapy, solid organ transplants and elective activity.

3 We will work across units and with partners to develop a more sustainable workforce

We will work across units to strengthen the resilience of our workforce, implementing cross-Divisional ICU middle grade workforce planning and exploring opportunities such as shared national and international fellowships, jointly funded across units to attract the best talent and provide a diverse training experience. We will develop new roles,

by increasing opportunities for Advanced Critical Care Professionals and Anaesthetic Practitioners to support more sustainable models of staffing and retention. We will work with network partners to identify opportunities to work more jointly across units to increase training and learning opportunities.

4 We will ensure robust digital infrastructure to support high quality care

We will explore the potential to align the digital systems used across units and identify opportunities to improve key processes, such as discharge and bed management.



Theme: Enabling Services

Where we are

All our OUH services are supported by a set of integral clinical services and expertise, which our teams across different services and sites draw on to support and enable delivery of services every day. These include our *Theatres; Pathology; Endoscopy;*

Pre-Operative Assessment; Pain Service; Resus; Outpatients; Diagnostics; Psychological Medicine; Palliative Care; Therapies; Pharmacy; Radiology; Clinical Engineering; Medical Physics and Here for Health.

Where we want to get to

Our vision for our clinical support and expertise services is that they are interwoven with the delivery of the clinical services which they support across the Trust or the wider system. This means that, for example, demand and capacity discussions or elements of service growth or change are thought of in terms of the wider infrastructure required to

support such changes, with strong communication, teamwork and dialogue across teams. As well as working collaboratively across the Trust, we will continue to work in a networked way with our partners, and seek to modernise, join up and improve the efficiency of our support services through digital solutions.



What this means for me

“I work with colleagues across my regional network to implement new technologies and deliver the best care to patients across our different organisations.”

How we will get there

1 For diagnostics, we will increase community capacity and joint working across networks

We will work with our system partners to continue to implement the national ambition to grow community diagnostic capacity through Community Diagnostic Centres offering both essential diagnostics and point of care testing, in addition to more complex work over time. We will continue to invest in our Radiology and Pathology Networks, adopting a system approach to managing

capacity and joining up our infrastructure to allow for more integrated delivery of care across organisations. Through our networks, we will look at ways to improve system service sustainability and resilience, piloting innovations such as the use of AI and automation, alongside developing joint training and career pathways to support staff recruitment and retention.

2 We will maximise our use of digital solutions to improve our efficiency

We will work to identify opportunities for automation and adopting digital processes to improve our efficiency and communication, including digital Radiology and digital Pathology. For example, in Pharmacy, we will work with our regional partners and digital teams to explore forming a centralised information service to improve the management of prescribing systems and patient safety. In addition, we will also seek

to increase the use of Artificial Intelligence (AI), using robots to transcribe information between systems and improving our productivity. As covered in previous sections, we will continue to move more towards digital outpatient appointments where clinically appropriate, reducing demand on our Trust sites and delivering care in an easily accessible way for patients.

3 We will work in a collaborative way across the Trust to increase access to expertise and joint working across teams for the benefit of our patients

We will be proactive in identifying opportunities to work in a closer and less siloed way across the Trust to provide coordinated care for patients. For example, in our Pain team, we will work more jointly with Psychological Medicine, Pharmacy and Radiology to deliver an integrated service. Across our Theatres, we will work

with specialties to optimise utilisation and scheduling, building on previous programmes of work to improve our productivity. We will adapt our Preoperative Assessment Service into a hub and spoke model to help us be more agile to meet increased demand created through elective recovery.

4 We will work to use our expertise to proactively tackle Health Inequalities

Our clinical support and expertise services provide important levers enabling us to better identify and tackle Health Inequalities. For example, through partnerships across primary care, Radiology and Cancer Services, we can work to improve early diagnosis of cancer in the populations where there is greatest need. Our Here for Health team will expand understanding across our clinical teams to ‘Make Every Contact Count’, supporting health promotion across the Trust. Our

active hospital team will continue to support hospital pathways to embed physical activity into pathways, reducing hospital associated de-conditioning and improving operative outcomes. Similarly, our Psychological Medicine team will continue to work with our clinical teams to ensure equity of access to psychological support, in addition to targeted support for key areas, such as within the Children’s Hospital, working in partnership with Oxford Health.



