Chapter 3

Strategy

3. Strategy

Vision and values

3.1 Our mission is to improve health and alleviate pain, suffering and sickness for the people we serve.

3.2 We will achieve this by providing high quality and cost-effective healthcare. We will develop the people who work for us and continue to support the search for better treatment.

3.3 Our core values are excellence, compassion, respect, delivery, learning and improvement.

3.4 Summarised as 'Delivering Compassionate Excellence', these values are used by staff and leaders throughout OUH and with partner organisations as a basis for improving the quality of the care we provide.

3.5 Our values determine our vision to be:

> at the heart of a sustainable and innovative academic health science system, working in partnership to deliver and develop excellence and value in patient care within a culture of compassion and integrity.

3.6 This vision is underpinned by OUH's founding partnership with the University of Oxford.

3.7 Collaboration and partnership are central to OUH's delivery of patient care, education and research. The Trust provides a broad range of care for a local population and specialised care for a wider population. Both roles are interdependent if it is to achieve its vision and continue to deliver education and research.

3.8 This Integrated Business Plan describes changes in local services to respond to evolving needs and in specialised services to respond to a national agenda which is expected to drive some centralisation. As a result, OUH expects to earn a higher proportion of its income from specialised care over the next five years, while continuing to be a major provider of local care.

3.9 The patient is at the heart of everything OUH does. The Trust is committed to delivering high quality care for patients irrespective of age, disability, religion, race, gender or sexual orientation, with services that are accessible to all but tailored to the individual.

3.10 Central to the Trust's vision are its staff. OUH aims to recruit, train and retain the best people to enact its values and achieve its vision.

3.11 OUH works to achieve excellence in healthcare by enabling support, respect, integrity and teamwork; by monitoring and assessing its performance against national and international standards; by learning from its successes and setbacks; by improving 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.

3.12 The Trust is committed to being an active partner in healthcare innovation, research and education. It aims to be an effective link between research in basic science and healthcare provision, helping to turn today's discoveries into tomorrow's care.

3.13 OUH's vision and values inform its strategic objectives which in turn form the basis of this Integrated Business Plan.

3.14 OUH's strategy has been developed from consultation with organisations, groups and members of the public as part of its preparation to apply for Foundation Trust authorisation. Public involvement in developing the Trust's strategy will be strengthened post-authorisation

through the involvement of public and staff members via the Council of Governors, following the Trust's Membership Strategy.

Strategic objectives

3.15 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 – *"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"*.

Strategic objectives

- Delivering compassionate excellence
- A well-governed and adaptable organisation
- Delivering better value healthcare
- Delivering integrated local healthcare
- Excellent secondary and specialist care through sustainable clinical networks
- Delivering the benefits of research and innovation to patients

Strategic Objective 1: "Delivering Compassionate Excellence"

3.16 This objective is rooted in three of the Trust's core values and underpins its everyday activities. It commits the Trust to put patients at the centre of everything that it does.

3.17 Work derived from addressing this objective includes learning and development for the clinical workforce. Having clinical leadership focused on maintaining and improving quality while containing cost is explicitly linked to the Trust's values. OUH's work to improve information systems, governance and assurance also supports the delivery of the best care.

3.18 Following a process of engagement with its staff and with input from its Patient Panel in late 2011, OUH agreed values for use in recruiting, appraising, training and developing its staff and in leadership and management development.

3.19 The monitoring of outcomes and other key indicators and benchmarking against other organisations helps the Trust maintain its focus on quality across its services. Progress is shown in the Trust's published Quality Account.[1] A particular area of focus is to sustain staffing levels appropriate for patients' needs and to manage and monitor these in real time.

3.20 As a Foundation Trust, OUH's Council of Governors will hold the Board of Directors to account and this will include upholding adherence to the Trust's values. The Council will also be involved in the development of the Trust's forward plans and will wish to see that these remain consistent with promoting compassionate excellence within the organisation.

3.21 The Trust carried out its first formal internal peer review exercise in 2013/14. Each of its five Divisions was scrutinised by multi-disciplinary teams drawn from the other four and from corporate departments. It included the review of qualitative and quantitative data about each Division as well as focus groups and visits to clinical areas incorporating interviews with staff and patients. With a specific focus on quality based on the Care Quality Commission's five domains[2], the process provided an opportunity for fresh pairs of eyes to provide constructive criticism and identify good practice across the organisation.

3.22 As well as the work of its staff with patients, the Trust's ambition to deliver compassionate excellence also reflects the culture to be nurtured in the organisation more widely, with an ethos of integrity and respect amongst staff and in dealings with partners in the delivery of care. OUH aims to support and encourage its staff to express commitment and pride in the quality of care it provides, whilst monitoring and assessing performance to provide supportive challenge and to learn from the successes and setbacks of its own services and those of others.

Strategic Objective 2: "A Well-Governed and Adaptable Organisation"

3.23 Authorisation as an NHS Foundation Trust will support the achievement of OUH's mission, vision and strategic objectives. Becoming an FT is not an end in itself but a means of creating a clinically and financially sustainable organisation with strong and effective governance arrangements.

3.24 OUH seeks to respond imaginatively to the challenges posed by the economic environment. Operating as an FT will allow the rapid adoption of innovative ways of working, with greater scope for the delivery of new forms of care in different settings. The potential to use a range of business models with commercial, academic, health or social care partners, individually or in combination, will enable the Trust to provide better value care for the patients of tomorrow.

3.25 OUH will operate within the context of a clearly stated strategy over several years. It employs a governance framework designed and assessed through external scrutiny as fit to support its

---

[1] Available at www.ouh.nhs.uk/about/publications
[2] The Care Quality Commission examines whether services are Safe, Effective, Caring, Responsive and Well Led.

delivery and underpinned by appropriate Risk Management and Assurance strategies. Through the Trust's membership and Council of Governors, OUH's patients, public, staff and partner organisations will play a part in guiding this strategy.

