

Chapter 1

Executive Summary

1. Executive Summary

Integrated Business Plan

- 1.1 This Integrated Business Plan brings together the plans of Oxford University Hospitals NHS Trust for services, staffing and finance. It covers five years from 2014/15.
- 1.2 The IBP forms part of the Trust's application to be authorised as an NHS Foundation Trust. It therefore follows a required format and describes how the Trust has consulted upon its becoming a Foundation Trust, how it is governed now and how it will operate as an FT.
- 1.3 The IBP is supported by strategies the Trust has agreed for the quality of its services, for the clinical services it will operate, for the workforce it will use, for Information Management and Technology to support its services, for the management of risk and assurance in its work, for its estate and for the development and involvement of its membership.
- 1.4 It describes plans for the Trust to provide high quality care as a legally-constituted, financially viable and well-governed NHS Foundation Trust in the period to March 2020.

The Trust's commitment

- 1.5 Oxford University Hospitals NHS Trust is committed to delivering compassionate excellence. Its values of compassion, learning, respect, delivery, excellence and improvement underpin its work and inform its priorities.

The Trust's services

- 1.6 OUH runs three hospitals in Oxford and one in Banbury and provides services on at least 44 other sites as well as in patients' homes.
- 1.7 One million contacts with patients take place each year, with 650,000 outpatient attendances, 107,000 planned admissions, 90,000 emergency admissions and 130,000 attendances at the Trust's Emergency Departments.
- 1.8 As well as delivering clinical services, the Trust provides education and training and enables research and innovation. In all three roles, it supports local, regional and national activities.
- 1.9 A full range of District General Hospital services is provided for Oxfordshire and areas of neighbouring counties, particularly Buckinghamshire, South Northamptonshire and South Warwickshire.
- 1.10 Over 90 specialised clinical services are provided for a growing regional catchment population, with some services provided on a national basis.

A clinically-led organisation

- 1.11 The Trust's clinical services are managed in five Divisions led by clinicians. Divisions each have annual income of £70m-£195m and run services through 17 clinical directorates and 74 clinical service units.
- 1.12 Of over 11,500 members of staff, 7,500 are clinical, scientific or technical staff, including 3,600 nurses, 1,800 doctors and 1,300 care support workers.

- 1.13 The Trust's 1,300 beds include 100 for children and it runs 67 wards and 44 operating theatres.
- 1.14 It has an annual turnover of £900 million.

Local and specialised care

- 1.15 60% of the Trust's income from clinical services comes from providing care for its local population. It has focused on developing a 7-day consultant presence in frontline emergency services, diagnostics and obstetrics, all of which have seen growth in recent years.
- 1.16 The period to 2020 is one in which OUH expects to be involved in major change in local health and social care services, driven by a need to adapt care delivery for a growing population of frail, older people and to reduce delays in transfer between care inside and outside hospital.
- 1.17 OUH leads regional networks in Trauma, Vascular Surgery, Cancer, Neonatal Intensive Care, Primary Coronary Intervention and Stroke. It has developed its services and facilities to function as a capable regional centre for these services and is working closely with hospitals across these networks to support care locally, including developing plans for local radiotherapy units in Swindon and Milton Keynes.
- 1.18 It also participates in collaborative networks in Burns, Paediatric Cardiac, Paediatric Neurosurgery and Paediatric Critical Care Retrieval services.

Research, education and innovation

- 1.19 Research and education draw patients and staff to Oxford University Hospitals.
- 1.20 The Trust hosts a Comprehensive Biomedical Research Centre and a specialist Musculoskeletal Biomedical Research Unit. It has embedded clinical research units on its hospital sites and supports the recruitment of many patients into clinical trials.
- 1.21 Joint Working Agreements are in place with the University of Oxford and Oxford Brookes University and OUH is a founding partner of the Oxford Academic Health Science Network and the Oxford Academic Health Science Centre.

Involvement

- 1.22 The Trust is committed to involving its staff and its patients in shaping the future of its services.
- 1.23 Its Membership Strategy sets out its commitment to develop its public membership and to engage public and staff as members of the FT.
- 1.24 It is strengthening its use of patient and public feedback to improve and sustain quality of care.
- 1.25 The Trust is committed to using patient and staff feedback together to inform its actions and service development.
- 1.26 Patient and public groups exist in many of its services and a programme of events is run for public members.
- 1.27 The 2013 Staff Survey showed that OUH was in the top 20% of English trusts for staff feeling engaged in their work. Support for staff includes human factors training, development programmes for ward sisters and new consultants, a Clinical Support Workers Academy and a Health and Wellbeing team.
- 1.28 A Public Health Strategy is in place, informed by consultation with patients, staff and public.