Theme: Local Services

Where we are

As well as being a specialist provider, at OUH we are proud to provide local care to the population of Oxfordshire. These services include, (in addition to those covered in other sections, such as Urgent and Emergency Care and Maternity) *Acute Medicine –*

including Stroke and Geratology; General Surgery, Specialist Medicine – such as Sexual Health, Dermatology and Respiratory Medicine; ENT, Hernia Repair, Urology, Trauma and Orthopaedics, Ophthalmology, Plastics and Diabetes.

Where we want to get to

Ensuring that excellent care is provided to our local population is a key part of our vision as a Trust. Following the shift in our ways of working during COVID-19 and the move to Integrated Care Systems, our focus is now on delivering our local services in a much more integrated way with our partners, particularly with those in primary and community care.

For some services, this may look like joining up our teams and pathways to deliver an integrated service to our patients or delivering care remotely or in community settings. In others, it might be about working with our ICS colleagues and adopting a system lens to identify opportunities to design and deliver services in the right part of the system.



What this means for me

“When appropriate, I am cared for remotely on a virtual ward, meaning I can receive the care and support I need while staying in my home.”

How we will get there

1 Transform where we deliver our services

As earlier sections of this document have outlined, we would like to move the delivery of our services away from our hospital sites where it makes sense to do so, utilising community locations to collaborate with partners and deliver care in an easily accessible way. As part of this, we will explore developing community hubs for services such as Ophthalmology, alongside the development of mobile services in the delivery of services such as Sexual Health.

In Dermatology and Cardiology, we will seek to collaborate with primary care to meet increased demand through joint clinics, moving away from a default hospital model to a community based model closer to patients' homes. In Neurology, we will also develop our hub and spoke model to support delivery of care in referring trusts, ensuring that where possible services can be delivered in Community or District General Hospitals.

2 Ensure a greater use of digitally enabled care, through virtual wards and remote monitoring

Our ambition is that, where clinically appropriate, we will consolidate and build on changes made through the COVID-19 pandemic, to move to an operating model of 'hospital without walls' utilising digitally enabled remote care and virtual wards to enable patients to remain out of hospital. We will continue to grow our expertise and capacity for virtual wards, in addition to the

necessary supporting infrastructure such as virtual bed boards, technology and workforce models to accommodate 24/7 delivery. In specialties such as Cardiology, we will exploit new remote technologies to enable us to better manage pathways such as rhythm management, triaging alerts and reports for greater efficiency and productivity.

3 Supporting elective recovery by ensuring we are using the latest technology and processes to make the most of clinical time and expertise

We are driven to make sure that our local population benefits from the latest research and innovation to improve their care and experience. To support elective recovery, we will adapt our processes to support more efficient delivery of high volume and low complexity care, working with industry and system partners to pilot new ways of working. We will continue to embed research and innovation-led practice into our pathways, including exploring the use

of AI and imaging in surgical Ophthalmology, joint working with the University of Oxford to improve Cardiac imaging and throughput, alongside automated processes in preoperative assessments to improve our theatre efficiency, such as in our Orthopaedic Theatres. We will also work to improve patient pathways, making them more personalised, such as through implementing Patient Initiated Follow Up across specialties.



Theme: Long Term Conditions

Where we are

Through our services at OUH, we support patients with a range of long term conditions including our Renal Services, Diabetes, Respiratory, Dermatology,

Colorectal and Gastroenterology, Neurology, Endocrinology, Rheumatology, Audiology and Ophthalmology.

Where we want to get to

Increasingly, many of our patients live with a long term condition which requires them to access our services for monitoring, treatment and support. We want to work with our patients to ensure that this care is more patient-led and personalised, supporting them to, where possible, take a greater role in managing their own health. We are also

mindful of the disproportionate impact of long term conditions on those living in deprived areas, with up to 12 years' difference in healthy life expectancy across areas of Oxfordshire. We are driven to continue to work across our services and with our partners to take action to tackle this and see reduced inequalities across our population.



What this means for me

“I am supported to manage my long term condition at home and have been provided with the devices I need to monitor my condition and inform my clinical team of any changes.”