3.26 Governors will be responsible for holding the Board of Directors to account and for seeking and supporting the involvement of the Trust's members in the development of the Trust's plans. The Council will scrutinise the Board's delivery of its strategic plans. Through its membership and the Council of Governors, the communities OUH serves will be able to influence the future of its services.

3.27 By means of its Membership Strategy and other activities including actions from a new Public Health Strategy, OUH will fulfil its social responsibility as a major local employer and provider of services.

3.28 The Membership Strategy agreed in January 2014 supports the organisation's goal to be increasingly responsive and accountable to the people it serves. In October 2014 the Trust had 8,300 public members and aims to increase this number to over 12,000 within two years of authorisation.

3.29 OUH is taking steps to achieve meaningful engagement with minority groups and with all people irrespective of the nine protected characteristics in equality and diversity legislation: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

3.30 Patients will experience care provided by an organisation where they can influence service change and be closely involved in innovation and development from ever-stronger links with world-class research and teaching.

3.31 OUH's systems and processes – from electronic patient records to quality governance – will continue to develop to meet emerging standards and to respond flexibly to changing needs.

Strategic Objective 3: "Delivering Better Value Healthcare"

3.32 The Trust will continue to change the way it operates to deal with the tensions between the increasing demand for healthcare, both in terms of scale and complexity, and the limitations to the growth of financial resources. It will focus on the value of its healthcare and use innovation to enhance this for the services it offers. This means developing and delivering flexible and sustainable models of care, improving performance against a range of benchmarks and making use of opportunities that exist to make savings from infrastructure.

3.33 Increased value for money is the result of improved outcomes and quality of services linked to improved cost effectiveness in their delivery. Achievement will draw on research already underway on self-care and the use of e-health technologies.

3.34 The Trust is committed to providing high quality and efficient secondary care services for its local population and to growing its tertiary care services where there are benefits to be gained for patients and commissioners through sharing expertise and costs.

3.35 Some elements of efficiency improvement are linked to the Trust's estate, implementing inter-site service moves between the four hospital locations to make the best use of modern facilities and enable out-of-date property to be vacated, especially on the Churchill Hospital site. The clinical services strategy defining these changes is set out from paragraph 3.67 below.

3.36 In order to improve patient safety and to make more cost-effective use of its infrastructure the Trust continues to move towards six and seven day working in a range of services. Specific initiatives to deliver this greater level of utilisation are described later in this chapter.

3.37 Work to strengthen and rationalise out-of-hours site cover across the Trust's hospitals also reflects the improvement of patient safety and value for money.

3.38 Progress and plans for cost savings resulting from these measures are described in Chapter 6.

Strategic Objective 4: "Delivering Integrated Local Healthcare"

3.39 The delivery of high quality local healthcare is a key focus and responsibility for OUH and requires a flexible and imaginative response to the challenge of managing the growing needs of older patients, those with long term conditions and those with multiple co-morbidities.

3.40 The Trust is strengthening its work with local GPs to inform a programme of service change that will transform a range of services delivered primarily (though not entirely) for the people of Oxfordshire.

3.41 OUH will redesign its local services, especially in acute medicine, to 'design out' unnecessary and potentially harmful extended stays in hospital and put in place a model of care that is clinically and financially sustainable. This means changing the model of care in particular for vulnerable, older people by offering more integrated care closer to home, applying acute clinical expertise in the non-hospital setting and 'right-sizing' the Trust's inpatient capacity. This will result in services that are more responsive to patients' needs and are more cost-effective.

3.42 The nature and scale of this challenge requires innovative approaches to provide the necessary expertise and care in out-of-hospital settings. The Trust has already begun delivering social care through its Supported Hospital Discharge Service as part of a package of schemes to deliver acute medical care beyond its hospitals. This will contribute to reducing delays and fragmentation of care and is intended to allow a safe and sustained reduction in the use of inpatient care.

3.43 The Trust is working in partnership with agencies in the local health and social care system and contributing to a multi-agency action plan on these shared issues. Developments are described in Chapter 5. OUH's work will aim to improve the experience of patients and clinicians at the interface between primary and secondary care.

3.44 Whilst system-wide configuration of non-elective care is crucial to long term improvements, rising demand means that if OUH is to manage without building new wards then the Trust needs to improve the flow of patients through, and transition from, its care.

3.45 Within its hospitals, especially the John Radcliffe and Horton General, OUH will reshape its 'local acute' services, introducing systems to rapidly provide patients with relevant specialist input once their immediate emergency needs have been met. Patients and GPs will experience the benefits of care coordinated by OUH specialists and treatment in a setting where a wide range of expertise can be deployed quickly to meet assessed needs. Imaging services are being improved on both sites to support faster diagnosis and reduce the stay of patients requiring ambulatory medical care.

3.46 Plans are outlined in the Clinical services strategy section below.

3.47 OUH will work closely with its local commissioners as plans develop for integrated care.

Strategic Objective 5: "Excellent Secondary and Specialised Care through Sustainable Clinical Networks"

3.48 Partnerships are developing with surrounding trusts to support the delivery of secondary care locally, while consolidating the flow of patients requiring more specialised care to OUH as the local tertiary centre. The intention is that these operational clinical networks continue to support services that are responsive, safe and sustainable. These partnerships will support the provision of secondary care and as much specialised care as possible by acute healthcare providers locally at partner sites, with patients only moving to the tertiary centre at Oxford for necessary components of tertiary care.

