Oxford University Hospitals
NHS Foundation Trust

Business Plan 2019/20

Delivering Compassionate Excellence

learning respect delivery excellence compassion improvement

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ABBREVIATIONS AND ACRONYMS

7DS	Seven-day hospital services
AHP	Allied Health Professional
BAF	Board Assurance Framework
BOB	Buckinghamshire, Oxfordshire and Berkshire West
CQC	Care Quality Commission
CGC	Clinical Governance Committee
CQUIN	Commissioning for Quality and Innovation
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ED	Emergency Department
EEI	Employee Engagement Index
ENT	Ears, Nose and Throat
GIRFT	Getting It Right First Time
HART	Home Assessment Reablement Team
IMAS	Interim Management and Support
LocSSIPs	Local safety standards in invasive procedures
LOS	Length of stay
MRET	Marginal Rate Emergency Tariff
NEWS2	National early warning score 2
Oxfordshire CCG	Oxfordshire Clinical Commissioning Group
OUH	Oxford University Hospital NHS Foundation Trust
PSF	Provider Sustainability Funding
QIA	Quality impact assessment
QIP	Quality Improvement Plan
RTT	Referral to treatment
SEND	System for electronic notification and documentation
STP	Sustainability and Transformation Partnership
TME	Trust Management Executive

Executive Summary

Oxford University Hospitals (OUH) delivers clinical care to its local population of Oxfordshire as well as to the populations of surrounding counties. It is 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.

For 2019/20, our mission will continue to be delivered through five main and two supporting strategic themes. The five main themes are: **Home Sweet Home** – delivering care in the best settings; care; **Focus on Excellence** – promoting world class excellence; **Go Digital** – empowering patients and integrating organisations; **Master Planning** – optimal use of scarce resources; and **High Quality Costs Less** – continuous service improvement.

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

We made significant progress during 2018/19 towards achieving our objectives and those of the wider health and care system. We will be looking to build upon this in 2019/20.

We recognise that we face some on-going challenges with operational and financial performance, but remain committed to providing high quality, clinical care for patients.

In 2019/20, the OUH's **priorities** will be to:

- **Improve our safety culture** - Embedding best practice consistently in the care received by our patients so that no patients are adversely affected by avoidable harm
- **Achieve the operational trajectories as submitted to NHS Improvement -** Improved delivery of the A&E 4 hour access standard with performance of 90%, avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard from December 2019
- **Deliver the 2019/20 workforce plan** - Advancing initiatives which support and develop our staff, improve recruitment and retention, grow our substantive workforce and strengthen staff engagement, leadership and culture across the Trust
- **Deliver the Trust control total for 2019/20** – Deliver the £37m control total for 2019/20 while improving the underlying position and reducing reliance on one-off transactions
- **Refresh OUH's five year strategic plan** - Refresh the Trust's five year strategic plan with an increased focus on delivering integrated care and working in partnership with other organisations

Background and Context

1. Oxford University Hospitals NHS Foundation Trust

1.1. Oxford University Hospitals (OUH) delivers care from three hospital sites in Oxford, one hospital site in Banbury and from more than 44 other locations in both community settings and other surrounding hospitals. The OUH provides a comprehensive range of secondary and tertiary services to the local Oxfordshire population as well as to the populations of 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 range of regional services and networks, including major trauma, stroke and renal disease.

1.2. OUH is 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. The OUH is supported in these endeavours by its collaboration with the University of Oxford and Oxford Brookes University.

1.3. An overview[1] is provided in the following table:

Overview	Local population: 683,400
	Catchment population: c. 3 million
	Average number of beds: 971
	Number of staff: c. 11,800
Operational	Number of A&E attendances: 141,130
	Number of planned admissions: 103,258
	Number of urgent admissions: 82,296
	Number of outpatient attendances: 781,151
Financial	2018/19 revenue: £1,073.5m
	2018/19 planned outturn: £25.7m surplus
	2018/19 reported outturn: £37.3m surplus (unaudited)

2. Mission 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

[1] Content reflects the position at the end of 2018/19

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. OUH's 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

3. Strategic Themes

3.1. OUH has five main and two supporting strategic themes with associated objectives. The five main objectives are:

Home Sweet Home
To redesign our services, in partnership with others, to achieve local health care integration, to deliver excellent care in the best settings
Focus on excellence
To prioritise investment in services; developing world class services to deliver excellence
Go Digital
To achieve digital transformation, to support excellent care and enable care to be delivered closer to home
Master Planning
To develop long term estates planning that sets out the strategic vision for the Trust sites for the next 40 years
High Quality Costs Less
To deliver our quality priorities and ensure continuous service improvement through efficient working practices

3.2. The two supporting objectives are :

Building Capability
To develop the organisation's ability to deliver our strategic objectives through our workforce
Delivering Sustainable Compliance
To continue to deliver to the NHS constitution, national access standards and financial balance in a sustainable manner