How we will get there

1 Ensure a greater use of digitally enabled care to support patients to manage their own health

Like many trusts, in the COVID-19 pandemic we quickly rolled out remote monitoring to support patients to continue to receive care close to home including across services such as Maternity and Cystic Fibrosis. We want to build on this, alongside expansions we

have made since then, to support remote monitoring for patients with conditions such as Inflammatory Bowel Disease, Interstitial Lung Disease and Diabetes, ensuring a clear feedback loop of data to inform clinical decision making, triage and risk stratification.

2 Collaborate with primary care to improve pathways

To support the management of long term conditions in the community, we will continue to work with primary care to strengthen relationships, build capacity, capability and share learning. In Diabetes, for example, we will work with the ICS and Primary Care Networks to support improved management of diabetes in the community. In services such as Renal and Respiratory, we will seek

to work with primary care colleagues to deliver optimal pathways and reduce Health Inequalities by supporting easier referral processes. In Rheumatology, we will aim to pilot, evaluate and further develop advice and guidance to avoid unnecessary referrals, supporting and working together with primary care colleagues.

3 We will boost 'out of hospital' care to improve access and reduce inequalities

Working with partners, we will identify ways to provide care off our hospital sites and in the community. For example, in Renal Services, we will grow our home dialysis programme and work with our partners to boost capacity. In specialties such as Endocrinology, we will work across the BOB ICS and with our regional partners to standardise pathways and ensure that tests and monitoring can be done more locally without patients having to travel to

Oxford. In Sexual Health and Hepatology, we will provide mobile outreach services to meet population need and reduce Health Inequalities by making it easier for people to access our services. In Neurology, we will work with our referring centres to deliver services in Community and District General Hospital settings, creating capacity for services which need to be on our hospital sites.



Theme:

Specialised Services

Where we are

At OUH, around half of our income comes from NHS England for specialised and super specialised services. We provide specialist expertise across specialties such as *Major Trauma; Children's Services; Bone Infection Unit; Plastics including*

Cleft and Craniofacial; Neurosciences; Transplant; Haematology; Fetal Medicine; Immunology; Vascular; Complex Orthopaedics; Genomics and many more.

Where we want to get to

We are proud to provide specialised services to patients from Oxfordshire, the Thames Valley and beyond. Over the next 5 years, we want to strengthen our role as a centre of excellence for specialist services, serving our population and beyond with innovative and high quality treatments, supported by pioneering world class research and expertise. Given that the strength of much of our specialist activity lies in our links with university partners, we will also seek to further align our

work across research and clinical practice. The organisation of specialised services is expected to change over the coming years, with a shift away from national to more system-led commissioning. Given that most of our specialised services cross Integrated Care System boundaries, this will involve us working with a range of partners across organisational and geographical boundaries to ensure consistent delivery of high quality care.



What this means for me

“I work more closely with my research colleagues at the university to maximise the benefits of research for my patients.”

How we will get there

1 Develop our specialist services and expertise, and reduce variation in access and outcomes

We will work with our partners to grow our specialised services and expertise, piloting innovations to improve care and ensuring that we are making the most of economies of scale to provide the best treatments and expertise on behalf of the wider system. To achieve this, we will continue to work through how we make best use of our capacity to deliver specialist expertise at scale, while moving other activities off our sites to be delivered elsewhere or by our partners.

Within this context, we will seek to grow new and funded treatments such as CAR-T cell therapy for cancer. We will aim to retain our excellent standards across services such as our Bone Infection Unit and where we have opportunities to further develop our expertise in step with research partners, we will do so, such as within Genomics. We will also work to use data to better identify how we can reduce variation in access and outcomes and improve the equity of the services we provide.

2 Work in greater partnership across the Trust and wider system

Collaborating across our services and with partners will become even more important in a changing system landscape. We will embed this approach across our specialised services, working together with external partners on service and network developments. For example: working with the Thames Valley Spinal Network within Neurosciences to support the appropriate distribution of patients across the system; the Genomic Medicine Service Alliance on key projects

to deliver genetic testing and diagnostics; and the Thames Valley Vascular Network to improve live data collection and facilitate bed access and transfers. Internally, we will collaborate more closely across our specialist teams to improve how we deliver care, for example by providing an integrated Major Trauma Centre (MTC) cross-specialty team to improve how we provide MTC expertise across the Trust.

