

Trust Board Meeting in Public: Wednesday 12 September 2018

TB2018.89

Title	Updated Trust Business Plan 2018/19
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Status	A paper for approval
History	Board Seminar – 25 th April 2018 Trust Board – 14 th March 2018

Board Lead	Mr Jason Dorsett, Chief Finance Officer			
Key purpose	Strategy	Assurance	Policy	Performance
	The Trust Business Plan incorporates all these elements			

Executive Summary

1. This is the updated Trust Business Plan for 2018/19. The Plan has been developed in the context of the final Operational Plan which the Trust submitted to NHS Improvement (NHSI) on 2 July 2018. The purpose of this Plan is to set out in one document for staff and external stakeholders:

- The Trust's Vision and Values
- The Strategic Context
- The Trust's Corporate Objectives for 2018/19, aligned to the Trust's Strategic Themes
- The Financial Plan
- How risks to the Plan will be managed
- How delivery of the Plan will be monitored

2. The main changes from the plan previously reviewed by the Trust Board are:

- Specify the revised Enforcement Undertakings
- Updated workforce and financial plans which align with the further planning submissions made to NHSI on 2 July 2018
- Updates reflecting revisions to required performance trajectories e.g. requirement to avoid patients waiting in excess of 52 weeks by March 2019, 90% delivery of 4 hour A&E target from September 2018 onwards

3. Recommendation

The Trust Board is asked to approve the updated Trust Business Plan for 2018/19.



Oxford University Hospitals
NHS Foundation Trust

Updated Business Plan 2018/19

**Delivering
Compassionate
Excellence**

learning
respect delivery
excellence
compassion improvement

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ABBREVIATIONS AND ACRONYMS

BAF	Board Assurance Framework
BOB	Buckinghamshire, Oxfordshire and Berkshire West
CCG	Clinical Commissioning Group
CH	Churchill Hospital
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CCU	Critical Care Unit
DTOC	Delayed Transfer of Care
EBITDA	Earnings before interest, tax, depreciation and amortisation
ED	Emergency Department
FT	Foundation Trust
GDE	Global Digital Exemplar
GDPR	General Data Protection Regulation
GIRFT	Getting it Right First Time
HART	Home Assessment and Reablement Team
HGH	Horton General Hospital
I and E	Income and Expenditure
ICS	Integrated Care System
JRH	John Radcliffe Hospital
KPI	Key Performance Indicator
NHSE	NHS England
NHSI	NHS Improvement
NOC	Nuffield Orthopaedic Centre
OCCG	Oxfordshire Clinical Commissioning Group
OCE	Oxford Centre for Enablement
OUH	Oxford University Hospitals NHS Foundation Trust
OH	Oxford Health NHS Foundation Trust
PDC	Public dividend capital
PSF	Provider Sustainability Fund
RTT	Referral to Treatment
SCAS	South Central Ambulance Service
STP	Sustainability and Transformation Partnership/Plan

Plan Summary

Oxford University Hospitals (OUH) are the local hospitals for the people of Oxfordshire as well as being a world renowned centre of clinical excellence, one of the largest NHS teaching trusts in the UK and a centre for high quality clinical research and education.

Our **mission** is to improve health and alleviate pain, suffering and sickness for the people we serve through providing high quality, cost-effective and integrated healthcare, the constant quest for new treatment strategies and the development of our workforce.

We aim to support this mission through our six core values: Excellence, Compassion, Respect, Delivery, Learning and Improvement.

Our strategy to deliver our mission has five main themes and two supporting themes. The five main themes are: **Home Sweet Home** – the local integration of care; **Focus on Excellence** – world class excellence; **Go Digital** – a digital healthcare system; **Master Planning** – optimised resources; and **High Quality Costs Less** – continuous improvement.

The two supporting themes are **Building Capabilities** and **Sustainable Compliance**.

We recognise that we have faced some recent challenges with short term operational and financial performance. In 2018/19, the OUH's four **key priorities** are:

- **URGENT AND EMERGENCY CARE** - Improved delivery of the A&E 4 hour access standard delivering a better experience for patients and doing so in a way that our staff can sustain.
- **CANCER CARE** - Continuing to meet the performance standards for patients with cancer because early diagnosis and treatment delivers the best outcomes for cancer patients.
- **ELECTIVE (PLANNED CARE)** – Avoiding patient waiting in excess of 52 weeks for their treatment, with the length of waiting lists maintained at March 2018 levels (subject to Commissioner affordability)
- **FINANCES** - Making progress towards a sustainable, recurrent and underlying income and expenditure break-even while achieving the control total set by NHS Improvement.

We will do this while pursuing local **quality priorities** and beginning to implement a new workforce strategy.

This is a challenging plan, but our staff can achieve it by working together with our patients in the communities we serve and with our partners in the local health and social care system.

Introduction

1. Oxford University Hospitals NHS Foundation Trust

- 1.1. Oxford University Hospitals (OUH) are the local hospitals for the people of Oxfordshire as well as being a world renowned centre of clinical excellence, one of the largest NHS teaching trusts in the UK and a centre for high quality clinical research and education, supported by collaboration with the University of Oxford and Oxford Brookes University. In 2017/18 the Trust's turnover was £1,030m, while on 31 March 2018 the Trust employed 11,430 whole time equivalent staff.
- 1.2. The OUH provides a comprehensive range of secondary and tertiary services to its local population and to those in surrounding counties. It provides supra-regional services (including one of the largest organ transplant programmes in Europe for kidney, kidney/pancreas and small bowel) and is the designated centre for a number of regional services and networks, including major trauma, stroke and renal disease. Care is delivered from three hospital sites in Oxford and one hospital site in Banbury, as well as from more than 44 other locations in both community settings and surrounding hospitals.

2. Vision and Values

- 2.1. The Trust's mission is:

To improve health and alleviate pain, suffering and sickness for the people we serve through providing high quality, cost-effective and integrated healthcare, the constant quest for new treatment strategies and the development of our workforce

- 2.2. The Trust has defined a set of core values which are set out in the table below:

Excellence
Compassion
Respect
Delivery
Learning
Improvement

- 2.3. **Collaboration and Partnership** are also central to the Trust's approach, particularly in the delivery of the fundamental activities of patient care, teaching and research.

- 2.4. Our vision is:

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 through a culture of compassion and integrity

Strategic Context

3. Delivery of the 2017/18 Business Plan

3.1. The Trust's Business Plan for 2017/18 identified a set of work programmes aligned to the delivery of the corporate objectives. Key achievements in 2017/18 included :

- Progress on Care Quality Commission (CQC) requirements for improvement to the Emergency Department (ED) at the John Radcliffe Hospital (JRH), with the approval of the Outline Business Case for the expansion of Resuscitation
- Achievement of initial NHS Improvement (NHSI) requirements for improvement in elective waiting times with implementation of a short term plan and a reduction in the overall waiting list
- Establishment of the Oxford School of Nursing and Midwifery
- Progress made in achieving Magnet accreditation with work progressing against the Magnet Strategic Plan in 2018/19
- Successful delivery of the first two key milestones for the Global Digital Exemplar (GDE) programme
- Completion of the new Energy Centre
- Establishment of the regional thrombectomy service with plans in development to deliver this as a 24/7 service in 2018/19

3.2. Nationally, delivery of the 4 hour A&E target (at least 95% of patients attending A&E should be admitted, transferred or discharged within 4 hours), has proved challenging to deliver. The same is also true of the 18 week referral to treatment target (92% of patients on an incomplete pathway should be waiting less than 18 weeks). The Trust's performance in both these areas is consistent with the national picture. While the delivery of cancer standards has presented challenges, meeting the eight standards has been largely achieved.

3.3. In response to the Enforcement Undertakings issued against the Trust by NHSI in May 2017 with regard to its performance of the 18 week referral to treatment standard (RTT), the Trust has developed and implemented a short-term RTT improvement plan (July – September 2017), a medium term RTT improvement plan across 5 specialities, and developed RTT recovery plans across 10 specialities to commence in 2018/19 (subject to Commissioner support).