Readiness

- 1.29 In preparing to function as an NHS Foundation Trust (FT), OUH has focused on achieving and sustaining quality of care for its patients, above all with compassion. Patient safety, clinical outcomes and patient experience are at the core of its work. Its vision for the future is based on values summarised as 'Delivering Compassionate Excellence'. This aim applies to all the services the Trust provides, including teaching and research, and to the partnerships it continues to develop with providers and commissioners of health and social care.
- 1.30 Recent years have seen the successful delivery of cost reductions and the repayment of historical debt, creating a financially sound basis for operating as an FT with greater latitude to invest and to take managed risks to deliver the services its patients and commissioners require.
- 1.31 OUH is working closely with its commissioners and with other providers of care to innovate and address areas of rising demand against a backdrop of constrained public funding, to operate as effectively and efficiently as possible and in doing so, to listen carefully to patients, carers and staff to inform its decisions and daily work.
- 1.32 This IBP sets out an ambition for OUH to be amongst the best providers of quality healthcare in the NHS through releasing the skills, talents and knowledge of its own staff and those of its teaching and research partners.

Service profile

- 1.33 OUH provides as full a range of acute and general hospital care as almost any other NHS organisation. This range of services supports, and is supported by, strong partnerships with local universities. As an organisation fully committed to its triple functions of patient care, education and research, the quality and range of its clinical services are important.
- 1.34 As local clinical commissioners face the combined challenges of population growth, an ageing population and pressures on funding, OUH is working with other care providers to break down the boundaries experienced between hospital and non-hospital care and move care to or near patients' homes as soon as it is safe and possible to do so. Some success has been seen through the provision of social care for people immediately after discharge and detailed work is underway with Oxford Health NHS Foundation Trust in particular to enhance the capacity and capability of services outside hospital to respond to the needs of frail, older people and people with long term conditions.
- 1.35 In common with many providers of emergency care in England, OUH's services have operated under great pressure in the past year. The Trust has invested in staffing, facilities and service redesign to provide safe and effective emergency care.
- 1.36 Waits in OUH's Emergency Departments exceeded national standards between October 2013 and August 2014 and the Trust is clear that sustaining the improvement seen in recent months depends on the success of work to improve the flow of inpatients home from emergency care and particularly the strengthening of non-hospital services to reduce delays.
- 1.37 OUH has committed to improving its own services and to supporting continued improvements with partners outside hospital. It has developed its Supported Hospital Discharge Service and has become an authorised provider of domiciliary care in Oxfordshire. It remains committed to supporting care within its own services or those of local providers that can allow a reduction in the usage of its beds.
- 1.38 The Trust carried out an internal 'peer review' of its clinical services in 2013/14. This led to actions including the strengthening of staffing in some medical wards. OUH continues to focus on maintaining safe care and using feedback from patients, carers and staff to inform its decisions.

- 1.39 As a clinically-led organisation, the Trust has a strong record of achieving improvements in the value of the care it provides. A Cost Improvement Programme developed through the Trust's clinical leadership has delivered a high level of recurrent savings and schemes are closely monitored for any impact they may have on quality of care provided. Against this background, the Trust has delivered required financial surpluses and repaid historical debt.
- 1.40 The past decade has seen major investment in state-of-the-art buildings. OUH plans to make even better use of the facilities on three of its sites which are funded through the Private Finance Initiative (PFI), enabling patients to be treated and staff to work in the best settings supported by the best use of the resources committed to these facilities. PFI unitary charges include repayment of PFI liabilities and interest, estate maintenance and management, 'hard' and 'soft' facilities services including cleaning, portering and catering and, at the Churchill Hospital, a Managed Equipment Service for the regular upgrade and replacement of radiotherapy and imaging equipment in the Oxford Cancer Centre. These unitary charges accounted for 7.0% of the Trust's turnover in 2013/14 and remain affordable.
- 1.41 Significant developments have also taken place in several services to strengthen OUH's capability to meet expectations as a provider of specialised care. The creation of its Oxford Cancer Centre and OUH's accreditation as a Major Trauma Centre and as a regional provider of Intensive Care for newborns illustrate the Trust's ability to support a network of providers beyond the Thames Valley.
- 1.42 Close work with providers across southern central England has focused on developing networked services which are mutually beneficial – providing the best available care for patients as locally as possible and providing care which is sustainable in terms of quality, cost and OUH's ability to teach and develop the clinicians of the future, while supporting the translation of research into clinical practice.
- 1.43 This network is supported by a strong partnership with the University of Oxford, Oxford Brookes university and with other universities, life science institutions, industries and research bodies, formalised in the Oxford Academic Health Science Network.