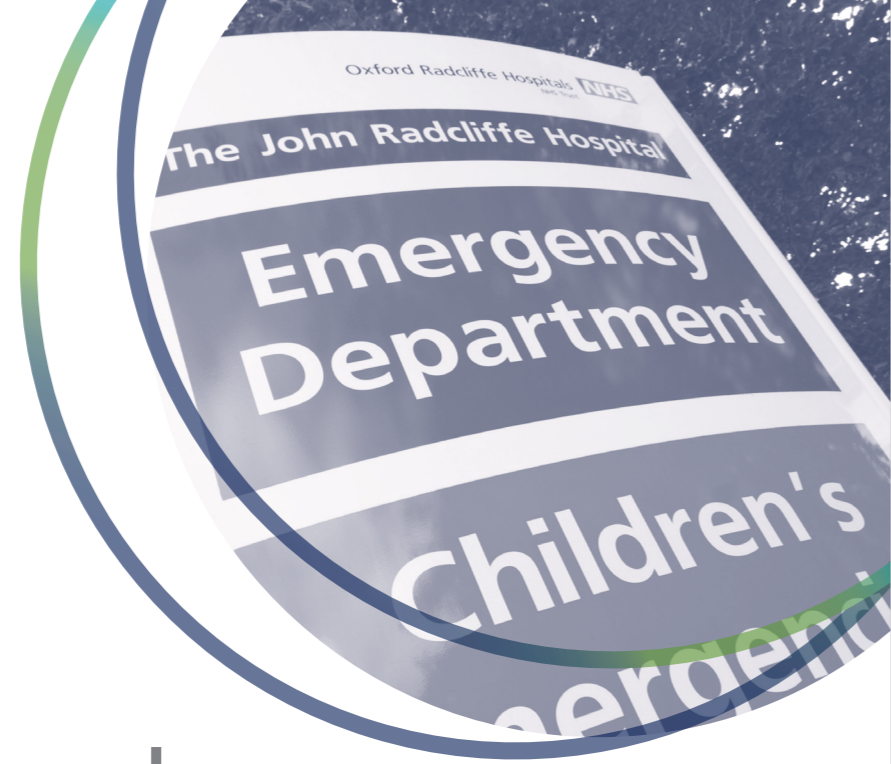
3 Collaborate more closely with research partners

We will collaborate with our research partners to improve scientific understanding and ensure that the benefits of translational research are reaching our patients. For example, we will look to improve clinical engagement and recruitment into research

in areas such as Haematology and Oncology, develop relationships with the Oxford Brain Bank team to enhance research in Neurosciences, and continue to grow our research collaborations with national and regional groups within Clinical Immunology.

4 Develop Our People

We will be proactive about growing our workforce by developing a more diverse pipeline of specialist roles.



Theme:

Urgent and Emergency Care

Where we are

At OUH, we provide a range of urgent and emergency services. At the Horton General Hospital and the John Radcliffe Hospital, we run Emergency Departments for both children and adults, alongside Emergency Assessment Units, Children's Decision Unit and Ambulatory Assessment Units. The John Radcliffe Hospital hosts the majority of our 'front door' services, such as the GP Referral

Unit, Vascular Triage, Ophthalmology Emergency Department, Surgical Emergency Unit, Primary Percutaneous Coronary Intervention within Cardiology, Gynaecology Triage and Maternity Assessment Unit. It is also a designated Major Trauma Centre, providing 24/7 access to specialist trauma care. The Churchill Hospital provides Urology Triage and Oncology Triage.

Where we want to get to

Pressure on urgent and emergency care services has never been greater and there is therefore considerable focus on how we future proof the model of care we deliver to our population. Our vision is to work with our system partners to deliver the right care, in the right place, at the right time, utilising virtual wards and community settings to

increase capacity and keep people from being admitted. We want to grow our focus on Same Day Emergency Care, scaling up our ambulatory models and ensuring that where possible, people can be rapidly assessed, diagnosed and treated without being admitted to a ward.



What this means for me

“When I am unwell and need urgent support, I can access care in the best setting for my needs.”

How we will get there

1 Working with partners to grow our virtual ward and Hospital at Home provision to keep people out of hospital

We will work across our local system to increase virtual capacity and scale up our offering to support admission avoidance, triaging as a system and directing patients to Urgent Community Response or our

Emergency Departments where required. We will work to grow our expertise in virtual ward and Hospital at Home provision, scaling up what we provide and sharing our learning across our system and more widely.