4. National Strategic Context

4.1. The national strategic context in which OUH has developed this plan continues to be one of growing demand for health services, driven by the needs of the ageing population, the consequences of unhealthy lifestyle choices and increasing patient expectations. At the same time healthcare continues to evolve with developments in treatments, technologies and care delivery. In combination, these factors place increasing pressure on NHS trusts, with the delivery of safe and high quality care continuing to be paramount.

Collaboration with Life Sciences Industry¹

4.2. The government's industrial strategy sets out an agreed strategic vision, built on co-investment, for the government and UK life sciences. This will modernise the industry, boost businesses within it, and ensure the life sciences sector is perfectly positioned to respond to the challenges and opportunities of demographic change and pioneering research and development. The NHS will be a key partner in the delivery of this strategy. It will support the research, genomics and clinical trials required to develop innovative treatments and medical technologies. This collaboration will improve patient access to new treatments and medical technologies, leading to improved clinical outcomes and NHS productivity.

5. Local Strategic Context

- 5.1. The local health and social care system faces a number of challenges including the continued growth of the local population across all age groups. It is forecast that the largest proportional growth will be in the over 70s and the least growth in the working age population².
- 5.2. The growth in population reflects a combination of inward migration (linked to housing and other infrastructure development to meet demand and facilitate local economic growth) and increased life expectancy. The latter is in part due to increasingly effective medical interventions. In the period 2016 to 2040, a population increase of 267,700 people (39% increase over current levels of c. 680,000) is expected for the county.
- 5.3. In addition to demographic change, the county contains small geographical areas of social disadvantage containing high levels of child poverty, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse and contain ethnic minority groups which have specific health needs. The national picture of an increasing prevalence of 'unhealthy' lifestyles is reflected locally, which leads to diseases which are preventable. These factors combine to drive increasing demand³.
- 5.4. GPs and OUH consultants work collaboratively to ensure the delivery of optimal patient care. Initiatives which enable GPs to access specialist advice are widely used e.g. e-mail advice lines in services such as cardiology, gastroenterology diabetes and endocrinology. These initiatives deliver improved clinical outcomes, patient experience and ensure best use of available resources.

Workforce

5.5. There are particular challenges in recruiting and retaining the workforce needed to deliver health and social care services for the local population. A significant factor is the high cost of living in relation to wages which do not include the High Cost Area Supplement paid to NHS staff in London, linked to a shortage of affordable housing.

¹ Life Sciences Industrial Strategy, A report to the Government from the life sciences sector, August 2017

² https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/communityandliving/partnerships/GrowthBoard/oxis_stage2.pdf

³ <https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf>

Locally unemployment is low (unemployment rates are c. 1% below the national average). This position has been reinforced with the creation of c. 3,000 jobs following the reopening of the Westgate retail development in Oxford in autumn 2017.

- 5.6. Retaining overseas staff, particularly those from the EU, has been made more difficult due to the uncertainties following the Brexit decision and the fall of the pound against other currencies. The Trust completed a number of successful overseas nurse recruitment initiatives in 2017/18. The Trust will need to continue to strengthen its recruitment and retention initiatives, to attract the required workforce.

Infrastructure

- 5.7. The delivery of excellence in healthcare, education and research is also challenged by infrastructure issues. While the Trust has a number of state-of-the-art facilities it also has a significant proportion of ageing estate and equipment. Access to the Headington hospital sites is challenging as the transport infrastructure is not designed to accommodate the number of staff, patients and visitors travelling to these sites. The Trust is working closely with the Local Planning Authority to develop a travel and transport strategy enabling the needs of each site to be met. It is envisaged that consolidation of current car parking will be a key element of this strategy.
- 5.8. In November 2017 the OUH completed the fixed term relocation of c.500 administrative staff from its Headington hospital sites to a further site in Cowley. This relocation was completed as part of the Best Space for Patients Programme with the aim of maximising the clinical use of the Trust's high quality estate.

6. National Planning Context

- 6.1. The OUH has developed this Business Plan in the context of national planning guidance⁴, which continues to emphasise the requirement to focus on :
- i) Improving the quality of care for patients
 - ii) Maintaining financial balance
 - iii) Working in partnership to strengthen the sustainability of services in the future
- Delivery of these will continue to be underpinned by collaboration between NHS organisations (primary, secondary and tertiary providers), local authorities and the voluntary sector. These so-called Sustainability and Transformation Partnerships (STPs) cover defined geographical areas (footprints) and will have an increasingly prominent role in planning and managing system-wide service improvements.
- 6.2. In some areas partnerships have evolved to form integrated care systems (ICS) where health and social care organisations take shared responsibility for the management of resources to provide integrated services which meet the health needs of their local population.

⁴ <https://www.england.nhs.uk/wp-content/uploads/2018/02/planning-guidance-18-19.pdf>

The NHS Five Year Forward View⁵

- 6.3. In October 2014, the NHS Five Year Forward View was published, setting out a national vision for how the NHS should address the demands it faces, focusing on the delivery of “better health, better care, better value”. This vision was supported in March 2017, with further guidance published in the ‘Next Steps on the Five Year Forward View⁶. This critically reviewed the progress that had been made in the preceding three years, specifying areas for improvement across the next two years (to 2018/19) and the means by which improvement would be delivered.
- 6.4. In the context of the Five Year Forward View and the Next Steps on the Five Year Forward View, key deliverables for 2018/19 for OUH are :

Mental Health
<ul style="list-style-type: none">• Maintain dementia diagnosis rates of two thirds of prevalence and improve post-diagnostic care
Cancer
<ul style="list-style-type: none">• Meet all eight waiting time standards• Support the implementation of the new radiotherapy service specification• Implementation of :<ul style="list-style-type: none">○ rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers○ new cancer waiting times system in April 2018to deliver the 28 day Faster Diagnosis Standard in April 2020.• Progress towards the 2020/21 ambitions of :<ul style="list-style-type: none">○ 62% of cancer patients to be diagnosed at stage 1 or 2 and reduce the proportion of cancers diagnosed following an emergency admission○ all breast cancer patients to move to a stratified follow-up pathway after treatment• Participate in pilot programmes offering low dose CT scanning to improve lung cancer diagnosis
Urgent and Emergency Care
<ul style="list-style-type: none">• Aggregate performance against the four-hour A&E standard is at 90% or greater in September 2018, with 95% achievement for March 2019• Handovers between ambulances and hospital A&Es is achieved within 30 minutes.• Reduction in delayed transfers of care (DTC)• Improvement in patient flow inside hospitals through reducing inappropriate lengths of stay, with particular focus on stranded and super-stranded patients⁷• Establishment of mental health crisis and liaison services by 2020/21• Implementation of the Emergency Care Data Set in all A&Es (Type 1 and Type 2 by June 2018; and Type 3 by the end of 2018/19).• Increase the number of patients who have consented to share their additional information through the extended summary care record (e-SCR) to 15% and improve the functionality of e-SCR by December 2018• Continue to rollout the seven-day services four priority clinical standards^{8, 9, 10, 11} to five

⁵ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

⁷ Good Practice Guide : Focus on Improving Patient Flow, NHSI, July 2017

specialist services (major trauma, heart attack, paediatric intensive care, vascular and stroke) and the seven-day services four priority clinical standards in hospitals to 50% of the population.

Elective Care

- RTT waiting list (measured as the number of patients on an incomplete pathway) will be no higher in March 2019 than in March 2018
- Nationally the numbers of patients waiting more than 52 weeks for treatment should be halved by March 2019

Transforming Care for People with Learning Disabilities

- Continue to tackle premature mortality by supporting the review of deaths of patients with learning disabilities, as outlined in the National Quality Board 2017 guidance

Maternity

- Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.
- Increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally, so that by March 2019, 20% of women booking receive continuity.
- By June 2018, agree trajectories to improve the safety, choice and personalisation of maternity.