Vision, values and strategy

- 1.44 OUH's mission is the improvement of health and the alleviation of pain, suffering and sickness for the people it serves.
- 1.45 It will achieve this through providing high quality, cost-effective and integrated healthcare and through the constant quest for new treatment strategies and the development of its workforce.
- 1.46 The Trust's core values are excellence, compassion, respect, delivery, learning and improvement, summarised in its commitment to 'Deliver Compassionate Excellence'. Collaboration and partnership are also central to its approach in delivering its triple functions of patient care, teaching and research.
- 1.47 These values determine Oxford University Hospitals NHS Trust's (OUH's) vision to be:

at the heart of a sustainable and outstanding, innovative academic health science system, working in partnership and through networks locally, nationally and internationally to deliver and develop excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- 1.48 This vision is underpinned by the Trust's founding partnership with the University of Oxford.
- 1.49 The vision reflects OUH's position as a provider of healthcare both for local people and for a wider population.

- 1.50 The patient is at the heart of everything the Trust does. OUH is committed to delivering high quality care to patients irrespective of age, disability, religion, race, gender and sexual orientation, ensuring that its services are accessible to all and tailored to the individual.
- 1.51 Central to the Trust's vision are its staff. OUH aims to recruit, train and retain the best people who embody its values.
- 1.52 OUH strives for excellence in healthcare by encouraging a culture of support, respect, integrity and teamwork; by monitoring and assessing its performance against national and international standards; by learning from its successes and setbacks; by striving to improve what it does through innovation and change; and by working in partnership and collaboration with all the agencies of health and social care in the area it serves.
- 1.53 The Trust is committed to being an active partner in healthcare innovation, research and workforce education, with the aim of forming an effective bridge between research in basic science and in healthcare service provision, and the delivery of evidence-based, best practice care, translating today's discoveries into tomorrow's care.
- 1.54 OUH's vision and values inform its strategic objectives which in turn form the basis of this IBP.

Strategic objectives

- 1.55 The Trust has six strategic objectives from which its priority work programmes flow.
 - SO1: To be a patient-centred organisation providing high quality, compassionate care with integrity and respect for patients and staff – *“delivering compassionate excellence”*.
 - SO2: To be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to meet future needs – *“a well-governed and adaptable organisation”*.
 - SO3: To meet the challenges of the current economic climate and changes in the NHS by providing efficient and cost-effective services and better value healthcare – *“delivering better value healthcare”*.
 - SO4: To provide high quality general acute healthcare to the people of Oxfordshire including more joined-up care across local health and social care services – *“delivering integrated local healthcare”*.
 - SO5: To develop extended clinical networks that benefit our partners and the people they serve. This will support the delivery of safe and sustainable services throughout the network of care that we are part of and our provision of high quality specialist care for the people of Oxfordshire and beyond – *“excellent secondary and specialist care through sustainable clinical networks”*.
 - SO6: To lead the development of durable partnerships with academic, health and social care partners and the life sciences industry to facilitate discovery and implement its benefits – *“delivering the benefits of research and innovation to patients”*.

Quality

- 1.56 As reflected throughout this business plan, the quality of care provided is vital to OUH's patients and their carers, its staff, its membership as a whole and to the future of the Trust.
- 1.57 The Trust's Quality Strategy sets out ten measurable strategic quality goals in the domains of patient safety, patient experience and clinical effectiveness. OUH has set itself the objective of being one of the safest providers of hospital care, in the top ten per cent of hospitals for patient and staff experience and of providing clinical services that have clinical outcomes in the top ten per cent nationally. Implementation of the Quality Strategy has included:

- Raising awareness of what drives OUH (quality priorities).
 - Creating an understanding of the role and contribution every staff member can make.
 - Agreeing and promoting quality priorities within services to meet the Trust-wide priorities.
 - Promoting leadership at all levels to deliver the quality priorities.
 - Promoting individual responsibility for taking action to improve safety, experience and outcomes for patients, families and staff.
- 1.58 The National Quality Board's *Quality in the New Health System* in August 2012 set a direction of travel for quality in the NHS and asserted that constantly seeking quality improvement is the best way to avoid quality failures. The second report of the Public Inquiry into failures at Mid-Staffordshire NHS Foundation Trust made similar points. In considering the Francis Inquiry with staff, OUH has reinforced the need to continue to focus on compassionate care, on effective teamwork, on enhancing leadership capacity and on seeking and using feedback from patients, carers and staff.
- 1.59 OUH uses its own, locally-commissioned and national peer reviews to inform its work. As well as internal peer review, OUH participated in 2013/14 in reviewing care for patients undergoing surgery and in the national peer review of cancer services.
- 1.60 OUH is committed to continual quality improvement and to having the skills, systems, reporting and benchmarking in place to sustain it and to provide assurance that it is making a positive difference.

Rationale for NHS Foundation Trust status

- 1.61 Becoming an FT enables OUH to accelerate progress towards its strategic objectives.
- 1.62 The Trust's clear focus on quality and value and its ability to invest as an FT will enable it to add to the impact of the clinical and academic networks it is part of, with anticipated innovations as diverse as technology to support the self-management by patients of their long term conditions and the introduction of personalised medicine, initially in cancer therapy, using genetic information to quickly tailor medication to the needs of individual patients.
- 1.63 As a membership organisation, it will enable its public and staff members to inform and focus on priority improvements in patient care and experience. Members are involved in patient panels and will be able to contribute in several ways to influence and inform how services develop. The Council of Governors will bring representatives of local people and staff together with commissioners and providers of care.
- 1.64 Patient safety, outcomes and patient experience are fundamental to the success of OUH's services. Clear governance and scrutiny of quality as an FT will support staff in continuing to strive for the best in healthcare quality, influenced through members' representatives on the Council of Governors.
- 1.65 There is potential to use new approaches to deliver care outside hospital. OUH wishes to be at the forefront of doing this in ways which benefit patients, improve quality of care and generate a pattern of care that is affordable and sustainable for commissioners. Authorisation to operate as an FT could enable OUH to respond more flexibly to this challenge.
- 1.66 With the designation of the Oxford Academic Health Science Centre and the Oxford Academic Health Science Network, the means exist to translate research into innovative practice.
- 1.67 With its local and network alliances with other healthcare providers and with a business plan generating financial surpluses to invest, OUH will be able to respond more quickly than as an NHS Trust to needs identified with local service partners and the wider network.

Developments will be mutually beneficial for network partners and will support sustained improvements in patient experience and safety.

- 1.68 Progress against the Trust's strategic objectives requires the flexibilities provided by authorisation as an FT. OUH believes that achieving its vision depends on this.

Market assessment and service development

- 1.69 OUH is relatively unusual in being a teaching trust with a comprehensive portfolio of services and a strong research and educational base but a relatively small local population.
- 1.70 OUH provides services to two relatively distinct markets: a local market for general hospital services and a wider market for more specialised care.
- 1.71 As the commissioner of specialised services, NHS England is the Trust's largest single commissioner by value.
- 1.72 Oxfordshire Clinical Commissioning Group (OCCG) is the next largest commissioner by value and, including those Oxfordshire people for whom OUH provides specialised care, 60% of the Trust's income is for treating the people of Oxfordshire.
- 1.73 The Trust also provides local care for surrounding counties, including communities in southern Northamptonshire and Warwickshire.
- 1.74 The population served by OUH's specialised services is one of approximately 2.5 million within the local authority areas of Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire, Swindon, Gloucestershire, Northamptonshire and Warwickshire. Some specialised services serve a larger catchment population, with national and international elements.
- 1.75 The Trust provides the majority of acute services for Oxfordshire with a small volume of activity going to neighbouring district general hospitals and to private providers which have contracts for a limited range of orthopaedic and other planned care.
- 1.76 OUH monitors plans by commissioners to seek tenders for services and won a contract to provide integrated sexual health services for Oxfordshire from April 2014.
- 1.77 A key feature of the local market is the increasing demand from an ageing population with increasingly complex health and social care needs. This informs OUH's work to design new means of care delivery outside its hospital sites.
- 1.78 As local care pathways are redesigned and services provided wherever feasible outside acute hospital settings, the Trust's strategy is to increase its hospital income from specialised care, with several components:
- Consolidation of its existing catchment (e.g. by treating patients more locally who would otherwise have been treated in London).
 - Extension of its existing catchment (e.g. through extending operational clinical networks and joint working relationships).
 - Delivering national and network-driven reconfigurations of specialised services (e.g. Major Trauma, Vascular Surgery and Newborn Intensive Care).
 - Responding to the emergence of potential new markets.
- 1.79 Developments in specialised services are expected to address the specific needs of the network of providers and commissioners OUH serves, with an early focus on cancer care. Business cases for radiotherapy units in Swindon and Milton Keynes are under development, with capital resources reserved and a capital loan proposed for the Milton Keynes development.
- 1.80 Main developments in local acute services are in care pathways rather than buildings. Nevertheless, capital investment is planned during the five-year period of this IBP to relocate