4. Context

4.1. Following the publication of the NHS Long Term Plan in January 2019, 2019/20 is a transitional year for OUH, Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP) and the wider NHS. OUH has developed this Business Plan in the context of the :

- NHS Long Term Plan[2], the existing commitments of the Five Year Forward View[3] and national strategies for cancer, mental health and maternity provision
- Strategic priorities of:
  - BOB STP
  - Oxfordshire Clinical Commissioning Group (Oxfordshire CCG)
- NHS Improvement Enforcement Undertakings
- Care Quality Commission (CQC) inspection findings

4.2. This is the final year of the OUH's Integrated Business Plan 2014/15-2019/20. OUH is undertaking a strategy refresh in collaboration with other NHS partners, the University of Oxford and Oxford Brookes University over the coming months, which will inform the development of strategic plans for the future delivery of national and local priorities.

NHS Long Term Plan

4.3. The NHS Long Term Plan sets out the priorities for the service over the next 10 years. In summary these are to:

- Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
- Strengthen its contribution to prevention and reducing health inequalities.
- Improve care quality and outcomes.
- Tackle current workforce pressures and support staff.
- Upgrade technology, expanding digitally enabled care across the NHS.
- Use the 3.4% five year NHS funding settlement to put the NHS back onto a sustainable financial path.

BOB STP

4.4. The BOB STP is one of 42[4] geographical areas which together cover England. It brings together NHS organisations (GPs, ambulance, acute and mental health organisations) and councils to plan and deliver integrated health and social care for their population. BOB STP has identified its challenges[5] :

- Significant increases in population due to new housing growth.
- Pockets of deprivation where communities are not as healthy as they could be.
- Increasing demand for services, especially for frail older people who often have multiple health and social care needs.
- Difficulty in recruiting and retaining staff due to the high cost of living, leading to inconsistent levels of care and unsustainable services.
- Ageing NHS buildings which are not fit for modern use.

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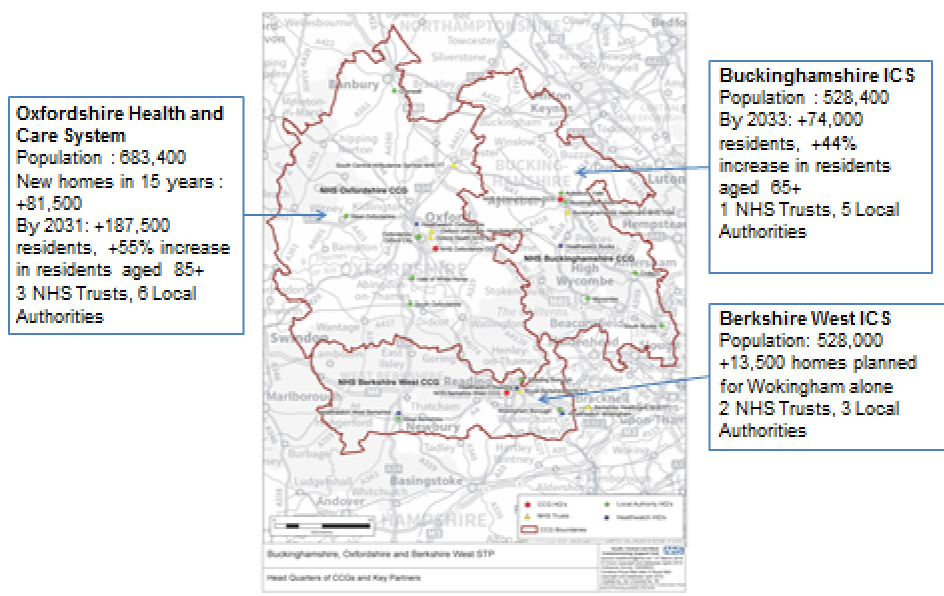
[2] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
[3] https://www.england.nhs.uk/five-year-forward-view/
[4] Number of STPs in 2018-19
[5] https://www.bobstp.org.uk/

- Variable access to some specialised services and other treatments.
- People having to travel out of area for specialised mental health care.

BOB STP: 1.8m population, 6 NHS trusts, 14 local authorities, 175 GP surgeries



4.5. In line with the NHS Long Term Plan, BOB has identified a number of strategic priorities with associated workstreams:

Strategic Priorities and associated workstreams
Integrate urgent and emergency care
• Urgent and emergency care
• Personalised care - integrating services around the person including health, social care, public health and wider services to improve control, choice and outcomes
• Population health (improving physical and mental health outcomes and wellbeing of people across the BOB geography while reducing health inequalities)
• Improve access to high quality primary care (including primary care networks)
Improve prevention and eliminate inequalities
Improve care quality and outcomes
• Improve access to maternity, children's and young people's services
• Enhance cancer diagnosis and treatment to improve outcomes
• Improve access to mental health services
• Collaboration across acute providers to optimise use of capacity for planned care