7. Local Planning Context

Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership

7.1. With the renewed emphasis placed on STPs to plan and manage the delivery of system-wide service improvement, the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP) has critically reviewed its sustainability and transformation plan. Programme delivery will :

- Be supported by the current ‘distributed leadership’ model with named sponsors
- Redefine the work to be undertaken through to 2019/20
- Incorporate locality based planning
- Result in the Oxfordshire health and care system becoming an ICS (in line with Buckinghamshire and Berkshire West)

7.2. The programmes are shown in the following table :

Programme	Leadership
Urgent and emergency care	Royal Berkshire NHS Foundation Trust

⁸ Standard 2 - Time to first consultant review should not exceed 14 hours for emergency admissions

⁹ Standard 5 – Specified access and reporting times for diagnostic tests

¹⁰ Standard 6 – Access to consultant-directed interventions

¹¹ Standard 8 – For high dependency patients twice daily consultant review, with daily review for other patient admissions

Cancer Achieving World Class Cancer Services	OUH
Mental health including Five Year Forward View	Oxford Health NHS Foundation Trust (OH)
Population health, prevention & primary care including General Practice Forward View	Berkshire West Clinical Commissioning Group (CCG) /Buckinghamshire Health NHS Trust
System capacity	Bucks CCGs and Oxon CCG
Workforce	South Central Ambulance Service (SCAS)
Digital ¹²	Oxford Academic Health Science Network
Estates ¹³	BOB STP Lead
PLACE LED PROGRAMMES	
Integrated health and care	Council, CCG and Trust Chief Executives (CEOs)
Learning disability Transforming Care	Council, CCG and Trust CEOs
Children and young people	Council, CCG and Trust CEOs
Acute services and planned care (RightCare), Getting it Right First Time (GIRFT), sustaining clinical services and smaller hospitals, reducing variation	CCG and Trust CEOs
Operational efficiency and Carter review	Council, CCG and Trust CEOs

Transformational Change in Oxfordshire

7.3. A phased approach has been taken to developing and consulting on service change proposals. The first phase has focused on services where there are the most pressing concerns about viability due to workforce, patient safety or where temporary changes have had to be made or where proposed changes have been piloted. Following a period of consultation the Oxfordshire Clinical Commissioning Group (OCCG) supported all the recommended changes for Phase 1¹⁴, as follows :

SERVICE	PROPOSAL
Critical Care	Move to a single Level 3 Critical Care Unit (CCU) for patients within Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital (JRH) and Churchill Hospital (CH) sites in Oxford. The CCU at the Horton General Hospital (HGH) would become a Level 2 Centre, working in conjunction with the Level 3 CCU in Oxford.
Acute Stroke	Direct conveyance of all patients from Oxfordshire (and its neighbouring areas) with a suspected stroke to the Hyper Acute Stroke Unit at the JRH. This will be supported by the rollout of countywide Early Supported Discharge, improving outcomes and rehabilitation.
Changes to Acute Bed	Supported by the implementation of new models of care, formalise the temporary changes made as part of the 'Rebalancing the System' delayed

¹² Subject to final confirmation

¹³ Subject to final confirmation

¹⁴ Oxfordshire Transformation Programme, Decision Making Business Case (Phase One), 10th August 2017

Numbers	transfer project with the permanent closure of 110 acute beds.
Planned Care	Develop a 21 st century Diagnostic and Outpatient Facility; an Advanced Pre-operative Assessment Unit; and a reconfiguration of existing theatre space to act as a Co-ordinated Theatre Complex to improve elective services. In combination this would improve local access to a range of services.
Maternity	Create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the JRH and establish a permanent Midwife Led Unit at the HGH

7.4. Referral to the Independent Reconfiguration Panel of the proposed changes to Maternity Services at the HGH has resulted in it advising that further local action is required before a final decision can be taken on the future of maternity services in Oxfordshire¹⁵. OUH will work with OCCG and other partners to ensure that all options have been properly explored in the context of a strategy for maternity services across the county and the strategy for related services at the HGH.

7.5. OCCG confirmed in March 2018 that no changes will be proposed to A&E and paediatrics at the HGH, or to the provision of Midwife Led Units in Oxfordshire. The next steps for the programme will place renewed emphasis on planning across the six Oxfordshire localities. This approach will require working with communities in the localities to understand the local health needs, the local resources and facilities available, in order to develop plans which integrate health and social care services.

CQC Oxfordshire Local System Review¹⁶

7.6. In response to the CQC system-wide review, carried out in November 2017 and the subsequent report published by the CQC in February 2018, revised governance arrangements for achieving integrated health and social care delivery are being developed. The governance arrangements bring together NHS commissioners, providers and local authorities and will ensure delivery of system priorities to :

- Provide clarity on the programmes of work and system accountability
- Understand the scope of each programme – what is done at STP/Oxfordshire system/Locality level
- Assign projects to each programme that report progress against a set of system deliverables
- Prioritise all work appropriately and commit the right capacity and capability for success
- Ensure every project and programme has clinical and management leadership

7.7. It is currently envisaged that delivery will be achieved through the establishment of an Integrated Care Delivery Board, reporting to the Health and Wellbeing Board.

Regulatory Compliance

7.8. In autumn 2017, the CQC inspected two clinical services within the Trust - Maternity at the JRH, and the Oxford Centre for Enablement (OCE) at the Nuffield Orthopaedic

¹⁵ Letter from the Independent Reconfiguration Panel to the Secretary of State for Health and Social Care, 9/2/18

¹⁶ http://www.cqc.org.uk/sites/default/files/20180208_%20oxfordshire_local_system_review_report.pdf

Centre (NOC). In addition, the CQC also conducted a full review of the leadership and governance of the Trust as part of its programme of Well Led inspections.

- 7.9. Actions plans have been developed to address areas for improvement identified in these reports. These actions will be monitored for implementation by the Trust Management Executive and the Trust Board.
- 7.10. The Trust will continue to monitor compliance with CQC standards throughout the year.
- 7.11. In response to further Enforcement Undertakings issued against the OUH by NHSI in June 2018, with regard to its performance against the 18 week RTT standard for elective (planned) care, the A&E 4 hour access standard, financial performance, strategic workforce planning and governance arrangements, the Trust is strengthening its plans to improve performance in these areas. The further development of these plans will retain a clear focus on delivering high quality care, whilst ensuring that implementation of these plans is achieved in a timely and sustainable manner.

System Risk Management

- 7.12. The Risk Mitigations Delivery Group was established in 2017/18 to share defined activity and financial risk in return for a jointly agreed approach to mitigating this risk. In 2018/19 system risk management is focused primarily on elective care and a revised group has been established to monitor this.

2018/19 Corporate Objectives

8. Key Priorities 2018/19

- 8.1. The Trust's four key priorities for 2018/19 are :
- **URGENT AND EMERGENCY CARE** - Improved delivery of the A&E 4 hour access standard with at least 90% of patients attending A&E being admitted, transferred or discharged within 4 hours from September 2018 onwards
 - **CANCER CARE** - Continue to meet the performance standards for Cancer
 - **ELECTIVE (PLANNED CARE)** – Ensuring that by March 2019, unless this is by choice that patients are not waiting in excess of 52 weeks for their treatment, with the length of waiting lists maintained at March 2018 levels (subject to Commissioner affordability)
 - **FINANCES** - Make progress towards a sustainable, recurrent and underlying income and expenditure break-even while delivering the control total set by NHS Improvement.