services from 1940s buildings at the Churchill Hospital, to improve facilities at the Horton General Hospital, and to upgrade operating theatres and intensive care facilities at the John Radcliffe Hospital. A capital loan is proposed to support the latter developments at the John Radcliffe.

Performance overview

- 1.81 The Trust's income from clinical care grew by 16% between 2011/12 and 2013/14. During this period:
- day case activity provided by the Trust grew by 14.7%
 - planned (elective) inpatient activity grew by 22.8%
 - outpatient attendances grew by 9.5%
 - non-elective (emergency) admissions grew by 3.8%
- 1.82 Against this backdrop of rising activity, delayed transfers of care have been above the expected maximum of 3.5% of acute bed capacity since OUH's formation and Oxfordshire's delays have been the highest in England for several years.
- 1.83 Reducing delays in transferring patients has proved challenging for local commissioners and providers over a long period. A clear priority for OUH is to participate actively in putting in place new pathways and community provision to deliver this standard and to sustain progress.
- 1.84 Detailed work has taken place as part of agreed plans to reduce waits for unplanned care. Action in 2013/14 and 2014/15 has also focused on reducing waits for planned care to achieve a sustainable position.
- 1.85 Action has been taken to shorten waits for cancer care, including the provision of more radiotherapy capacity to respond to growing need and OUH serving a growing population.
- 1.86 Action including the seven-day operation of scanners and some additional staffing has reduced waits for diagnostic tests.
- 1.87 The Trust has remained within reduced 'threshold' levels set for cases of MRSA and *Clostridium Difficile* infection since 2011/12.
- 1.88 The Trust is registered without conditions by the Care Quality Commission for all regulated activities on each of its sites. It is judged compliant with all essential standards of quality and safety and received an overall rating of 'Good' from the Chief Inspector of Hospitals in May 2014.
- 1.89 OUH has strengthened its underlying financial position in the past two years. It is focused on continuing to strengthen its financial position and balance sheet through good financial management and the delivery of cost improvements.
- 1.90 This base allows it to produce a financial plan that, in an increasingly challenging financial environment, delivers surpluses, with improved liquidity and risk ratings, and finances service improvements in areas of development to support its strategic goals.

Strengths, weaknesses, opportunities and threats

- 1.91 OUH's key strength is its comprehensive portfolio of services with high levels of subspecialisation. Access to these services is highly valued by the patient population that the Trust serves. Service delivery is underpinned by strong clinical support services and multi-disciplinary working. Partnership with the University of Oxford complements and enhances the services offered and supports the delivery of education, training and research.
- 1.92 Set alongside this, the highest profile weakness is in waits for access to beds from emergency care and for discharge from hospital, especially for frail, older people. OUH is working closely

with local organisations to develop care which is integrated as far as patients and their carers are concerned.