• Promote clinical research and adoption of innovation
Workforce
Adoption of digitally enabled models of care
Making best use of tax-payers money
• Efficiency and financial balance
• Use of the Estate (land, buildings, equipment)

Oxfordshire CCG

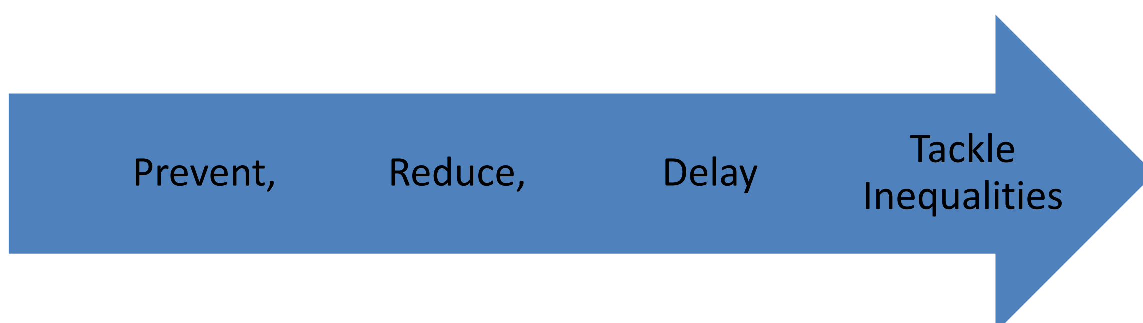
4.6. Oxfordshire CCG in partnership with local NHS services, councils and Healthwatch Oxfordshire has recently refreshed the Oxfordshire Joint Health and Wellbeing Strategy 2018-2023[6]. This recognises that while health in Oxfordshire compares favourably with the national picture, with the resident population living longer and remaining healthy into older age for longer than the national average, this presents associated challenges in line with those highlighted by BOB STP.

4.7. The priorities are :

- Agreeing a coordinated approach to prevention and healthy place-shaping.
- Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- Agreeing an approach to working with the public to re-shape and transform services locality by locality.
- Agreeing plans to tackle critical workforce shortages.

This will deliver for the Oxfordshire population:

1. **A good start in life**
2. **Living well**
3. **Ageing well**
4. **Tackling wider issues that determine health**



NHS Improvement Enforcement Undertakings

4.8. In July 2018 we agreed a series of enforcement undertakings with NHS Improvement which committed the Trust Board to clear plans leading to improvements in performance on priorities which the Board had already identified for 2018/19 –

[6] https://consult.oxfordshireccg.nhs.uk/consult.ti/HealthWellbeing/consultationHome

emergency care, planned care (including cancer and elective care) and financial sustainability – underpinned by governance and strategic workforce planning.

4.9. Thanks to the efforts of all staff and a focus on these priorities, we were able to demonstrate tangible improvements by the end of the financial year:

- 4.2% year on year improvement in A&E performance
- Reduction in the number of elective patients on waiting lists for 52 weeks from 203 in August 2018 to just 8 patients on 31 March 2019
- Achievement of our financial control total, delivering a surplus of £37.3m

Regulatory Compliance

4.10. OUH has been subject to a number of inspection visits as set out in section 9.15. Detailed action plans have been developed with Executive leadership to ensure that issues are addressed comprehensively and at pace.

5. Delivery of the 2018/19 Business Plan

5.1. The Trust's Business Plan for 2018/19 identified a set of work programmes aligned to the delivery of the OUH's strategic themes. Achievements include :

- Approval of the Full Business Case for the expansion of the Emergency Department (ED) at the John Radcliffe Hospital in September 2018. Work has started on site with a planned construction completion date of March 2020.
- Significant progress with the development of plans to establish a sustainable, centralised solution for the Decontamination and Sterile Services departments. This is a core service for OUH, supporting theatres and wards across all four hospital sites
- Maintaining our role as the provider of Sexual Health Services to the population of Oxfordshire following a successful tender submission and award by Oxfordshire County Council
- As the hub of the South 4 Pathology Network, taking a leading role in the work programmes which will lead to standardised, state of the art, cost effective pathology services, spanning a geography which includes three other foundation trusts - Great Western Hospital in Swindon, Milton Keynes University Hospital and Buckinghamshire Healthcare.
- Increasing provision of care in community settings to improve access to care and reduce the need for clinic attendances on hospital sites:
    - New transfer of services into the community e.g. treatment for inflammatory bowel disease
    - Delivering new models of care in collaboration with GPs. ENT and Cardiology clinics are delivered in locations across the county jointly by consultants and GPs
    - Collaboration with other hospitals to ensure sustainable service delivery, both their services and our own, in response to recruitment challenges
- A range of initiatives which respond to current workforce challenges, including but not limited to:
    - Successful international nurse recruitment campaign over the past year resulting in 53 NMC-registered nurses now working at the Trust
    - Successful implementation of 'Bank First' model, using staff registered with our staff bank, ensuring consistent quality of care and staffing flexibility

- Band 5 nurse turnover reduction of 2% achieved.
- Steady increase in the number of substantive staff recruited

5.2. As was the case in 2017/18, delivery of the 4 hour A&E target in 2018/19 (at least 95% of patients attending A&E should be admitted, transferred or discharged within 4 hours), has continued to prove challenging to deliver, with performance fluctuating during the year between 81.39%-91.08%. OUH performance is consistent with the national picture.