Urgent and Emergency Care

- 8.2. With numbers of A&E patients increasing annually, delivering improvements in the A&E 4 hour access standard requires OUH to optimise patient flow. Optimal patient flow will be supported by the use of ambulatory models of care for appropriate patient cohorts, adequate bed capacity and responsive community and social care provision to enable the timely discharge of medically fit patients. In combination this approach will reduce avoidable admissions and delays in discharging patients.
- 8.3. The OUH will build upon a number of initiatives to optimise patient flow, including :
- Investment in ED multi-disciplinary workforce

- Delivery of workstreams contained in the Urgent Care Delivery Programme overseen by the Urgent Care Delivery Group
- Continued application of 'Stranded' reviews and appropriate escalation of findings for action
- Continue with the recruitment programme to further develop and expand service provision of reablement in line with a 'Home First' approach
- Increase long term care provision through Home Assessment and Reablement Team (HART)
- Development of a network of progressive ambulatory care including continued work with SCAS on prehospital pathways.
- Optimising the use of technology to manage patient flow within the OUH
- Improved system working to ensure that a system wide response supports capacity provision
- System wide robust and timely winter planning

8.4. With the recognised constraints on expanding the clinical workforce in the short term, it is the case that the flexible use of the Trust's current clinical capacity will be needed to meet demand for emergency and urgent care. Flexible use will be made of the workforce supporting elective capacity to provide emergency /urgent care capacity, avoiding the use of premium cost capacity.

Cancer Care

- 8.5. The Trust's wide range of cancer services continued to be provided in line with eight national waiting time standards. During 2017/18, most access standards were met but difficulty continued to be experienced in meeting the standard to give patients their first treatment for cancer within two months of an urgent referral by a GP.
- 8.6. Most waits of more than 62 days were in the Urological, Head and Neck, Gynaecological oncology, Lung and Lower Gastrointestinal tumour site groups. The OUH plans to maintain delivery of the eight cancer access standards.

Elective (Planned) Care

- 8.7. In response to the Enforcement Undertakings issued against the Trust by NHSI in May 2017 the OUH developed RTT recovery plans across 10 specialities to commence in 2018/19. In the context of the further Enforcement Undertakings issued in June 2018, these plans will be revisited and strengthened through system working. Constraints on workforce and Commissioner affordability will limit the growth in elective work that the OUH can plan to deliver in 2018/19.
- 8.8. OUH plans to ensure that patients do not wait longer than 52 weeks for their treatment, unless through their own choice. Delivery of the national requirements that waiting list size in March 2019 should be no larger than at March 2018 would be subject to Commissioner affordability.
- 8.9. The OUH will take a number of steps to support performance, namely :
- Prioritise investment in services where the delivery of RTT performance standards are under the greatest pressure
 - Use of other providers to support local patient access
 - Improvements to Trust productivity

Finances

8.10. OUH has developed plans to deliver a surplus in 2018/19. Delivery will be realised by a combination of robust planning, rigorous cost control and productivity improvements. While delivery in 2018/19 will rely upon a number of non-recurrent measures, in the medium term the focus will continue to be the development of plans to realise a recurrent underlying income and expenditure break-even position.

Quality Priorities 2018/19

8.11. OUH has identified its Quality Priorities through a number of engagement events with representation from staff and patients. The following Quality Priorities have been agreed for 2018/19:

DOMAIN	QUALITY PRIORITIES
Do No Harm (Patient Safety)	
	Preventing patients from deteriorating – Focusing on cardiac arrest reduction and improved management of sepsis
	Safe surgery and procedures – Ensuring that safe diagnostics tests, procedures and treatments are identified with the correct patient each time
War On Waste (Clinical Effectiveness)	
	Go Digital - Using technology to empower patients, for example by developing tools which will enable patients to view appointments and results
	Lean processes – Revising processes within services to reduce waste, increase efficiency improving the patient experience
Respect For Patients and Partners (Patient Experience)	
	Partnership working - Including improving the patient experience by working closely with other organisations in the NHS, local authorities and the voluntary sector, as well as continuing initiatives to improve the health and wellbeing of our staff
	End of life care - Ensuring the best possible experience for patients approaching the end of life and their families

Workforce Priorities 2018/19

8.12. The OUH has developed its People Strategy in the context of :

- Health Education England’s draft workforce strategy¹⁷
- The recognised local challenges of recruiting and retaining the workforce required to deliver high quality care sustainably
- The results of the Staff Survey 2017 which demonstrated a decline in staff engagement
- The Trust’s commitment to supporting and developing its workforce.

OUH’s ability to recruit and retain the required workforce is a recognised risk for the Trust.

¹⁷

<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>

8.13. The strategy has been developed through an iterative and inclusive process, comprising interviews, focus groups and working sessions involving c. 100 people. Delivery will span a 3-5 year period and will be organised around six themes. The priorities identified for delivery in its first year are :

THEME	PRIORITIES FOR 2018/19
Compassionate, Inclusive and Effective Leaders and Managers at all levels	<ul style="list-style-type: none"> Define skills needed at different levels of leadership management Use, and tailor where appropriate, existing Leadership Academy Programmes Develop Leadership Model and behaviours Test and refine field-and-forum leadership development programme with first cohort of an Improvement and Development Programme [for multi-disciplinary leadership teams]
Great place to work with good morale	<ul style="list-style-type: none"> Address pay anomalies e.g. spot salaries Improve the welcome (induction) programme for new joiners Strengthen staff communications including senior briefings, regular updates and online media Develop specific wellbeing initiatives to improve health, increase resilience and reduce stress Review and improve staff recognition Improve fairness, dignity and respect at work
Delivering Great Performance	<ul style="list-style-type: none"> Agree expectations for performance and accountability Improve rate and quality of appraisals across all staff groups Strengthen talent management and succession
Strategic Workforce Planning	<ul style="list-style-type: none"> Develop a comprehensive strategic workforce plan using appropriate tools Develop a careers bureau for more effective redeployment of staff across the Trust Develop retention plans focused on highest turnover areas
Building Skills and Capabilities	<ul style="list-style-type: none"> Develop and scale up a 'Skills for Managers' programme Match best practice in statutory and mandatory training Improve use of E-Learning Management System and extend E-Learning Establish training and development modules for improvement based on national Quality, Service, Improvement and Redesign (QSIR) framework
Efficient and enabling HR services	<ul style="list-style-type: none"> Review methods of communication into and out of HR Simplify and minimise the number of HR policies and processes 'Lean' the recruitment process Start implementation of new HR operating model

Strategic Themes and Objectives

8.14. The Trust's strategic themes were developed in collaboration with the University of Oxford and other partners. This plan is based on these themes, and greater prominence has been given to the supporting themes of Sustainable Compliance and Building Capabilities. These are set out as follows :



8.15. Work programmes, aligned to the Trust’s strategic themes, have been developed for 2018/19. Delivery will be supported by an agreed framework which sets out the roles and responsibilities of Executive Directors.

8.16. The work programmes agreed for delivery in 2018/19 are shown in the following tables :

Sustainable Compliance			
Continuing to deliver sustainable compliance with statutory requirements			
2017/18 Achievements			
<ul style="list-style-type: none"> Timely and full engagement with a significant programme of CQC inspections Progress on CQC requirements for improvement in the Emergency Department Achievement of initial NHSI requirements for improvement in elective waiting times with implementation of a short term plan and a reduction in the overall waiting list Some planned initiatives such as further Peer Review have been delayed in response to the number of external inspections that took place 			
Work Programmes	Objectives for 2018/19	Key Performance Indicators	Longer Term Objectives
1. Compliance with Quality Standards	Rectification of issues identified by CQC reports :		High quality services are maintained without regulatory intervention
	• Emergency Department [May 2017]	Full implementation of Board approved action plan	
	• OCE [March 2018]	Action plan approved by the Board. Implementation of agreed action plan.	
	• Maternity services [March 2018]		
	• Trust wide assessment of 'Well-led' domain [March 2018]	High standards of Trust governance are maintained without regulatory intervention	
• Oxfordshire System leadership and governance [February 2018]	Action plan approved by the Oxfordshire System. Implementation of agreed action plan	High standards of System governance are maintained without regulatory intervention	
2. Peer Review	Reinstatement and delivery of Peer Review programme	Schedule of peer review plans produced, agreed and implemented.	Increased knowledge and understanding for clinical staff of the importance of regulatory compliance. High standards of CQC compliance are maintained