- 1.93 The Trust also recognises the importance of addressing the clear threat posed by rising healthcare costs and the availability of funds for healthcare. OUH is committed to work with its commissioners to address this risk, including referral protocols and the establishment of integrated care pathways that transfer activity from hospital into other care settings. The Trust is working with local commissioners to develop these proposals, whilst having its own plans to meet cost reduction requirements and preserve quality. For example, OUH has worked with commissioners and community hospitals to provide an accelerated rehabilitation pathway for patients with fragility hip fractures. This generated a shorter length of acute stay for these patients, releasing bed capacity for additional patients coming to the John Radcliffe Hospital as a Major Trauma Centre.
- 1.94 The Trust is in a good position to benefit from opportunities offered by the national drive towards rationalisation and consolidation of specialised services into designated centres. It has developed its Trauma and Newborn Intensive Care services to further enhance its position as a comprehensive provider of specialised care.
- 1.95 Taking advantage of these opportunities is necessary to support future clinical and financial viability. The Trust has identified that a network approach with surrounding healthcare providers will help mitigate the risk of its being a specialised teaching centre with a relatively small local population and is actively progressing discussions with surrounding Trusts to support a sustainable network of services which takes account of changing commissioner requirements.
- 1.96 The centralisation of specialised services may present a threat to those Trust services with a smaller critical mass. For such services, as seen in Paediatric Cardiac Surgery, it will be important for the Trust to have network arrangements which prevent an adverse impact on related services, such as Paediatric Intensive Care. OUH is prepared to work collaboratively as a 'spoke' as well as a 'hub.' This commitment has been demonstrated by its alliance with University Hospital Southampton NHS FT to support the delivery of paediatric cardiac services.
- 1.97 The Trust's strategy is built on clinical network arrangements and relationships with neighbouring hospitals and on developing and extending these.

Risks

- 1.98 The main risks to achievement of this strategy are described in the IBP as follows:

Failure to maintain quality of patient services
Delays for spinal service patients
Failure to achieve a safe and efficient patient transport service
Failure to maintain safe staffing levels and skill mix
Failure to provide safe care for inpatients with diabetes
Impact on quality of services as a result of excessive use of agency staff
Inaccurate reporting due to failures in the Picture Archiving and Communication System (PACS)
Loss of income from CQUIN targets
Failure to maintain financial sustainability

Failure to deliver the required levels of cost improvement
Pension cost pressures not funded in tariff
Adverse impact on balance sheet from calls on Research and Development income
Negative impact of changes to specialist services tariffs
Negative impact of reforms to urgent care tariffs
Failure to maintain operational performance
Failure to reduce delayed transfers of care
Failure to deliver national A&E standard
Failure to deliver national 18 week referral to treatment standards
Failure to deliver national access standards for cancer
Failure to achieve sustainable contracts with commissioners
Above plan non-elective and A&E activity
Activity plans prove unaffordable to commissioners (QIPP and Better Care Fund)
Failure to sustain an engaged and effective workforce
Failure to recruit and retain high quality staff in specific areas
Failure to effectively control pay and agency costs
Inadequate staffing levels in maternity service
Failure to achieve midwife supervision ratios
Insufficient provision of training, appraisals and development
Failure to achieve the required transformation of services
Failure to deliver improvements to out of hours care – Care 24/7
Tie failure between EPR and CRIS leads to data inaccuracy and non-delivery of planned savings
Inability to meet Trust need for capital investment
Failure to obtain capital financing loans
Shortfall in charitable donations for radiotherapy developments

1.99 OUH’s five year financial model has been tested by costing selected risks from the list above, combining them into an ‘unmitigated downside’ and applying proposed actions to address the consequences of the risks materialising. This downside analysis demonstrates that the Trust can deliver a sustainable financial position over the period with sufficient cash balances.

Conclusion

1.100 This Integrated Business Plan describes how OUH is working to achieve its vision and the steps it is taking to deliver the best care for local people, for its wider network and to offer the services its commissioners require.

- 1.101 The Trust has set itself a clear ambition to deliver compassionate excellence. It is supporting its staff and services to enact its values through the use of visible quality priorities, training and development of managers, actions to support staff engagement and wellbeing, and values-based recruitment. Internal peer review and recent inspection by the Chief Inspector of Hospitals inform its work.
- 1.102 Members of OUH staff have worked hard to provide compassionate care during a period of major pressure on emergency care locally and nationwide and the Trust remains committed to making sustainable improvements to the flow of patients through and from its non-elective services.
- 1.103 It has strengthened its finances and external relationships, not least through its clinical leadership. These factors provide it with a strong base to redesign and develop its services.
- 1.104 OUH intends to respond creatively to the challenges facing the NHS in the area it serves and, through effective partnerships and harnessing capacity for innovation, to be an organisation that members of staff are proud to work for, patients choose to be treated by and GPs and other care providers seek to be associated with.

Operating as an NHS Foundation Trust is an important next step in the Trust's development.