3.49 This network of relationships will provide a foundation for OUH investment to establish selected specialised services at designated partner hospitals, leading to a distribution of these services in a less centrist and more equitable manner. This will, at the same time, increase the

service portfolio and secure the sustainability of partner hospitals in the extended health economy. This illustrates a new and emerging leadership role for the Trust.

3.50 This principle has facilitated the significant investment required to provide high quality specialist and tertiary services and concentrated clinical expertise at defined sites with the aim of reducing variability and producing improved outcomes for the populations of local health economies.

3.51 Key to this approach is also the contribution of the Trust to the development and growth of the service profile of partner trusts. In certain partnerships this requires the sharing of OUH expertise and clinical personnel and in others the possibility of financial investment at partner sites. This is exemplified by the Trust's plan to invest in developing radiotherapy services, described in Chapter 5.

3.52 Key principles underlying the establishment of these networks include:

- *Patient-focused, population-centred networks* with services delivered for the convenience of patients not providers and the provision of as much care as possible locally at the sites of network partners, combined with the withdrawal of clinically and financially unsustainable activity from smaller units in the networks and their concentration at larger units.

- *Mobilisation* of the dormant resource of cooperation between organisations to deal with population health issues in partnership and collaboration, rather than in isolation.

- *Integration of care* by creating network pathways for patient care, eliminating those elements that are uncoordinated, wasteful and potentially harmful.

- *Diversity and synergy in partnership* respecting the different strengths and requirements of partners to deliver 'win-win' arrangements where they engage according to need.

- *Formation of a horizontal secondary care network* to provide appropriate care locally and minimise patient travel.

- *Formation of a tertiary care network* by reconfiguring services to deliver economies of scale and critical mass, using facilities and expertise at the tertiary centre.

- *The sharing of knowledge, education and training* to standardise and improve the quality and value of care throughout the network.

Strategic Objective 6: "Delivering the Benefits of Research and Innovation to Patients"

Oxford Academic Health Science Network

3.53 OUH has taken a leading role as a founding partner of the Oxford Academic Health Science Network (AHSN) for a population of some 3.3 million across Oxfordshire, Berkshire, Buckinghamshire and Bedfordshire.

3.54 Following HM Government's publication of *Innovation, Health and Wealth* in December 2011, Oxford AHSN was authorised in May 2013 as one of 15 such networks in England. It brings together all NHS bodies, including NIHR-funded bodies, all universities and a large number of third sector, business networks and life science organisations in an area including Oxfordshire, Berkshire, Buckinghamshire, Milton Keynes and Bedfordshire. OUH is the network's host organisation.

3.55 The AHSN provides an opportunity for all partners to participate in the provision of evidence-based care for the patients and populations they serve through innovation, research opportunities and wealth creation.

3.56 The Network's vision is:

Best health for our population and prosperity for our region.

3.57 This will be delivered in line with the AHSN's mission to support collaboration, research and innovation across the NHS, universities and business, building on our strengths to deliver exemplary care and create the strongest life sciences cluster.

3.58 Oxford AHSN's work will be delivered through programmes on Best Care (including Clinical Innovation Adoption and Continuous Learning), Research and Development and Wealth Creation. These are supported by cross-cutting themes on Population Healthcare; Patient and Public Involvement, Engagement and Experience; Sustainability; and Informatics and Technologies.

3.59 Plans for the first year of the Best Care Programme are focused on nine clinical networks including diabetes, dementia, physical and mental co-morbidity, maternity, children's and, in partnership with Health Education Thames Valley and the University of Oxford, the Patient Safety Academy and an MSc Fellowship Programme in evidence-based healthcare.

3.60 The adoption of clinical innovation is a key part of the AHSN's work and its Clinical Innovation Adoption Collaborative will focus on the "impact evaluation" and "scale up" phases of this process. This programme will be delivered over five years with an ambitious and deliverable target of implementing five to ten innovations, at scale, across the region each year.

Oxford Academic Health Science Centre

3.61 The Oxford Academic Health Science Centre (AHSC) is a partnership between Oxford Brookes University (OBU), Oxford Health NHS FT, Oxford University Hospitals and the University of Oxford and has been designated for five years by the Department of Health from 1 April 2014.

3.62 The vision for the Oxford AHSC is that the partnership will create the environment where the best research can be immediately translated, applied and evaluated for patient benefit.

3.63 It will deliver six themes:

- Big Data: Delivering the Digital Medicine Revolution.
- Building Novel NHS, University and Industry Relationships.
- Modulating Immune Response for Patient Benefit.
- Managing the Epidemic of Chronic Disease.
- Emerging Infections and Antimicrobial Resistance.
- Cognitive Health: Maintaining Cognitive Function in Health and Disease.

Innovation in care

3.64 There are many areas where OUH and its partners have a strong track record of translating research into practical healthcare developments and have plans for further innovation. These include:

3.64.1 *Genetic understanding and application in care.* Oxford has led in understanding the genetic causes of inherited disease and translating this into improved patient care. Investigators at the UK National Haemoglobinopathy Centre at the Churchill Hospital have developed patented assays for the non-invasive, prenatal diagnosis of diseases such as sickle cell anaemia. Oxford researchers discovered new genes underlying cardiomyopathy and sudden cardiac death syndromes and implemented the first national genetic testing services for these disorders, and developed technologies for the diagnosis of new genes causing developmental learning disabilities and neurodegenerative diseases.

3.64.2 *Vaccines.* Oxford Vaccine Group (OVG) has a global track record of novel vaccine development and evaluation, in-house manufacture, and vaccine clinical trials, forming the largest not-for-profit research endeavour in immunisation in Europe. OVG has contributed to the deployment of four of the six vaccines given in the NHS

immunisation schedule to children up to the age of five. Advances in viral vector-based vaccines and T-cell immunity have been translated to clinical studies, exemplified by tuberculosis (novel vaccine progressed from experimental studies to large-scale efficacy trials); influenza (a novel universal influenza vaccine has reached Phase 2); HIV (novel vaccine in Phase 2 trials); and hepatitis C (a novel first-in-class vaccine).