5.3. The same is also true of the 18 week referral to treatment target (92% of patients on an incomplete pathway should wait less than 18 weeks for their treatment), with performance spanning the range 81.9%-85.6% during the year. Sustained focus on avoiding patients waiting longer than 52 weeks for their treatment has resulted in declining numbers of long waiting patients with only eight patients waiting longer than 52 weeks at the end of the year.

5.4. The eight cancer standards have largely been met during 2018/19. The exception to this is the 62 say standard (85% of patients referred by a GP with suspected cancer should start their treatment within 62 days of this referral), where delivery has proved a consistent challenge throughout the year. Sustained focus continues to be given to streamlining patient pathways to improve the speed of diagnosis and treatment.

6. Priorities for 2019/20

6.1. In 2019/20, OUH's priorities will be :

- Improve our safety culture - Embedding best practice consistently in the care received by our patients so that no patients are adversely affected by avoidable harm
- Achieve the operational trajectories as submitted to NHS Improvemen**t -** Improved delivery of the A&E 4 hour access standard with performance of 90%, avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard from December 2019
- Deliver the 2019/20 workforce plan - Advancing initiatives which support and develop our staff, improve recruitment and retention, grow our substantive workforce and strengthen staff engagement, leadership and culture across the Trust
- Deliver the Trust control total for 2019/20 – Deliver the £37m control total for 2019/20 while improving the underlying position and reducing reliance on one-off transactions
- Refresh OUH's five year strategic plan - Refresh the Trust's five year strategic plan with an increased focus on delivering integrated care and working in partnership with other organisations

OUH Operational Plan

7. Overview

7.1. OUH's operational plan has been developed in line with the requirements of the NHS Operational Planning and Contracting Guidance 2019/20, published by NHS England and NHS Improvement in December 2018. This sections sets out:

- Activity plans – Development has been informed by demand and capacity modelling[7], Oxfordshire CCG commissioning intentions, local knowledge and experience, with the intention of delivering the proposed performance trajectories within available funding;
- OUH's approach to quality governance and quality improvement goals;
- The approach taken to developing OUH's workforce plans, highlighting areas of risk and specific actions that OUH is taking to improve recruitment and retention, workforce availability and productivity;
- How OUH intends to deliver its financial control total;
- How OUH will support delivery of BOB STP initiatives and local Oxfordshire system initiatives; and
- Key risks which have been jointly identified and mitigated through an agreed contingency plan.

8. Activity Plan

8.1. Planning assumptions

8.2. OUH's activity plan has been informed by an activity planning exercise involving all services to determine the demand for patient services across all categories of patient attendance and admission. The same exercise has determined whether each service considers that there will be a capacity shortfall against the anticipated demand for 2019/20. This methodology involved divisional teams meeting with corporate planning teams and executive directors to ensure sufficient challenge was introduced into the process. This exercise has highlighted prior to the beginning of the financial year that the Trust can expect to experience challenges to its performance against national elective care targets.

8.3. This exercise has suggested that growth in activity is being anticipated by many services within the Trust. The OUH's activity plan for 2019/20 incorporates reductions in anticipated activity to take account of the Trust's experience of actual activity growth in 2018/19, the judgement of divisional teams and Executive Directors and feedback from commissioners on affordability. This plan also takes account of the refresh of operating theatres at the John Radcliffe Hospital, which started on 8 April 2019 and is due to take up to 20 weeks to complete, as this is expected to impact on planned operating activity.

8.4. The levels of growth assumed in the 2019/20 activity plan across Specialised Commissioners, Oxfordshire CCG and its associates are as follows :

Table 1: Growth assumptions

[7] NHS Interim Management and Support (IMAS) demand and capacity modelling tools

Activity	2018/19 Forecast Outturn Activity	2019/20 Activity Plan	Growth (%)
GP referrals (General and Acute)	179,864	187,238	4.1
First outpatient attendances	280,803	297,370	5.9
Follow-up outpatient attendances	500,348	501,998	0.3
Planned day case admissions	83,743	86,798	3.6
Planned inpatient admissions	19,515	19,807	1.5
Emergency/urgent inpatient admissions (less than 1 day stay)	31,435	32,152	2.3
Emergency/urgent inpatient admissions (greater than 1 day stay)	50,861	52,019	2.3
Total A&E attendances	141,130	145,321	3.0

8.5. The current assumptions are that specialised activity will grow by 1.8%. Local CCG activities will grow by 3% for ED attendances; 1.6% for emergency admissions; 1.7% for outpatient attendances and 1.8% for elective admissions.