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				without regulatory intervention
3.	A&E access standard	90% of patients attending the Emergency Departments are seen within four hours from September 2018 onwards ¹⁸		
4.	RTT access standard	Zero patients are waiting in excess of 52 weeks for their treatment, unless through choice. The elective waiting list does not increase in size between March 2018 and March 2019 (subject to Commissioner affordability) ¹⁹	Agreement of a financially sustainable activity plan Performance against agreed trajectory	Sustainable delivery of the RTT target
5.	Cancer access standards	Maintenance of compliance with national cancer standards	Agreement of affordable and deliverable plans Performance against agreed trajectories	Sustainable delivery of Cancer standards
6.	Annual financial control total	Agreement of a realistic control total with NHSI that represents the minimum sustainable position for the Trust and contributes towards the national goal of a breakeven position for NHS providers after receipt of sustainability funding	Agreement of revised control total and supporting financial plan Delivery of control total	Delivery of the target level of EBITDA
7.	Medium term financial sustainability	Development of a plan to achieve financial sustainability over the medium term and despite a challenging financial environment for the NHS as a whole	Development of medium term plan Achievement of year 1 milestones	Delivery of the target level of EBITDA
8.	Safeguarding	Further strengthen Trust processes for safeguarding adults and children	<ul style="list-style-type: none"> • Training to meet KPI of 90% • Quarterly safeguarding reports • To evidence compliance with the Section 42, Care Act 2014 & Children Act 2004 section 11 through the OSAB & OSCB annual agency return. 	Embed safeguarding and Think Family across the Trust

¹⁸ NHS Planning Guidance 2018/19 minimum requirement

¹⁹ NHS Planning Guidance 2018/19 requirement

Building Capabilities			
Building the Trust's capabilities to deliver its objectives			
2017/18 Achievements			
<ul style="list-style-type: none"> • Progress made in Magnet accreditation with work progressing against the Magnet Strategic Plan 2018/19 • Progress made in the establishment of 'Shared Governance' groups across the Trust, enhancing ownership, co-production of activities and patient care • Oxford School of Nursing and Midwifery established with work progressing through the School Board and Operational Management group • Substantive increase in the Trusts own education faculty for non-medical staff with the 4th cohort of Leading Compassionate Excellence and the launching of two further Post graduate certificates in Advanced Neuroscience Care and Rehabilitation and Certificate in Advanced Person Centred Ophthalmic Care • Established Year 2 of the Nursing Foundation programme, recognised as good practice as evidenced by the Trust's participation in the National Reducing Pre-Registration and Improving Retention, (RePAIR) project as a case study site • Established a Nursing and Midwifery Trust Induction programme to enhance practitioner experience and effective introduction to practice • Supporting 16 Nurse Associate Trainees as part of a Health Education England, (HEE) 'Fast Follower' site. • Became an 'Approved Provider', enabling the Trust can now deliver its own Apprenticeships to staff where resources are available • Leadership development: Future Leaders' Programme cohort 2 successfully completed with 30 consultants, delivery of line management training completed for 87 staff • Successful international recruitment to replace shortfall of UK and EU nurses, with 200+ offers made in India and Philippines 			
Work Programmes	Objectives for 2018/19	Key Performance Indicators	Longer Term Objectives
1. Implement OUH People strategy (2018-2023)	Improved recruitment and retention	Reduce turnover from 15% to 12%	
	Strengthen talent management processes, including appraisal	Appraisal rate >90%	
2. Improve staff engagement	Improve staff engagement through response to 2017 Staff Survey and listening events, and implementing priority actions	Staff survey scores Staff survey response rate	Top decile for staff engagement
	Strengthen staff communications including senior briefings, regular updates and online media		
3. Implement new operating model within a cohort of services	Implement Improving Performance and Care in Teams Programme with first cohort of services	Improved performance (quality, workforce, operational performance, finance)	Define new operating model
	Test and refine field-and-forum leadership development programme with first cohort of 15-25 leaders		OUH leadership model
	Evaluate impact of Improving Performance and Care in	Evidence base and learning	

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		Teams Programme through rigorous research		
4.	Strengthen practice and professional development for Nursing and Midwifery Staff	Continue to work towards Magnet accreditation	Evidence against Magnet Strategic Plan and Requirements 2018/20	Employer of choice for nurses and midwives within the UK.
		Progress establishment of Oxford School of Nursing.	Oxford School of Nursing Strategic Plan.	National and Internationally recognised centre of excellence for nursing and midwifery education.
		Strengthen professional development pathways for nurses and midwives at all levels. . Increasing recognition as an education provider of choice for specialist non-medical clinical programmes Increasing recognition as an education provider of choice for vocational education	Recruitment, progression and retention on development pathways. Increase development of the Trust's in-house academic faculty development through the launch of further post graduate certificates in, intensive care, renal and urology nursing, perioperative practice and Orthopaedics and Trauma in 2018/19. Oxford School of Nursing and Midwifery provides an engaging and accessible continuing professional development, (CPD) offer. Proactive education commissioning to ensure provision meets needs both in delivery, outcomes and value for money. Achieve Skills for Health Quality Kite Mark Increased access to CPD	Improved recruitment and retention
		Establish clear and coherent career pathways for nursing staff	Standardised job descriptions and person specifications for generic, specialist, Advanced and Consultant roles implemented across the Trust	Improved recruitment and retention
5.	Strengthen professional development opportunities and	Further development of accessible and sustainable CPD provision.	Increase in in-house academic programme delivery utilising existing education faculty and resources	Improved recruitment and retention
		Development of transferable, recognised education	Proactive education commissioning to ensure	

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	access for non-medical clinical staff	<p>provision across the local healthcare sector in the Thames Valley.</p> <p>Increasing recognition as an education provider of choice for specialist non-medical clinical programmes</p> <p>Increasing recognition as an education provider of choice for vocational education</p>	<p>provision meets needs both in delivery, outcomes and value for money</p> <p>Establishment of a Thames Valley 'Excellence Centre' jointly hosted by Oxford University Hospitals and Oxford Health (National Skills Academy for Health)</p> <p>Achieve Skills for Health Quality Kite Mark</p> <p>Increased access to CPD</p>	
6.	Strengthen professional development opportunities and access for the wider non-registered, non-clinical workforce	<p>Further development of accessible and sustainable CPD provision.</p> <p>Recognised as an education provider of choice for vocational education.</p>	<p>Increase in in-house academic programme delivery utilising existing education faculty and resources</p> <p>Proactive education commissioning to ensure provision meets needs both in delivery, outcomes and value for money.</p> <p>Achieve Skills for Health Quality Kite Mark</p> <p>Increased access to CPD</p>	Improved recruitment and retention
7.	Apprentice Levy Utilisation	<p>Provide a coherent and transparent investment plan against the Apprenticeship Levy, informed by workforce demand and planning.</p> <p>Trust wide Apprenticeship Strategy launched in conjunction with the People Strategy</p> <p>Apprenticeships utilised where appropriate as an alternative to traditional funding sources, thus reducing impact of reduction in external HEE funding.</p>	<p>National mandated target for Apprenticeships in the Trust met.</p> <p>Greater representation of apprenticeships across the organisation where national apprenticeship standards have been established.</p> <p>Apprenticeships considered as a first line response to enabling workforce development and new ways of working. Evidenced in workforce plans and service redesign.</p>	Improved recruitment and retention
8.	Strengthen improvement capabilities (HQCL)	<p>Establish training and development modules against a 'skills matrix' for improvement</p> <p>Re-engage Change Champions</p>		
9	Strengthen line management	Develop and deliver line management training for middle managers (200-500 people)		