3.64.3 *Novel diagnostic technology applications.* Direct genome sequencing of samples of *Mycobacterium tuberculosis* (TB) from a rapid 'midget' culture of bone and joint fluid and respiratory samples is under way to support early and rapid diagnosis of TB. OBU researchers pioneered the use of monoclonal antibodies to inhibin (a protein hormone) in a wide variety of clinical diagnostic tests, now commercialised worldwide, including the Quad test for Down's Syndrome, infertility testing and ovarian cancer monitoring.

3.64.4 *Medical-psychiatric co-morbidity.* Research is under way to develop interventions which integrate psychiatric and medical care for patients with a combination of a long term medical condition and a mental disorder. Medical-psychiatric comorbidity worsens outcome, leads to potentially avoidable reduction in quality of life and increases the cost of care. Specific areas of focus are medical inpatients with distress; people with poorly-controlled type 2 diabetes and major depression; and those in the last year of life with a long-term condition.

3.64.5 *Patient self-management of long-term conditions.* Self-management interventions enabled by technology will be developed and tested, including an observational study of weight management behaviour; assessing the influence of lifetime cardiovascular risk information on self-management behaviour in type 2 diabetes; evaluating the impact on mood of self-management in COPD; and pilot trials of the self-management of blood pressure post-delivery by women with gestational hypertension or bipolar disorder.

3.65 The success of the Oxford Biomedical Research Centre and Biomedical Research Unit provides evidence of OUH's expertise in life sciences research. The Oxford AHSC and AHSN will provide the Oxford BRC and BRU with a means to adopt and spread innovative clinical practice across the health economy and to link this economy with the research and development community.

3.66 By 2016 the Trust aims to be at the core of a visionary and effective network, developing novel methods of care delivery and the new partnerships needed to deliver them.

Clinical services strategy

3.67 The Trust is working to strengthen its local healthcare services to reduce delays and to develop its specialised services as centralisation occurs. It must also continue to sustain the safety of its facilities. Its capital programme aims to address these maintenance and development needs.

3.68 This section describes priorities for work to reconfigure services across the Trust's hospital sites to support models of care the Trust wishes to develop. It should be read alongside Chapter 4 – **Error! Reference source not found.**. Further information on capital investment can be found in Chapter 6 – Financial Plans.

Priorities

3.69 The Trust's clinical services priorities over the five-year period of this IBP are as follows:

3.69.1 Strengthen non-elective capacity and flow by consolidating its medical sub-specialties at the John Radcliffe Hospital and developing ambulatory medicine and diagnostics at the John Radcliffe (JR) and Horton General Hospital (HGH) sites.

3.69.2   Improve the configuration of elective surgical services across its hospital sites.

3.69.3   Develop a long term role for the HGH.

3.69.4   Renew key infrastructure at the JR.

3.69.5   Progress strategic developments in radiotherapy at Swindon and at Milton Keynes.

3.69.6   Review major strategic development proposals for the Churchill Hospital (CH).

Operational improvements: strengthening non-elective capacity and flow

3.70   In November 2013, OUH was operating 86 beds more than its funded baseline on 31 March.

3.71   Before a new, system-wide configuration of non-elective care is in place for Oxfordshire, and to manage rising demand without building new wards, OUH needs to improve and sustain the flow of patients through and from its care. With this in mind, it intends to:

3.71.1   Develop enhanced ambulatory medicine services at the JR and HGH (linked to Emergency Medical Units in Abingdon and Witney) over extended hours, seven days a week and supported by improved diagnostics.

3.71.2   Improve patient flow through the JR and HGH.

3.72   Some improvements in patient flow can only be achieved by bringing medical sub-specialties together at the JR site, to improve care for acutely ill patients through having expertise on site, and by protecting non-elective capacity at the JR site.

3.73   The Trust will therefore:

3.73.1   Move medical sub-specialties from the CH to the JR site:

- Respiratory Medicine inpatients and day cases.
- Respiratory ambulatory service.
- Infectious Diseases.
- Endocrine and Diabetes care.

3.73.2   Improve diagnostic infrastructure to strengthen ambulatory care at the JR and HGH sites.

3.74   Investment is under way in radiology infrastructure to strengthen ambulatory care, including the development of a dedicated ultrasound suite at HGH and improvements to general radiology, fluoroscopy, gamma, CT and ultrasound at the JR.

3.75   Work to reduce waits for non-elective care by enhancing capacity and flow is taking place through integration and redesign of the Surgical Emergency Unit and Emergency Assessment Unit at the JR, the introduction of near patient testing and the expansion of the Paediatric Clinical Decision Unit alongside the Emergency Department at the JR.

3.76   Schemes in OUH's capital programme support these moves and the strengthening of ambulatory care capacity.

Surgical services configuration

3.77   Enabling improvements to non-elective capacity and flow is judged to require the relocation of elements of the Trust's surgical services. This is expected to lead to a focus on the Trust's four hospital sites as follows.

Site	Surgical focus
John Radcliffe Hospital	Paediatric, Spinal, Neurosurgery, Vascular, Trauma, Cardiac
Churchill Hospital	Cancer, Renal, Transplantation
Nuffield Orthopaedic Centre	Orthopaedics, short stay and day case surgery

Horton General Hospital	Laparoscopic, short stay and day case surgery

3.78 Development and reconfiguration of services including operating theatres, intensive and high dependency care at the John Radcliffe is required to support this configuration of surgery and to manage the increasing dependency of surgical patients as specialised services develop. The Churchill Day Surgery Unit is also to be remodelled.