8.6. The following table summarises the OUH 2019/20 activity plan.

Table 2: Summary activity plan (2019/20)

	18/19	19/20				
000s	**Year End**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**Total**
Outpatient attendances	781.2	192.9	203.1	200.1	203.3	**799.4**
Elective admissions	103.3	25.5	27.0	26.8	27.2	**106.6**
Non elective admissions	82.3	20.9	21.2	21.2	20.9	**84.2**
A&E attendances	141.1	36.1	36.5	36.5	36.1	**145.3**

8.7. Capacity

8.8. Alongside the assessment of patient demand, each service has completed a workforce analysis to forecast the underlying changes in the workforce and the impact of any transformational changes which can deliver improvements in productivity. With aligned activity and workforce plans, the required bed and theatre capacity has been determined.

8.9. In 2018/19, the Trust achieved significant success through collaborative working with partner organisations in reducing the overall length of stay (LOS) for emergency patients (from 3.5 days at the beginning of 2017/18 to 3 days in Q3 2018/19). This has delivered the equivalent of 36 (c.3%) additional beds and partly offset the increase in non-elective admissions (7.6% at the John Radcliffe and 4% at the Horton General Hospital). The LOS reductions have been achieved by managing patients on ambulatory pathways and reducing numbers of long staying (in hospital for 21 days or more) patients. The 2019/20 plans assume that the LOS reduction for emergencies will be further improved. Current capacity and demand analysis for 2019/20 suggests that there is an average bed gap of c.40 beds which would be required to achieve a further sustained improvement in ED performance. Productivity assumptions include the ambition to make further progress on reducing the number of patients who stay in hospital for long periods of time.

8.10. Outpatient transformation is a key element of the 2019/20 plan. Planning work to

date has identified significant opportunities in gynaecology, neurology and ear, nose and throat (ENT) for work to move to community settings or be managed through non-face-to-face appointments.

8.11. Contracts were put in place in 2018/19 with private providers of elective care and these contracts will continue in 2019/20. Waiting list initiative work was also carried out by OUH's staff and this is also expected to continue. Contracts focus on specialties with capacity problems: orthopaedics, gynaecology, urology, radiology and ENT.

8.12. In line with our strategic objectives, opportunities to collaborate with providers across our STP and more widely are being explored, to help manage pressures. Areas of focus include dermatology, bariatric surgery, and urology.

8.13. The following table summarises the OUH 2019/20 capacity plan:

Table 3: Summary beds and theatres capacity plan (2019/20)

	Number of cases		4 hour equivalent sessions		Number of cases per session		Productivity requirement
	2018/19 Outturn	2019/20 Plan	2018/19 Outturn	2019/20 Plan	Current number	Target number	(%)
Theatres	53067	54068	22926	23238	3.02	3.08	1.99

	Number of General/Acute Beds		Length of Stay		
	Current Open Beds	Bed demand (2019/20 Activity Plan)	Current	Required for Current Open Beds	Reduction Requirement
Beds	949	988	5.51	5.32	-3.45

8.14. Target performance

8.15. The OUH's activity plan assumes delivery of :

- **A&E 4 hour standard** - 90% against the A&E target from Q2 onwards, with a slight dip during Q4
- **Cancer treatment waiting time standard –** All Cancer targets, with delivery against the 62 day target achieved in Q3 with a seasonal dip in January 2020
- **52 week patient waits** – No patient will wait 52 weeks for treatment
- **Referral to treatment (RTT) -** RTT performance to reduce during Q1 and Q2 but recover to 82% by year end
- **Waiting lists** - Growth in the elective waiting list of 2,928 from the March 2019 position and
- **Diagnostic waiting times** – From Q2 onwards less than 1% of patients will wait beyond 6 weeks

8.16. In planning for this target performance OUH recognises that it has experienced significant growth in cancer referrals, and this in turn places a strain on diagnostic services. It is unclear whether such spikes in demand will continue into 2019/20. The 62 day standard remains a challenge and the trajectory reflects this. In addition to the activity levels, the trajectory also takes into consideration the improvement work which is planned throughout 2019/20; including improving waiting times for patients referred via the two week wait and access to diagnostic services. These corporate schemes are complementary to the improvement work at tumour site level which has also been factored into the trajectory.

8.17. High numbers of vacancies in the diagnostic radiographic workforce are a risk to the achievement of both the 62 day and the diagnostic trajectories. The Trust plans to hit the diagnostic target during Q2, but as noted this performance may be affected by workforce. The OUH has identified the potential to increase capacity within a number of radiology modalities by reducing DNAs: implementing stricter criteria for Healthshare; review of tertiary referrals for planned work; imaging patients closer to home; replacing equipment and additional MRI capacity in the short term.

8.18. There is concern about the Trust's ability to achieve the RTT trajectory. The trajectory recognises commissioner affordability constraints, prioritisation of urgent and emergency care, cancer and long waiting patients and a Q1 and Q2 reduction in RTT performance due to the theatre refresh project at the John Radcliffe Hospital. Patients experience long waits in a number of specialities for their first outpatient appointments. As part of plans to transform outpatients, opportunities to reduce outpatient waiting times will be progressed.