	capabilities	Provide coaching & leadership training for senior leaders (100)	Quarterly large-scale learning events	Co-develop intensive development programmes with OU
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Home Sweet Home			
Achieving local healthcare integration to deliver excellent care			
2017/18 Achievements			
<ul style="list-style-type: none"> Relocation of the Infectious Diseases Ward (John Warin) from the Churchill to the John Radcliffe Hospital Plans to develop an Outpatient and Diagnostic Centre at the HGH have been progressed with approval of the Decision Making Business Case by the OCCG, following public consultation Implementation of systematic review of all stranded patients with weekly escalation from ward to Board and system partners, achieving an overall reduction in the numbers of stranded patients Delivery of services on an ambulatory basis have continued to expand with Acute Ambulatory Units (AAUs) operating on both the Horton and John Radcliffe sites The Home Assessment and Reablement Service (HART) operated by the Trust now cares for 300 people in their own homes, providing reablement and domiciliary care 			
Work Programmes	Objectives for 2018/19	Key Performance Indicators	Longer Term Objectives
1. Integrated Front Door at HGH	Integrate ED, Out of Hours and Darzi Unit at HGH	Detailed plans agreed with implementation in train pre-winter 2018/19	
2. Bed and Service Reconfiguration	Relocate Renal Ward to alternative and modern clinical space at Churchill Hospital	Subject to Board approval, relocation is completed	
	As part of plans to improve urgent care capacity (especially in preparation for a winter peak of admissions): <ul style="list-style-type: none"> Reopen F Ward at HGH to create trauma rehabilitation unit. Through better use of Oak Ward, create capacity for renal dialysis and enable the creation of a discharge lounge at the Horton. 	Subject to feasibility assessment, relocation and capacity expansion is completed. Net additional 10 #NOF and 18 acute medical beds at Horton. Improved bed availability earlier in the day at HGH for emergency admissions. Dialysis provision at HGH increased from 6 to 12 stations	
	Develop E Ward at HGH as a 23 hour surgical unit, able to provide overnight care	Protected throughput of short-stay surgical patients. Reduced cancellations.	Reduced waiting times for surgical specialties including Urology and Gynaecology.
3. Working with Primary Care	Develop plans with Oxfordshire CCG, Oxford Health and GP Federations for a fully integrated service for people with diabetes.	Service proposal agreed by commissioners.	Improved patient experience. Enhanced non-hospital care (including structured education) for a growing

				population. Improved value of investment in primary care prescribing and minimisation of growth in inpatient bed days for people with diabetes.
		Further develop acute ambulatory services at the JR and HGH	Patients will continue to be assessed and treated on an ambulatory basis wherever possible with comprehensive pre-hospital screening and early streaming to AAU Agreement and implementation of plans to expand Surgical Emergency Unit with dedicated staffing and provision of an ambulatory unit facility.	
		Phased implementation of integrated Home First service with discharge to assess approach (pre-winter 2018/19)	Phase 1 implemented by July 2018. Phase 2 implemented subject to outcome of Phase 1 pre-winter 2018/19	
4.	Stranded Patients	Reduce number of stranded/super-stranded patients through integrated system working and effective escalation	Reduced numbers of stranded/super-stranded patients (baseline is c. 575-600 patients) in line with expected national target of 25% reduction in super-stranded patients	Sustained reduction in the number of stranded/super-stranded patients with a length of stay exceeding 7 days with associated reductions in risks of 'deconditioning' and domiciliary care costs
		Ensure consistent approach to discharge and escalation arrangements within the Trust	Increase in number of patients discharged home as discharge destination Reduction in impact on HART/domiciliary care Reduced risk of unplanned readmissions	
5.	Obstetric Services	Respond to IRP findings in conjunction with OCCG, multi county joint HOSC and service users	Multi-system joint HOSC established Work plan agreed with system partners responding to IRP findings	

Focus on Excellence			
Prioritising investment in services; developing world-class excellence			
2017/18 Achievements			
<ul style="list-style-type: none"> Learning captured through the Focus on Excellence process (identification of features of successful services and factors supporting improved performance) will support the development of the new operating model. Leadership development meetings with selected services have been completed and actions to deliver improvement agreed. Engagement with the transformation agenda has strengthened network arrangements, securing the OUH referral base <p>Review of all Part 3 submissions (self-assessment of service's potential to become World Class Centres of Excellence) has been completed. c. 15 services have been prospectively identified from this initial review, for further scrutiny</p>			
Work Programmes	Objectives for 2018/19	Key Performance Indicators	Longer Term Objectives
1. Continue to develop the Focus on Excellence Process	Define "the bar" which all OUH services are required to meet and the process for evaluation against it	Agreed metrics and methodology for measurement	
	Improve the use of clinical outcome measures at service level	Agreed set of clinical outcome measures for each service	
2. Development of a clinical strategy for OUH, including Centres of Excellence	Development of a clinical service strategy	Approval of the clinical strategy by Trust Board (including Centres of Excellence)	
	Define the criteria and process for identifying and developing Centres of Excellence	Agreed : <ul style="list-style-type: none"> Set of criteria and development process Trajectory for developing business cases for investment, specifying necessary leadership and resources 	
3. Establishment of an integrated approach to performance management	Establish an integrated approach to performance management, providing assurance to internal and external stakeholders. (Support has been received from NHSI to follow-up productivity improvement in the most challenged areas).	Agreed ; <ul style="list-style-type: none"> Performance metrics Monitoring and review arrangements with effective performance conversations 	
4. Engagement with regional strategic initiatives	Work with BOB STP to improve quality and integration of health and social care	Agreed models of service delivery with other providers and Commissioners	
	Work through the Integrated Care Delivery Board to deliver local Health and Wellbeing priorities	Agreed models of service delivery with other providers and Commissioners	
	Work with acute providers to strengthen network arrangements, repatriating out of area work	Agreed models of service delivery with other providers and Commissioners	

	Work with University Hospital Southampton NHS FT to develop the model for Children's Services	Agreed models of service delivery with UHS and Commissioners	
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Go Digital			
Leveraging electronic health records, data and technology to innovate and join up how we provide patient care across organisational boundaries and support self-care and research			
2017/18 Achievements			
<ul style="list-style-type: none"> • Successful delivery of the first two key milestones for the GDE programme • Upgrade contracts for Cerner EPR successfully negotiated in line with GDE • Establishment of the framework for GDE planning and delivery • Secured £1.4m funding for Cyber security investment as a major trauma Centre • Implemented the new Global PAS as first of type in the UK 			
Work Programmes	Objectives for 2018/19	Key Performance Indicators	Longer Term Objectives
1. Paperless working	Ceasing to use the paper notes in over 50% of specialties for OP consultations and for 90% of inpatient activity	Voice Recognition replacing over 60% of transcribed letters with no new notes for new patients	Paperless working with all clinical recording undertaken on line
	Establishment of robust scanning infrastructure Patient Flow implemented	2018 code upgrade successful with NOC OUH merger delivered	Infrastructure for HIMMS level 6/7 in place
2. Cyber security and Infrastructure	Delivery against the plans for £1.4m central investment	vWorkspace replacement Major wireless upgrade	
	Replacement for bleeps	Bleep replacement signed	
3. Robust delivery plans for future modules	Plans for pathology, radiology, pharmacy in place	Contracts	Local Health Care Record plans well developed
	Delivery of theatres and Anaesthetics in progress		
4. Population Health	Health Information Exchange (HIE) live and linked to regional care summaries across STP	HIE used to share records by OUH, primary care and Oxford Health (with links to OCC and SCAS in test). Cerner and Graphnet systems linked	Sunset Oxfordshire Care Summary. Link Oxfordshire HIE to London Health Care Information Exchange and Milton Keynes HIE
	Longitudinal care records comprising data from primary, secondary and community care in place.	Diabetes registry live and in use by clinical service.	Develop further disease registries and bespoke population health analytics.
5. Innovation	Launch SMART on Fast Healthcare Interoperability Resource (FHIR) capability so that new applications may be developed / deployed that leverage the data stored in our EHR.	Cerner Ignite application programme interface (APIs) go-live and first SMART application deployed.	Infrastructure for development and validation of new applications.
	The Hill innovation hub	Open physical innovation hub on JR site	Take innovative solutions into live

			to support the development of new digital health ideas from staff and service users.	use and then commercialise.
6.	General Data Protection Regulation (GDPR) May 2018	Compliance with Data Protection Act 2018 and GDPR. Achieve Cyber Essentials Plus	Data Security and Protection Toolkit: satisfactory score (or better) KPI: Certification.	