3.79 Remaining questions include what other physical redesign and capital investment would be needed to support a new model of ambulatory medical care at the HGH and at the JR. At the HGH, changes would form part of a reconfiguration of the site.

3.80 The scale and detail of elective surgery transfer from the JR to the NOC will inform the business case for redevelopment of JR theatres. At the JR, scope to expand facilities for ambulatory medical care (delivered through the Emergency Assessment Unit) will depend on plans to redevelop operating theatres, critical care and high dependency facilities (described in Chapter 5).

Horton site developments

3.81 The Trust is committed to developing a strong and sustainable set of services at the Horton General Hospital. Close dialogue continues with Oxfordshire Clinical Commissioning Group and with local representatives and stakeholders. The ingredients of service configuration shown here are therefore subject to agreement.

3.82 The Trust sees the HGH as providing:

- An elective care centre.
- Emergency ambulatory and diagnostic assessment.
- Rehabilitation.
- General and tertiary outpatient services.
- Diagnostics.

3.83 Taking into account national reports and the latest evidence, the Trust will also work with its commissioners, staff and local people to determine a sustainable future configuration for:

- Emergency Department care.
- Undifferentiated emergency medical take.
- Obstetrics.
- Paediatrics.

3.84 Developments at the HGH during 2014 will see the improvement of outpatient facilities, including dedicated outpatient facilities for children, improved imaging facilities and facilities for minor procedures. These developments enable the transfer to the HGH site of activity including audiology, cardiology and ENT appointments for adults and of services for children including oncology.

Strategic developments on other sites

3.85 As described in Chapter 5 – Service Development, the Trust is pursuing the development of radiotherapy services at the Great Western Hospital, Swindon and is developing a business case for radiotherapy services in Milton Keynes.

Service transformation

3.86 OUH must deliver significant annual productivity improvements in a safe, appropriate and sustainable manner. In order to achieve this, it has designed a programme of work for 2014/15 and 2015/16 with the emphasis on 'Transformation' of its services.

3.87 The Transformation Programme will sit within the Cost Improvement Programme and will become a catalyst for change with a strong emphasis on innovation, inclusivity and the application of translational research and best practice.

3.88 The Transformation Programme will operate within a coordinated framework bringing together a set of managed projects, designed specifically to deliver the Trust's Strategic Objectives.

3.89 The clinically-led Divisions have mapped their current position against the strategic objectives and as part of that work identified key enablers for success and four key work streams:

- Recruitment and Retention, with a focus on improving staff satisfaction and productivity.
- Streamlining Patient Pathways. Introducing best practice and utilising translational research to enable OUH to improve clinical outcomes to be within the top 10% nationally and to improve the efficiency and effectiveness of its general hospital activity.
- Strategic Portfolio Optimisation. To develop services such as stroke, vascular surgery and major trauma.
- Use of Estates and Site Reconfiguration. Projects will inform changes that need to be made to improve the effectiveness of clinical pathways, including the colocation of services and consolidation of expertise to specific sites as described above.

3.90 Projects will be delivered by Divisional teams which will each include a clinical lead (Clinical Champion), assisted by a corporate team providing monitoring, project management skills and informatics.

3.91 The Transformation Programme has been designed to assist Divisions to deliver the Trust's strategic objectives and quality targets. The key to its success is the engagement of its key stakeholders, patients, staff and other agencies, in the delivery of the projects. The programme was launched in February 2014 and has created an air of expectation and enthusiasm within the Trust.

Six and seven day working

3.92 OUH has strengthened the ability of its non-elective services to operate seven days per week. Changes continue with the related aims of improving patient safety and patient experience and reducing delays. They build on evidence of effectiveness and align with national policy.

3.93 The Trust is developing six-day working in its elective services to improve access and to make better use of staff and fixed assets.

Non-elective care

3.94 The Trust is working to develop a new model for acute medicine at both the John Radcliffe and the Horton General Hospital with a clear pathway for acute admissions which will:

- Deliver compliance with national and external standards.
- Meet NICE and other standards for specialty input into the management of specific conditions (e.g. heart failure, respiratory disease).
- Allow each ward to have a linked medical team, working closely with nursing leadership and with new joint accountabilities.
- Enhance the role of acute medicine across all inpatient specialties, particularly surgical inpatients.
- Provide 24/7 support from necessary services within hospital (therapies, pharmacy, radiology, laboratories).

3.95 Senior clinical decision-makers have been introduced seven days per week in emergency medicine at the John Radcliffe and Horton General Hospitals in the form of consultant

physicians. Investment has also been made to develop a group of Advanced Nurse Practitioners to take on a decision-making role.

3.96 Care navigators and discharge coordinators are in place as a trial. Over time, the development of capacity for clinical decision-making at nights and weekends may reduce or remove the need for these roles.

3.97 The introduction of a system using hand-held electronic devices for monitoring vital signs and identifying deterioration is expected to further enhance the positive impact of on-site clinical decision-makers.

3.98 Pharmacists have been employed at weekends to improve the management of medication and provide support to the discharge process. A related project has also taken place to support patients in the management of their own medication.

3.99 Electronic prescribing was introduced in 2014 with the aims of improving safety through reducing errors and easing the process of patient care and discharge.

3.100 Additional ultrasound machines and coronary angiography capacity have been introduced to increase diagnostic capacity at weekends and to remove a delay to patients' care progressing within the Trust.

3.101 Building on the introduction of seven-day on-site senior clinical decision-makers and successful experience of ortho-geriatricians working in the Trust's Emergency Departments, the impact is being trialled of having a geriatrician in surgical services at the JR to reduce length of stay.