8.19. Our ambition is to maintain a constant waiting list size. However, given the previous issues there is a risk around OUH's ability to achieve this. To support this ambition, an internal stretch target is proposed, which will be supported through plans around validation and demand management. Demand management proposals with commissioners will be key to assisting the OUH in delivery and represent a risk if these do not come to fruition.

8.20. Winter Planning

8.21. For the first time this year a system-wide Winter Team was set up, based at the John Radcliffe Hospital, but working across the entire health and social care system in Oxfordshire. This led to improved A&E performance and a marked increase in the number of patients being discharged from hospital.

8.22. A system wide urgent care group is being set up to review the learning from 2018/19 and consolidate priorities for 2019/20 with a system wide approach on; discharge to assess; stranded patient process; key enablers such as; joint appointments and building on the demand and capacity management tool. The Trust also now runs services which allow the early discharge home of frail elderly patients (Home Assessment Reablement Team (HART)), helping to ensure that these acute admissions are not exacerbated by being in hospital e.g. patients suffer from acquired infections.

9. Quality Plan

9.1. Approach to quality improvement, leadership and governance

9.2. OUH's strategy prioritises focusing on delivering excellence in our services and ensuring that we provide high quality care that costs less. The named executive leads for quality improvement are the Chief Medical Officer and Chief Nursing Officer.

9.3. The delivery of our Quality Improvement Plan (QIP) will aim to maintain and build on our recent progress to ensure our actions will lead to measurable improvements in the quality and safe care of our patients.

9.4. In the past these have included initiatives such as the peer review process. During 2018/19, peer review was aligned to the enforcement undertakings agreed by the Trust with NHS Improvement. It has also been informed by work commissioned

through external agencies, for example by Deloitte, who were commissioned to undertake an independent review of the Trust's leadership and governance, which was published in January 2019. The recommendations of this review have been fully accepted by the Trust and our response includes a restructure of the Executive and senior management team.

9.5. In addition a series of dedicated work programmes were developed to address the NHS Improvement undertakings, one of which is a governance work plan. This is currently in progress and addresses issues raised in relation to performance management, quality improvement, governance and risk.

9.6. The OUH will launch a ward accreditation programme in Q1 of 2019/20 in line with NHS Improvement guidance.

9.7. Our QIP is aligned to the Integrated Governance and Integrated Business Plan. Each work stream is held accountable through the Trust Quality Committee which ultimately reports to the Trust Board via the Executive Quality Committee and Board reports, and the Annual Quality Account.

9.8. The 2019/20 QIP programme will monitor the delivery of national and local Quality Priorities. Each priority has a lead who is responsible for ensuring that the identified outcomes and actions in the QIP are agreed and delivered. The lead has responsibility for overseeing the quality impact of the associated action plans and outcomes. The lead will report at least twice a year to the Clinical Governance Committee (CGC). The report will set out their progress against the agreed target for the year and include any remedial actions.

9.9. The CGC reports to the Trust Management Executive (TME) on a monthly basis and also to the Quality Committee (a subcommittee of the Trust Board) every six months. The Quality Committee then reports to the Trust Board bi-monthly.

9.10. The national Quality Priorities that do not wholly overlap with the local Quality Priorities are monitored on a regular basis e.g. bimonthly the Pressure Ulcer Prevention Clinical Improvement Group (which includes Oxfordshire Clinical Commissioning Group representation) review the Pressure Ulcer Prevention Plan; to ensure that they remain on track, pro-actively identifying when standards are not met and challenging priority leads for mitigating actions to rectify any lack of progress as soon as possible.

9.11. The Trust is committed to adopting an improvement methodology that underpins continuous improvement in the delivery of compassionate excellence. We have identified our quality and operational priorities for 2019/20 and are currently in consultation regarding the infrastructure for an improvement methodology. We are very keen as a Board to visit organisations within the UK and elsewhere that have successfully used improvement methodologies for organisational development.

9.12. Measures being used to demonstrate and evidence the impact of the investment in quality improvement will derive from the quality impact assessment (QIA) process described in section 9.26

9.13. **Summary of the quality improvement plan**

9.14. OUH's quality improvement plan has been informed by :

- Findings of CQC inspection visits
- Getting it Right First Time (GIRFT) Programme
- National Quality Priorities
- Never Events
- Local Quality Priorities

CQC Reviews

9.15. The Trust has been subject to a number of inspection visits from the CQC in 2018/19 that have covered the following areas;

- System wide review follow-up: this was a review of the health and social care processes with a focus on the care of patients over the age of 65 across all aspects of health and social care in Oxfordshire. The review was a follow up to a previous one undertaken in November 2017 and found a significant improvement across the system; this report has been published on the CQC website.
- Core service reviews: this was an unannounced series of inspections conducted over November and December 2018 and mainly focused on maternity, gynaecology, urgent care and surgery core services.
- Well-led Review: This was a planned inspection conducted in January 2019.
- Use of Resources inspection: This was a planned inspection conducted in December 2018.