2 Work with partners to ensure patients are seen in the best setting

We will continue to work with our partners across the Oxfordshire system, the BOB ICS and through our Provider Collaborative with Oxford Health to ensure pathways are

developed which keep people out of our Emergency Departments unless they need to be there, and able to access urgent care within community settings or at home.

3 Co-locate our John Radcliffe emergency services and develop a unified operating model to achieve economies of scale and provide an integrated front door

Our ambition is, subject to the necessary enablers, to remodel Level 1 at the John Radcliffe to co-locate our John Radcliffe Emergency Department, Surgical Emergency Unit, Emergency Assessment Unit and Ambulatory Assessment Unit for an integrated front door, with co-located

diagnostic infrastructure and specialist in-reach to support flow. We will also move towards a more unified operating model across all our front door services across sites, working together across the Trust to develop this and share learning and expertise.

4 Extend our focus on research and innovation, strengthening our national profile in ambulatory and virtual urgent care

We will increase our QI, research and innovation focus across the urgent and emergency pathway to continue to strengthen our position as a leader in the field, publicising our ambulatory units as a national exemplar. We will also collaborate

with the Biomedical Research Centre Digital Health Theme, included as part of the recent designation and TheHill digital innovation hub to transform services digitally and investigate case utilisation for new technologies.



Theme:

Women's Health, Maternity and Neonates

Where we are

At OUH, we provide a range of services dedicated to Women's Health, Maternity and Neonates, out of our hospital sites and through community teams across Oxfordshire. These include *routine Maternity care across Oxfordshire, in addition to specialist*

maternity care (Fetal and Maternal Medicine) to a wider geography, alongside co-located tertiary Neonatal services. In addition, we provide a range of women's health services such as Gynaecology, Menopause, Fertility and Endometriosis.

Where we want to get to

We are proud to play our part in over 7000 births taking place in Oxfordshire every year, as well as having a wider regional role providing specialist maternity and neonatal care. Our vision for our Maternity and Neonatal Services is that women and birthing people would experience excellent and compassionate care, with services provided in the right places to meet their needs. In terms of women's health more broadly, the recently published Women's Health Strategy for England has shown that while women in the UK on average live

longer than men, they spend a significantly greater proportion of their lives in ill health and disability. Wider gender inequalities also exist in terms of how research, clinical trials, education and training are approached alongside the design of healthcare policies and services. At OUH we are proud of our women's health services and motivated to do more to lessen the inequality gap and ensure that women feel listened to, supported and experience high quality and compassionate care, informed by excellent research and innovation.



What this means for me

“Where clinically appropriate, most of my universal Maternity care is delivered away from hospital sites”

How we will get there

1 Ensure we are providing the right services in the right places

We will ensure that we are delivering care in the right places to ensure that women and birthing people can easily access the care and support they need, and that service provision is better aligned to need across the care pathway. This will include reviewing our approach to delivering routine antenatal and postnatal care, so that, as far as possible, it is delivered away from our hospital sites and through easily accessible hubs around the county to bring care closer to home and,

where possible, aligned to other support services. We will also explore the delivery of more specialist Maternity care and scanning services closer to home, through satellite clinics and use of community settings. For Gynaecology, we will work to develop a more devolved model for menopause care, working to build capacity in referring trusts. We will also collaborate across the BOB ICS to ensure the right capacity is in place for menopause, adolescent and pelvic pain services.

2 Tackle inequalities across our services

In line with our OUH Health Inequalities programme, we will ensure that we are embedding a focus on Health Inequalities across our services, particularly in areas where data show us there are significant inequalities in patient outcomes and experience. As part of this, we will continue our work within Maternity to respond to national strategies

to tackle inequalities in Maternity care, such as those for women from Black, Asian and Minority Ethnic groups, alongside those experiencing deprivation. We will also embed a wider focus on improving access, outcomes and experiences across women's health more generally.