3.102 Learning from this may enable the development of a model of care which could see the care of older people coordinated by senior clinical decision-makers whose expertise is in the care of older people and who can coordinate inputs from a number of specialists.

3.103 Psychological medicine services have been introduced to the Emergency Departments and acute medicine. The feasibility will be examined of extending this service to surgery and to all specialties as part of coordinated care for older people.

3.104 As part of the Transformation Programme described above, the Trust is examining out-of-hours cover across its sites in order to strengthen quality and deliver best practice. The Trust is also considering its approach to '24/7 care' and to the transfer of patients between sites.

Elective care

3.105 As part of its clinical services strategy, the Trust is modelling the impact of operating six days per week in planned elective care. This is expected to make better use of theatre and bed capacity, recognising that there are different capacity and support needs for different sites.

3.106 Improvements are underway to capacity for elective care at the Horton General and Churchill hospitals. At the Horton, ultrasound capacity is being upgraded and doubled and a dedicated outpatient area for children with paediatric staff is to open during 2014. In line with the clinical services strategy described above, OUH seeks to develop ambulatory surgical services at the Horton General including general surgery, gynaecology, urology, ophthalmology and ENT.

3.107 Developments to day surgery facilities at the Churchill Hospital in 2014 will improve the ability of that site's operating theatres to be used over extended hours and six days per week.

3.108 Linked to improvements in physical capacity are improvements to ways of working. Different methods of pre-operative assessment are being trialled at the Churchill which could lead to a greater degree of standardisation than before.

3.109 A shortage of radiotherapy capacity in 2013 led to weekend radiotherapy sessions which now form part of routine service provision.

3.110 Re-profiling outpatient services is a key part of the Trust's actions to reduce waits. A project began in 2013 to reduce overbooking, increase the booking slots available in clinics and shorten patients' waits to a maximum of six weeks. In revising clinic templates, the project also set out to make future slots visible, to enable GPs to book appointments through the NHS Choose and Book system, and to match capacity more closely and rapidly to demand. The Quality Committee is keeping progress under review.

Organisational building blocks

3.111 Delivery of OUH's strategic objectives is founded on organisational building blocks which represent important developments in how it operates. These are as follows:

Board leadership

- Strong and visible leadership across all areas and specifically in terms of values and strategic development.
- Focus on quality and patient experience at the highest level.
- Leadership within the local and wider health community.

Clinical leadership

- Day-to-day management and delivery of services by clinically-led Divisions.
- Development of the strategic future for the Trust founded on Divisional involvement.

Staff engagement, wellbeing and development

- Use of a behavioural framework to support the application of the Trust's values in practice.
- An education and training framework to underpin the Trust's workforce strategy.

Governance and assurance

- Improved systems at directorate, Divisional and Trust level to provide assurance to the Board and to regulators of the quality of care and effective systems for the avoidance of harm.
- Incorporation of learning from other organisations.

Value for money

- Maximising the service quality and clinical outcomes delivered through a defined resource via the visibility of costs at patient level.
- Divisions operating as strategic business units for delivery of service and workforce redesign, informed by benchmarking.
- Delivery of a Divisionally-owned and corporately-supported programme to improve outcomes and reduce costs on a rolling two-year basis.

Enabling strategies

- Progress is supported by OUH's Estate and Workforce strategies. Also relevant are the Trust's strategies for Quality, Information Management and Technology, Membership, Risk and Assurance.

Information Management and Technology Strategy

Strategy

3.112 OUH's Information Management and Technology (IM&T) Strategy 2012-2017 links IM&T developments with the Trust's objectives and sets out governance arrangements

underpinning further investment. It argues that implementing electronic patient record systems and associated technological developments is crucial to improving efficiency and patient safety and underpins the Trust's overall strategy.

3.113 Information and performance monitoring are of critical importance for the Trust's future development. The strategy sets out the developments required and changes in governance needed to help deliver them.

Electronic Patient Record

3.114 The core clinical solution at the heart of the IM&T strategy is the Electronic Patient Record (EPR) system, implemented trust-wide in 2012.

3.115 The ending in 2015 of the national contract for the Cerner Millennium system used by OUH requires it to re-procure EPR. The Trust's Board agreed an approach in September 2013 to move towards re-procurement.

3.116 An outline business case was approved by Trust Management Executive in October 2013, by the Board in November and by the NHS TDA's capital investment group in November. Following consideration by the Trust Board, a full business case was agreed by the NHS TDA's Board in May 2014. This is built into the Long Term Financial Model.

3.117 The delivery of real time information in clinical services through EPR functions is fundamental to the IM&T strategy's success.

3.118 Neuro Intensive Care Unit and medicines management deployments went live in September 2014 as part of the continuing roll-out of EPR functions to clinical services.

3.119 The intention is to move to working digitally in all service areas in the period to 2018/19, with the next areas expected to be inpatient services for children and services at the Nuffield Orthopaedic Centre.

3.120 The ability to develop and enhance the system over time will be at the heart of developments in the period to 2018/19. The objective is to introduce Electronic Document Management and prescribing to enable the Trust to operate initially in a 'paper light' way, with information available to clinical teams whenever and wherever they need it.

3.121 In this environment it is important that the Trust begins to maximise its use of EPR and over time replaces its legacy systems as EPR gains additional functionality.

3.122 As part of its programme to create a 'digital hospital', OUH is moving on a managed basis from having the primary clinical record it uses on paper to its being the electronic patient record.

3.123 The electronic ordering of tests and medication has been introduced, with a primary focus on error reduction and patient safety.

3.124 The development of nursing documentation in EPR during 2014/15 will allow nursing records to begin to move to electronic form.