At the time of writing the last three reports are yet to be published.

9.16. The Trust uses every opportunity to respond to feedback in a proactive and positive way. Whenever a report is received an action plan is developed with Executive leadership to address the issues. For example during the core service reviews the Trust received a Section 31 notice in relation to John Radcliffe non-PFI theatres, the action is owned by the Chief Operating Officer and is subject to weekly monitoring internally and reported to the CQC on a weekly basis. The issues identified within these theatres have been considered more widely by the Trust and any further learning particularly in relation to current practice for storage, cleaning, privacy and dignity and access into all theatre suites are being actively considered across Trust locations.

GIRFT

9.17. The GIRFT programme has included many key clinical services; following the receipt of these reports an implementation plan is devised and a tracker is used to track the progress of any remedial actions required. This is vital for our objective

to ensure that we provide high quality care that costs less. A series of update meetings with the Deputy Medical Director, GIRFT Implementation Manager (South East) and Clinical Leads, Operational Service Managers, Matrons started in November 2018 and will continue with the Director of Clinical Improvement who will in part replace the Deputy Medical Director role. These meetings review implementation plans and work undertaken to progress the actions with good practice being noted. There is potential to integrate this work more fully into the Trust's overall improvement programme in 2019/20.

National Quality Priorities

9.18. Compliance with the four priority standards for seven-day hospital services (7DS) as demonstrated through the new Board assessment framework:

- The result of the 7DS audit shows that OUH performs better than the national mean for all 4 standards - for standards 2 and 8, performance exceeds 90%. This means that patient flow is optimised in the majority of cases. Actions to examine OUH performance and improve performance are included within the Board assessment framework template. Coupled with the work of HART which works to provide earlier supported discharge, this has led to reduced length of stay and reduced service dependence thereby improving patient outcomes.
- The 7DS standards' assessment will be reported to the Trust Board or a Board sub-committee as required.

9.19. Learning from deaths:

- OUH has an approved Mortality Review Policy which follows the National Quality Board guidance and both indicators and other data are tracked through the monthly Mortality Review Group and learning is shared across the Trust. There is a regular and detailed Learning from Deaths paper to the public Trust Board and this will be evidenced in the OUH Annual Quality Account. Mortality has reduced since 2015/16 and is now at expected levels as measured by the Summary Hospital-Level Mortality Indicator and below expected levels as measured by Hospital Standardised Mortality Indicator.

9.20. Plans to reduce Gram-negative bloodstream infections associated with healthcare have been effective to-date.

- The OUH has reduced total E coli bacteraemias by 10% in 2018 compared with 2017, and post-48 hour E coli bacteraemias by 11.4% in the same period.
- There is a clear action plan to reduce gram negative blood stream infections which encompasses the whole health economy and is reviewed on a regular basis with the Oxfordshire Joint Infection Control Committee.

9.21. National early warning score 2 (NEWS2):

- The OUH has a locally developed evidence-based system called SEND (system for electronic notification and documentation) and NEWS2 will be incorporated into this system with a delayed planned date of 30 June 2019. Compliance with the Sepsis CQUIN (Commissioning for Quality and Innovation) will be possible through the current SEND system.

Local Quality Priorities

9.22. Local Quality Priorities were shaped by a Quality Conversation Event which took place in January 2019 involving multiple stakeholders, governors and members of

staff. The priorities were finalised by the Executive team and the Board.

Table 4: Local Quality Priorities

Quality Priority	Why we have chosen this Quality Priority
Patient Safety: Safety First	
Reducing Never Events - particularly around safe surgery and procedures	OUH declared eleven Never Events in 2018/19 and this Quality Priority was voted to continue from last year. Consistent focus will be given to addressing many of the underlying causes of Never Events (events that should be wholly avoidable with the consistent application of specific safety checks).
Patient safety response teams	This is an award winning concept successfully introduced in another Trust. OUH will pilot this approach and subject to evaluation, roll out across OUH.
Reducing still births	In March 2019 the NHS set out a national ambition to halve the rates of stillbirths by 2030, with a 20% reduction by 2020[8]. The loss of a much loved baby or mother or those caring for a child with a birth-related brain injury is devastating to families, especially when the outcome could have been prevented.
Patient Safety: Preventing Deterioration	
Sepsis care – antibiotics within 1 hour.	Identifying deterioration early can allow prompt treatment to reduce the duration and severity of subsequent illness. This priority was 2018/19 priority that stakeholders voted to continue.
Launching the National Early Warning Score (NEWS 2)	In April 2018 NHS England mandated the implementation of NEWS2 across all acute hospital trusts and ambulance services by March 2019[9].
Clinical effectiveness: Partnership working	
HART service: Supporting people to live independently	This was a 2018/19 priority that stakeholders voted to continue into 2019/20 at our Quality Conversation public event.
Reducing the number of stranded patients	This was a 2018/19 priority that stakeholders voted to continue into 2019/20 at our Quality Conversation public event.
Care of patients with mental health issues	This is in line with national strategies
Add the Surginet module to the OUH's Electronic Patient Record	This will support best care for patients undergoing surgery and procedures
Patient experience: Digital	
Patient portal to support better interaction with hospital services	The patient portal offers patients a new route to engage with services. It went live in its first pilot department (Diabetes) in January 2019. Over the next year the portal will be deployed across other services with increasing functionality that better meets user's needs whilst enhancing the efficiency and efficacy of care.