3 Improve our care pathways

We will continue to take the learning from the national Women's Health Strategy, alongside other national reviews into Maternity and Neonatal Care to improve our pathways. We will use technology, innovation and AI to stratify risk and target

interventions earlier and we will implement new pathways, such as around recurrent miscarriage, bereavement provision, alongside the development of outreach services and transitional care in Maternity and Neonatal Services.

4 Ensure we are strengthening the research base for women's health and empowering women with the knowledge they need to make informed choices

We are driven to play our part in increasing the level of research conducted into women's health and ensuring that our patients can benefit from the latest clinical trials and expertise. We will continue to develop our university links alongside promoting research participation and translation through all our

women's health and Neonatal Services. We will work closely with women to ensure that they are provided with the latest and most useful information to support them to make informed choices about their health, care and wellbeing.

Our Sites

At OUH, we work across **4 main sites** and over **50 other locations**, including primary care and community settings alongside satellite sites at partner hospitals.

Over recent years, prompted in a large part by changes we made to adapt to new ways of delivering care through the COVID-19 pandemic, we have seen shifts in how we use our sites and have identified opportunities to deliver care differently. This includes a move towards remote monitoring and virtual wards which enable some of our patients to remain at home, as well as partnerships such as Community Diagnostic Centres which increase the care we can deliver in community settings.

These changes, along with others learnt in the pandemic and recovery – such as the importance of separating acute and emergency care ('hot') and planned care ('cold') sites and pathways as much as possible, alongside approaches to maintaining service continuity and supporting infection, prevention and control, have led us to review the role of each of our sites and our vision to adapt them for the future.

The delivery of this vision will be dependent on close working with our ICS and partners, alongside enablers such as capital funding.



Churchill Hospital



A site designated for planned, specialist and cancer care ('cold' site)

Site function

- A specialist cancer centre providing state of the art surgical and non-surgical cancer care, including CAR-T cell and gene therapy to the population of Thames Valley and beyond.
- A centre of clinical and research excellence providing care and expertise across services such as Renal and Transplantation, Dermatology, Palliative Care, Diabetes and Endocrinology.
- A hub for Integrated Clinical Trials and with co-location with the University of Oxford's Old Road Campus, a centre for world leading biomedical research.

How we will get there

- Where clinically appropriate, shifting unplanned care emergency pathways on to 'hot' sites to maintain and strengthen planned care focus.
- Centralising adult cancer services from other sites (Nuffield Orthopaedic Centre and John Radcliffe Hospital) where clinically appropriate, to strengthen specialist cancer focus of site.
- Expand the Churchill Intensive Care Unit with appropriate bed capacity to support the delivery of CAR-T specialist therapy, solid organ transplants and elective activity as required.
- Joint master planning with University of Oxford, industry and Oxford Health to develop a shared vision for the future of the site.



Horton General Hospital



A modern district general hospital providing urgent and local care to the people of Banbury and surrounding areas, a midwifery-led unit, alongside day case procedures and diagnostics to a wider population ('hot' site)

Site function

- A 'hot' site providing urgent care to the population of Banbury and surrounding area, alongside day case surgery to a wider population, supported by models of ambulatory care, virtual wards and integration with local community services.
- An optimised day case and outpatient hub, increasing surgical case mix, utilisation and flow across specialties.
- Increasing surgical capacity, overnight cover and supporting infrastructure to enable a modern surgical hub and ambulatory day case surgery, with nurse led discharge to support flow. Increase delivery of specialties such as Urology, Gynaecology, Paediatric Surgery and Adult Day Case Surgery through this model.
- Increasing capacity for diagnostics at the Horton e.g. installation of new additional CT scanner.
- Increasing capacity for growing specialist input at the Horton (such as more Obstetrician-led Outpatient Clinics, Interstitial Lung Disease; Paediatric Respiratory and Adult Rheumatology Clinics).

How we will get there

- Increasing capacity for ambulatory models of care e.g. through adapting Rowan Ambulatory Unit, Brodey Centre for cancer care and by reviewing the model of paediatric care currently provided and ensuring it is sustainable and in line with best practice.