Master Planning				
Long term estates planning – intended to support future investment in infrastructure to support clinical services, research and education endeavour for the Trust				
2017/18 Achievements				
<ul style="list-style-type: none"> Phase 1 of the masterplan completed and approved by Trust Board in January 2018. Energy Centre completed in Q3 2017 and has obtained two awards including Sustainability Project of the Year at the IHEEM's Healthcare Estates awards. Emergency Department (ED) Resus Expansion Outline Business Case approved by Trust Board in July 2017. Principal Supply Chain Partner (PSCP) appointed in February 2018 via DH P22 framework. Significant progress has been made on property matters, both with the University as a key strategic partner and other stakeholders. To include working with Finance to improve and simplify our Service Charging and to reduce time and resources needed to invoice and collect pass through costs for occupiers. Space Allocation Group has been established to include a process for requesting space. Further development anticipated in 2018/19. Progress has been made towards development of a sustainable capital investment programme. The structure, process and assessment criteria for capital expenditure were approved by TME in March 2017 followed by prioritisation of schemes in October to December 2017 with key stakeholders. 				
Work Programmes	Objectives for 18/19	Key Performance Indicators	Longer Term Objectives	
1.	Create a progressive Trust Master Plan from 2017 - 2047	Develop Phase 2 of the Master Plan, which places focus on defining the Clinical Strategy that underpins the development. (Capital Net Investment 2018/19 c. £3.2m Revenue Net Impact (Return) 2018/19 c £2.5m)	Demonstration of collaborative plans for travel/ transport, key worker housing and relocation of services closer to the patient.	The Trust has made a commitment to progressing plans for a HGH Diagnostics and Outpatients Centre
2.	Premises Development - to support service capacity requirements	Undertake a Trust wide space utilisation review to identify opportunities for reuse and redistribution of space	m2 of estate and utilisation per staff head count Reduced m2 per head count based on existing baseline	Change of culture on use of the estate moving to increased shared space and remote working where possible
		Review of existing estate to maximise opportunities for services identified within the Focus on Excellence worksteam to expand	Increased utilisation of space for services identified Increased productivity through the m2 available	Increased productivity through reduced foot print
3.	Improving our healthcare environments – a plan for change	Implement an estates solution or appropriate mitigation to those areas whose environment is not meeting CQC standards	Areas identified achieve CQC approval. To include ED resus and maternity facilities.	All estate will meet modern standards
		Address suboptimal facilities through revision and reconfiguration of space	A database of suboptimal facilities will be configured with planned works to address issues raised	The process of prioritisation of space is transparent with those areas in most need being

				addressed
4.	A review of opportunities for Investment/ Acquisition and Disposal	Further development of an Estates Strategy for OUH that aligns with its Master Plan – to include the Clinical Strategy to be developed as part of Phase 2	Refinement of the estates strategy in parallel to development of the Clinical Strategy (Phase 2)	An articulation of the Master Plan is clear for staff
		Further develop Phase 1 plans for relocations, investment and demolition	Detailed plans with sequencing of relocations, investment and demolitions is available	The 0 – 5 years Master Plan is delivered with a forward view of 5 – 30 years pipeline
5.	Further develop the policy and process for the management of space in the OUH	Refine and submit for approval (at Capital Programmes Board and TME) a space allocation/ management policy that can be used across the Trust to manage its estate	Transactions through the group are transparent and lead to delivered reallocations of space	There is a robust vehicle for the allocation of space in the future which reduces delays in decision making and achieves the best space for all
		Implement reporting process to provide visibility of proposed space allocation for approval	Relocations and allocations of space are managed to implementation	
6.	Review all contracts and leases involving the estate	Set up a focus group to review all of the existing contracts and leases involving the estate. A data base will be set up to hold the information. Work will be undertaken to maximise the potential to increase rental income from those agreements. Progress has been made in 2017/18 but remains on-going	A database of all contracts and leases will be set up. An increased target rental income of 5% is achieved through renegotiation of contracts	The Trust is clear on its estate related contractual relationships and is able to maximise the potential in this area for joint partnerships
7.	Completion of capital prioritisation process for 2018/19	Support the divisions in development of a mitigation strategy for prioritised schemes unfunded in the 18/19 capital plan	Mitigation strategy for prioritised capital schemes that remain unfunded is available and implemented	The Trust has a clear understanding of opportunities for mitigation
		Complete capital prioritisation for schemes <£1M	Agreed scheme list is available including for schemes <£1M. A structured process for a programme of planned works for charitable funding consideration is to be developed	A structured process for prioritising schemes to include those for charitable funds applications, which is transparent and easily understood by all staff
8.	Investment in building the internal capability to be responsive to the demands of Master Planning	To identify internal resources that can be responsive to the needs of the Trust in developing capital schemes. (Currently funding is only available to work up approved schemes with no flexibility to support feasibility work).	Resources identified to support internal mechanisms to generate high level costs for those cases involving capital expenditure, approved to be developed beyond PID stage	Clinical Divisions and other partners are supported and feasibility studies expedited where appropriate

High Quality Costs Less				
<p>“Quality is our Business” – this strategic theme is about quality as an organising principle, and about making a business success out of quality. By improving quality through disciplined methodologies we do the right thing for patients, improve staff satisfaction, and can release resource that we currently waste, for further investment in care.</p>				
2017/18 Achievements				
<ul style="list-style-type: none"> • Good progress against the 2017/18 quality priorities • Strong performance against the 2017/18 CQUINs • Application of the quality improvement toolkit 				
Work Programmes	Objectives for 2018-19	Key Performance Indicators	Longer Term Objectives	
1. Quality priorities/account	Agreement of the 2018/19 quality priorities/account	Quality priorities/account delivered to timetable		
	Deliver quality improvements against the quality priorities/account	As specified in the quality priorities/account		
2. CQUINs	Agreement of 2018/19 CQUINs	CQUINs agreed with commissioners		
	Delivery of 2018/19 CQUINs	% of CQUINs delivered		
3. Carter/Patient Level Costing/Efficiency Programme/GIRFT	Continued strengthening of the alignment between quality, performance and efficiency	Agreement of GIRFT action plan by specialty, with tracking of delivery. Feed to EBITDA by specialty, linking to new operating model	Clinicians understand and use their own EDITDA and clinical variation data to maximise quality, reduce unwarranted variation, and improve EBITDA and value	
4. Quality Improvement	Implementation of the Improving Performance and Care in Teams Programme with the first cohort of services is underpinned by a robust approach to quality improvement	Agreed metrics with improvement targets		
	Underpins the Trust’s integrated approach to performance management	Agreed metrics with improvement targets		
5. System-wide quality	Establish with partners a system-wide quality improvement programme	Development of a system-wide quality dashboard	Progress towards Oxfordshire ICS	

	improvement			
6.	Realise benefits from Academic Partnerships	Strengthen synergies for patients, staff, taxpayers and partner organisations, increasing innovation, health and wealth	Increase commercial clinical trials activity Increase impact of translational research on patient care through innovation adoption Improve culture of “research friendliness” throughout Trust Improved sustainability of clinical services and contribution to EDITDA from research outputs	Better patient care, more sustainable services

Delivering the Plan

9. Operational Plan

9.1. The OUH's Operational Plan has been developed in the context of :

- The Oxfordshire health and social care system's need to provide sufficient capacity to meet demand for emergency and urgent care
- The need to maintain cancer waiting times
- Limited opportunity to significantly expand clinical capacity in the short to medium term.