3.125 Proof of concept work is also taking place on the scanning of core documents such as consent forms as another move toward an electronic care record.

3.126 'Day forward scanning' is under development for the latest element of records, with the aim of not increasing the size of the paper note stock held by the Trust and reducing the 'pulling' of notes and the associated cost.

3.127 In a period of financial challenge, the IM&T strategy focuses on getting right the things that must be delivered for any organisation to progress:

- robust, scalable IT Infrastructure that delivers information where staff need it;
- sound governance arrangements;
- high quality management information;
- training and development of IT skills in staff;

- sound project management and procurement; and
- working in collaboration with other NHS organisations.

Investment

3.128 IM&T is increasing in importance for the Trust as patient care depends increasingly upon network and IT facilities. This is reflected in the Trust's capital investment programme, described in Chapter 6.

Public health strategy

3.129 The Trust is implementing a public health strategy for OUH. This is a joint strategy with Oxfordshire County Council (OCC) to ensure alignment with county-wide public health priorities and initiatives.

3.130 The joint public health strategy demonstrates the Trust's commitment to improving the health of the population it serves. It has been developed in recognition that through its 11,000 staff and 1 million patient contacts every year, the Trust is ideally placed to promote healthy lifestyles and improve health at the population level.

3.131 The strategy's development has been informed by consultation with staff, Trust members, the public and wider stakeholders, with its online consultation receiving 900 responses.

3.132 The strategy has three main aims:

- promoting healthy lifestyles to patients, visitors and staff;
- developing the hospital environment to promote and enable healthy behaviours; and
- embedding public health approaches within the broader work of the Trust.

3.133 During 2014/15 the Trust will consult widely to determine its public health priorities for 2015 to 2020.

3.134 One way in which the strategy will promote healthy lifestyles is by piloting an innovative health promotion service for patients, visitors and staff: the Hospital Wellbeing and Wellness Clinic (the HoW2 Clinic).

3.135 This clinic is based alongside outpatients at the John Radcliffe Hospital. Drop-in services include provision of health promotion information and brief advice, assessment of chronic disease risk, and signposting and referral to relevant local services to support behaviour change. It will also provide a location for external services to host specific health improvement clinics with longer bookable appointments, subject to partnership agreements.

Work with key commissioners

3.136 The Trust's strategy has been developed with the involvement of Oxfordshire's Clinical Commissioning Group and NHS England specialised commissioners.

3.137 It is recognised that due to the pressure caused by increasing demand in the face of financial constraint and the need for system redesign to improve patient flow for acute general medicine and reduce the historically high level of delayed transfers of care, relationships with local commissioners are both vitally important and subject to considerable pressure. The Trust remains committed to agreeing a contract that balances commissioner affordability against a realistic assessment of population healthcare needs.

3.138 The activity and financial assumptions which underpin this business plan and its associated Long Term Financial Model (LTFM) are those which form the basis of the contracts agreed with Oxfordshire CCG and NHS England. The LTFM and business plan have been based on

realistic modelling of activity levels for future years based on historical trends and demographic change whilst incorporating two years of demand management modelling. Downside modelling has been carried out to include the impact of potential variances in contracts agreed for 2014/15 and beyond.

3.139 The Trust also recognises a need to work closely with GPs as providers of care. It participates in Oxfordshire Local Medical Committee's liaison group and has invited Oxfordshire LMC to nominate a Governor to the Trust's Council of Governors.

3.140 Work on service redesign for local acute services continues with Oxfordshire CCG as a move takes place to commission services based on outcomes. As the CCG develops its plans to commission services in a way which is financially sustainable, the Trust continues to work with it to reduce demand for hospital services wherever possible.

3.141 NHS England has produced service specifications for the approximately 70 specialised services it commissions. The Trust has responded positively to this, working closely with NHS England's Wessex Area Team to gain designation for its specialised services where required.

Risk and risk management

3.142 Risks to the Trust achieving its strategy have been identified and are summarised in the table overleaf.

3.143 Actions are shown as mitigations to reduce the likelihood of these risks or their impact if they occur.

3.144 The Trust's approach to risk management is described in Chapter 7 – Risk.

Category	Risks	Mitigations
Failure to maintain quality of patient services	▪ Inaccurate reporting due to failures in the PACS ▪ Failure to achieve a safe and efficient patient transport service ▪ Failure to provide safe care for patients with diabetes ▪ Delays for spinal service patients ▪ Failure to provide safe staffing levels and skill mix ▪ Impact on quality of services as a result of excessive use of agency staff ▪ Loss of income from non-achievement of CQUIN targets	▪ PACS escalation to system provider and interim manual contingency plans ▪ Ongoing transport contract management and long term revision to contract arrangements ▪ Diabetes risk summit and action plans ▪ Additional spinal surgeons, outsourcing of activity and temporary closure to extra-regional spinal referrals ▪ Real time safe staffing monitoring and development of electronic acuity tools ▪ Recruitment campaigns and improvements to agency staff induction ▪ Review of CQUIN target delivery through performance meetings