John Radcliffe Hospital



A large specialist tertiary acute hospital providing a combination of specialist tertiary and quaternary care, alongside urgent, acute and local services for the population of Oxford and the surrounding area ('hot' site)

Site function

- Provides local and regional Maternity and Gynaecology services, a Children's Hospital, a regional Critical Care Centre, Major Trauma Centre, a specialist centre for specialties such as Neurosciences and Vascular, alongside a planned surgical hub to support elective recovery.
- Co-located urgent and emergency care services including an Emergency Department, ambulatory provision, and Surgical Emergency Unit, in addition to majority of front door and triage services.
- Where clinically appropriate, move planned pathways to 'cold sites' – Churchill and Nuffield Orthopaedic Centre and increase day case utilisation of the Horton, retaining the John Radcliffe infrastructure for more emergency and complex specialist work (where intensive care admission may be required) or where co-location with other John Radcliffe specialties is needed.
- Review opportunities to increase our theatres and review allocation of JR theatres (particularly emergency theatres) to specialties to optimise efficiency, utilisation and patient flow.

How we will get there

- Reduce footfall on John Radcliffe site from outpatient appointments and ambulatory patients e.g. routine appointments in Maternity Care and across other specialties, moving to community or remote delivery models where appropriate.
- Remodelling Level 1 to co-locate the Emergency Department, Surgical Emergency Unit, Emergency Assessment Unit and Ambulatory Assessment Unit into an integrated front door, with co-located diagnostic infrastructure and specialist in-reach to support flow.



Nuffield Orthopaedic Centre



A site dedicated for elective, day case surgery and specialist care ('cold' site)

Site function

- A planned surgical hub and centre of specialist expertise for Orthopaedics, Rheumatology, Neurorehabilitation, Genomics, Haemophilia and Thrombosis alongside national exemplars for services such as Bone Infection.
- A centre of research excellence with the Botnar Research Institute providing global specialist academic expertise in musculoskeletal research.
- A site with significant development opportunities.

How we will get there

- Move planned pathways from other sites to the Nuffield Orthopaedic Centre to maximise elective and day case capacity on site.
- Implement the enhanced care unit at the Nuffield Orthopaedic Centre.
- Joint master planning with the University of Oxford to develop a shared vision for future of site and clinical and research infrastructure.
- Work with exemplar specialties to explore further strengthening centres of excellence on site, alongside providing hub and spoke expertise to the wider system/region.



Hospital Without Walls – Community Settings; Outpatients and Digitally Enabled Care

Consolidate and build on changes made through the COVID-19 pandemic, to move to an operating model of 'hospital without walls' utilising digitally enabled remote care; virtual wards and outpatient, midwifery and diagnostic services delivered in the community. This also supports our ambitions towards 'a Greener OUH' reducing transport use and carbon emissions by both patients and staff.

Function

- Through working with partners in primary and community care, increase delivery of care in primary and community settings, such as through hub and spoke models, and the provision of specialist advice remotely. Work with partners to ensure the right care is provided in the right place, led by population need.
- Where clinically appropriate, deliver outpatient services off our hospital sites, by utilising community settings, digitally enabled care (telemedicine, remote monitoring) and a digital patient journey (online booking; letters; records) to enable this.
- Build on model of Community Diagnostic Centres, to increase capacity and capability for diagnostic hubs in community settings, working with partners to deliver imaging and specialist input close to home through a hub and spoke model.

How we will get there

- Every Clinical Directorate to work systematically through their services to identify opportunities to move pathways off site, either through the utilisation of digitally enabled care or through use of community settings.
- Work with partners at Oxfordshire and Integrated Care System (ICS) to join up strategic initiatives on diagnostics transformation and primary and community services, working closely with colleagues in primary and community care to ensure effective collaboration and communication across pathways.
- Ensure the right supporting digital and administrative infrastructure is in place to deliver modern patient centred services, supporting patients to jointly lead decisions about their care and play a role in the scheduling of appointments (including online booking and Patient Initiated Follow Up).



How we will deliver this

Taking this forward

Thank you for reading our Clinical Strategy 2023-2028.

In order to deliver our Clinical Strategy, we will develop our implementation programme across three tiers.

- Making changes within OUH
- Working in collaboration with other provider organisations
- Maximising our relationship with all partners across our Integrated Care System.

We will work with all our teams, with our patients and our partners to deliver our Clinical Strategy. If you would like to share ideas about how we could do this, please get in touch at:

 strategy@ouh.nhs.uk



Our Clinical Strategy

2023-2028



Our People



OUR PATIENTS



OUR POPULATIONS

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