9.2. The OUH submitted its final Operational Plan on 2 July 2018 to NHSI. This set out the Trust's :

- Approach to workforce planning
- Activity plans
- Financial plan
- Approach to ensuring reconciliation of finance with activity and workforce
- Approach to key financial and operational risks
- Quality priorities

10. Workforce Plan

10.1. OUH has planned for its workforce to be the main factor limiting its delivery of healthcare in 2018/19. After considering the constraints on the local labour market and its recent experience in hiring new staff, OUH has assumed the following workforce will be available in 2018/19:

	17/18	18/19
WTE	Year End	March
ALL STAFF	11,671	12,114
Substantive	11,036	11,233
Temporary	635	881
Substantive - Nursing and Allied Health	8,161	8,348
Substantive - Medical	1,771	1,755
Substantive - Admin & Clerical and Support	1,104	1,131

11. Activity Plan

11.1. This workforce will prioritise the expected growth in demand for urgent care and cancer services with staff and budget being made available for other planned care after these needs have been met. OUH has assumed the following activity will be delivered in 2018/19:

000s	17/18	18/19				Total
	Year End	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Outpatient attendances	859.5	213.8	215.2	213.5	215.5	858.0
Elective admissions	107.1	28.1	28.3	27.5	26.9	110.9
Non elective admissions	77.6	20.2	19.8	20.4	20.1	80.5
A&E attendances	136.0	35.1	34.1	35.8	33.8	138.8

12. Financial Plan

Financial Planning Context

- 12.1. The NHS is experiencing the most prolonged period of low funding growth in its history and despite the efforts of Trust staff and management the Trust made a loss of £7.3m in 2017/18 after adjusting for the effects of valuation gains on its properties. This meant that the Trust missed the budget it had agreed and the financial targets set by NHS Improvement.
- 12.2. Against this background, the Trust Board will continue with its financial strategy for OUH to deliver a sustainable financial performance without reliance on one-off income. However, the shortfall in financial performance in 2017/18 means that it will take at least a year longer to achieve the objective of long term sustainability.
- 12.3. The two pillars of the plan to deliver this strategy are:
- Rigorous cost control to ensure that the Trust gets value for money from every pound that it spends; and
 - Continuous productivity improvement driven by our belief that high quality costs less.
- 12.4. The Trust is also developing an ambitious capital programme that can only be afforded if the day to day finances improve. In response to our current financial challenges, the Trust will prioritise essential equipment replacement and those building projects required to improve safety, quality and productivity.

Commissioner Income

- 12.5. With overall growth in NHS funding announced and the anticipated growth in activity, OUH has made the following assumptions about its income for 2018/19:
- Growth will be paid for in line national payment (PbR) rules and prices
 - Growth is anticipated to be at the following levels:
 - A&E growth of 2.1%
 - Urgent care growth of 3.7%
 - Planned care growth of 3.6%
- 12.6. Growth will be delivered at marginal cost, with the value depending on the point of delivery and specific service development.

Income and Expenditure Plan 2018/19

- 12.7. Overall, OUH has planned to deliver the revised control total requirement of a £25.7m surplus in 2018/19. This includes Provider Sustainability Fund (PSF) income of £15.3m which the Trust will receive if it delivers the finance control total and the A&E performance target. Excluding the PSF income, the Trust is required to make a £10.4m surplus (1% of planned turnover). To do this the Trust will need to realise significant one-off items of £36.0m²⁰. This represents an underlying deficit plan of £25.8m²¹, which is an improvement of £6.6m on the underlying financial performance

²⁰ £34.2m are non-recurrent, with £1.8m recurrent in nature.

²¹ After stripping out PSF income (£15.3m), non-recurrent measures of £34.2m and non-recurrent efficiencies of £2.0m.

in 2017/18, although last year one-off items improved the underlying deficit by some £8.4m.

£m	17/18	18/19				Total
	Year End	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Patient care income	863.4	218.7	221.7	221.5	219.0	881.0
Other operating income	166.8	40.6	42.5	52.1	48.8	184.0
Pay	-584.9	-150.7	-150.3	-150.9	-151.6	-603.5
Non pay	-417.7	-109.6	-112.1	-105.3	-102.8	-429.8
Operating surplus / deficit	27.6	-0.9	1.8	17.3	13.5	31.7
Finance costs (inc PDC)	-27.4	-7.4	-7.3	-7.3	-7.4	-29.3
Technical items	3.4	-0.1	-0.1	-0.1	22.2	22.0
Retained surplus / deficit	3.5	-8.3	-5.5	10.0	28.3	24.4
EBITDA	46.5	6.8	9.5	25.0	20.2	61.6
EBITDA percentage	4.5%	2.6%	3.6%	9.1%	7.6%	5.8%
Adjusted financial performance surplus/(deficit), including PSF	-7.3	-7.8	-4.9	10.6	27.9	25.7
Underlying adjusted financial performance surplus/(deficit), excluding PSF	-32.4	-10.1	-8.0	-3.5	-4.2	-25.8

12.8. In addition to the benefits of rigorous cost control to offset inflation, OUH is planning to deliver productivity improvements from its investments in digital technology.

Capital Plan

12.9. Allowing for the difficult financial environment, OUH has planned a capital programme that includes the most essential replacement of equipment and re-provision of facilities. It also includes targeted new investments primarily reliant on external finance. The capital plan is summarised in the table below²².

Capital Programme	2018/19 (£m)
Contingency	2.0
Donations	1.3
Estates	1.8
IT	1.1
Major Developments	6.5
Medical Equipment	1.8
Minor Capital	1.0
Other	1.3
Total Internally Funded	16.7
IT	6.4
Genomics	0.7
R&D	0.3
Cancer Alliance	0.6
Total Externally Funded	8.0
Total All	24.7

12.10. In line with OUH policy, all individual investments of sums greater than £1m will be subject to prior approval by the Board.

²² Excludes Swindon Radiotherapy satellite unit (£7.4m) which is planned to be funded by a capital loan and technical items (PFI lifecycle, MES and finance leases, £2.7m).

Managing Risks to the Plan

13. Board Assurance Framework (BAF)

13.1. The Board has overall responsibility for ensuring systems and controls are in place sufficient to mitigate any significant risks which may threaten the achievement of the strategic objectives described in this Business Plan. Assurance may be gained from a wide range of sources, but wherever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Board achieves this, primarily through the work of its Assurance committees, through use of Audit and other independent inspection and by systematic collection and scrutiny of performance data, to evidence the achievement of the corporate objectives.

13.2. The Trust Board will monitor the principal risks to the delivery of the Trust's strategic objectives through the Board Assurance Framework which is being renewed to reflect the contents of this Business Plan. The BAF will be an active tool to provide a strong assurance model for the Board.

14. Corporate Risk Register 2018/19

14.1. The Corporate Risk Register will be strategically aligned to the corporate objectives and strategic themes, linking to operational risks throughout the organisation.

Monitoring Delivery of our Plan

15. Integrated Performance Report (IPR)

15.1. The Trust Board monitors key performance metrics through the Integrated Performance Report which is produced monthly. This includes a summary of performance across four domains **Operational, Quality, Finance** and **Workforce**, with exception reports for areas where performance is below that expected.

16. Board Quality Report

16.1. Progress against the Trust's Quality Strategy is monitored through a monthly report, presented alternately to the Trust Board or to the Quality Committee. This includes:

- a progress report on the Trust's quality priorities
- performance against the key quality metrics linked to the quality of clinical care provided across the organisation
- patient experience metrics, including responses to the Friends and Family Test

17. Review of Corporate Objectives

17.1. Reports on progress against delivery of the corporate objectives will be brought to the Board after six and 12 months.

18. Performance Management Framework

18.1. Each Division has produced a Divisional Business Plan for 2018/19. The OUH will implement a revised performance management framework. This will include the sign-off of Divisional Business Plans by the Divisional management teams and Executive

Directors. The delivery of these plans will be monitored through performance review meetings during 2018/19.