Category	Risks	Mitigations
Failure to maintain financial sustainability	- Required cost improvements not delivered - Pension cost pressures not funded - Adverse balance sheet impact from calls on R&D income - Negative impact of changes to specialist service tariffs - Negative impact of reforms to urgent care tariffs	- Robust, long term cost improvement programme with contingencies - Divisional ownership of plans and achievement - Performance management regime - Contingency mitigating measures
Failure to maintain operational performance	- Delayed transfers of care remain high - A&E performance standard not met - National referral to treatment time standards not met - Cancer access standards not met	- Supported Discharge Service and Discharge Assurance Group - Collaborative work on care pathways, delivery systems, education and training - Sustainable waiting list action plans agreed with commissioners
Failure to achieve sustainable contracts with commissioners	- Above plan non-elective and A&E activity - Activity plans prove unaffordable to commissioners	- Internal performance controls - Effective liaison with commissioners - Strengthened links with commissioners through new partnerships, e.g. OAHC and AHSN
Failure to sustain an engaged and effective workforce	- Difficulty in recruiting and retaining high quality staff - Failure to effectively control agency costs - Inadequate staffing levels in maternity service - Failure to achieve midwife supervision ratios - Insufficient provision of training, appraisal and development	- Dedicated local and international recruitment campaigns - Campaign to recruit midwives from 2014/15 intake with use of Birth Rate + to monitor acuity against staffing levels - Electronic appraisal process and new multi-professional Education and Training strategy
Failure to deliver required transformation of services	- Failure to deliver improvements to out of hours care - EPR implementation leads to data inaccuracy and non-delivery of planned savings	- Delivery of Care 24/7 through Transformation Programme - Ongoing development of CRIS/EPR pathway and manual checking of rejected radiology requests
Inability to meet Trust need for capital investment	- Failure to obtain capital financing loans - Failure to obtain charitable funding to support radiotherapy developments	- Robust business planning approval process - Board overview of investment scheduling

Public consultation

3.145   Public consultation took place from June to October 2012 on the Trust's strategy and proposed governance arrangements.   16 public meetings were held across population

centres in Oxfordshire and south Northamptonshire and meetings took place with stakeholder bodies including Oxfordshire's Joint Health Overview and Scrutiny Committee.

3.146 Feedback informed the Board's agreement of material to form the basis of OUH's FT application, in particular the governance arrangements set out in the IBP and the Trust's Constitution.

3.147 The consultation provided broad support for the Trust's overall vision as well as for its proposed governance arrangements as a Foundation Trust.

3.148 General themes from consultation were a clearly felt need for the Trust's role to be visibly based on the foundation of high quality services for local people; and a call for effective partnership working, in particular as a prerequisite for the development of service models that will shift care and treatment from hospital into community settings, closer to patients.

3.149 Consultation also stressed OUH's role in the wider public health agenda as well as the need for ongoing engagement with GPs. The Trust's future vision for the Horton General Hospital was also discussed, with representatives of local people calling for the maintenance of a broad range of services on the Horton General site.

Consultation outcomes and changes made

3.150 Seven proposals relating to the Trust's governance as a Foundation Trust were identified from feedback during the consultation period.

3.151 These informed decisions made by the Board in November 2012 and produced changes to the Trust's draft Constitution. The Constitution was considered again by the Board in January 2014 and an updated Governance Rationale was agreed by the Board in March 2014.

Nominated Governors

3.151.1 It was proposed that a GP representative nominated by Oxfordshire Local Medical Committee be added to the Council of Governors. This was agreed, recognising the importance of strengthening the Trust's engagement with providers of primary care.

3.151.2 The University of Oxford requested the nomination of a second Governor to the Council of Governors. The Board considered that strong joint arrangements were in place through the Joint Working Agreement between OUH and the University of Oxford and the University would have a right to nominate one Governor and one Non-Executive Director. This was therefore not agreed.

3.151.3 The nomination of a Governor for older people via an organisation such as AgeUK was suggested as a large proportion of the people using OUH's services are older people and OUH's proposals specifically include a younger people's Governor. The Board agreed not to support having a Governor nominated specifically to speak for older people, but to ask that the Council of Governors, once established, consider having a member or members who take particular responsibility for liaising with organisations which speak for older people.

Public Governors

3.151.4 Despite overall support for the Trust's proposed arrangements for public constituencies, a number of suggestions were made about changing the balance of Oxfordshire classes within the public constituency. The Board agreed not to change its proposal that two Governors be elected from each District Council area as it was judged to provide the most resilient geographic representation.

3.151.5 A proposal was made that the class within the public constituency for counties surrounding Oxfordshire be split into two to reflect the fact that local general

hospital services are provided for the people of Northamptonshire and Warwickshire. The Board agreed on this basis that the previous class electing four Governors should become two classes electing two Governors each: Northamptonshire and Warwickshire; and Berkshire, Buckinghamshire, Milton Keynes, Gloucestershire and Wiltshire.

Staff Governors

3.151.6 Following a proposal from one of OUH's facilities providers, the Board agreed that staff employed by the Trust but seconded to its PFI providers under retention of employment arrangements would automatically be considered members of its staff constituency unless they chose to 'opt out', and that members of staff employed by OUH's PFI partners and working on its sites would be allowed to join the staff constituency on an 'opt in' basis.

3.151.7 Resulting from this agreement, the Board also agreed to alter the balance of clinical to non-clinical staff Governors from 5:1 to 4:2.

3.152 Arrangements for the Council of Governors are contained in the Trust's draft Constitution and are described in Chapter 9 – Governance.

3.153 Preparations are in place to conduct elections to the Council of Governors and to induct new governors. OUH has run workshops for interested public and staff members to explain the governor role, with input from governors from NHS Foundation Trusts.

Conclusion

3.154 OUH's strategy is based on the Trust's values. It sets out OUH's ambition to deliver compassionate excellence as a well-governed and adaptable organisation.

3.155 The Trust is committed to delivering better value healthcare, partly through its own services as described above and partly through work with others to integrate the local delivery of care.

3.156 It will continue to work through clinical networks to sustain and develop specialised care.

3.157 It will work to deliver the benefits of research and innovation in care for its patients and to sustain the recruitment and retention of the best staff to provide the care it aims to give.

3.158 Chapter 4 describes the Trust's catchment populations and commissioner requirements. Chapter 5 explains service developments in response to OUH's strategy and these requirements.