Never Events

9.23. The OUH has declared 11 Never Events in 2018/19 and has developed a clear improvement plan which includes focus on developing relevant local safety standards in invasive procedures (LocSSIPs) as part of the Safe Surgery and Procedures local quality priority.

[8] https://www.england.nhs.uk/wp-content/uploads/2019/03/saving-babies-lives-care-bundle-version-two-final-version-4.pdf
[9] https://improvement.nhs.uk/documents/2508/Patient_Safety_Alert_-_adoption_of_NEWS2.pdf

Risks to Delivery

9.24. The top three risks to quality described in the corporate risk register are:

- Adverse impact on the Trust through the ability to achieve and maintain compliance with CQC regulations: this risk has recently been increased as a direct result of a Section 31 issue raised by the CQC in relation to the non-PFI John Radcliffe theatres environment. A refresh of the environment started on 8 April 2019.
- Lack of robust plans across the healthcare system and the longer term link to the Oxford Transformation Programme is recognised by the Trust as a potential issue in relation to quality of care. This has been subject to review by the CQC recently and the wider health and social care system has been praised in this report in terms of the progress made. However, it is accepted that further work across the system is required to build on the positive steps taken for example in relation to winter planning and discharge co-ordination.
- The main underlying risk is in relation to workforce, a large proportion of the risks have a direct link to staff availability, competencies and capabilities. This is a key focus for the Trust and has the potential to impact on patient care; a separate workforce plan is in place.

9.25. **Summary of the QIA process and oversight of implementation**

9.26. The Trust has an approved Quality Impact Assessment (QIA) policy which covers:

- A tiered assessment process is in place to judge any impact on quality in relation to patients/staff/organisation from the implementation of the programme. All schemes are quality assessed within the clinically-led Divisional management structures. After assessment at Divisional level, schemes are assessed for quality impact by the Trust's Chief Nursing Officer, Chief Medical Officer and Chief Operating Officer. All completed impact assessments must be reviewed and signed by a senior manager/executive in that area as part of the business planning process prior to submission to the Corporate finance team for final sign off (via TME).
- Schemes identified as high risk requiring a more detailed assessment are reviewed by the Quality Committee.
- The governance of the QIA process including reporting and review is described in the policy.
- Risk scores are used reviewing the consequence and likelihood and regularly revisited over the course of a project/plan by the project lead and senior manager involved.
- Where concerns are identified, either through monitoring of clinical outcomes; through risk assessments; or via another route such as staff or patient feedback, they will be reviewed through the Divisional team in the first instance and if necessary referred to the Assurance team for potential discussion at TME and inclusion in the corporate risk register.
- The Board receives the corporate risk register for review and oversight of key risks to quality on a regular basis. All proposed schemes evidencing a high risk to quality are presented to the Quality Committee and logged by Corporate Finance who keeps a spreadsheet of submitted QIAs including level of risk and outcome.

10. Workforce Plan

10.1. Process for the development of the 2019/20 Workforce Plan

10.2. This workforce plan is based on our analysis of our workforce forecasts, the key challenges, measures to mitigate these and the ongoing risks to activity of our workforce constraints. It is a key theme in both our three year People Strategy and our Workforce Improvement Plan and also aligns with the strategic objective of 'Building Capability' in our overall Trust strategy.

10.3. The methodology the Trust used this year was as follows:

- ***Close integration with the Business Planning process***: early sharing of activity and demand estimates at directorate-level, across all categories of patient attendance and admission, with multiple iterations with the business planning team to triangulate activity, finance and workforce.
- ***Data sharing***: directorate-level activity and workforce data packs were shared with Divisions at an early stage, as well as improved monthly reports throughout the year.
- ***Workforce planning guidance***: step-by-step guide based on Skills for Health and NHS Improvement tools, dedicated expert resource and a new governance structure; the process includes Workforce Safeguards/Safer Staffing requirements.
- ***A collaborative process***: based on bottom-up planning at directorate level and engagement with Divisional teams, with corporate input, support and facilitation.
- ***Transformation***: a greater emphasis on new roles, skill mix and productivity as levers to address structural shortfalls in key staffing groups or specialties.

10.4. Workforce Forecasts

10.5. Our workforce forecasts for 2019/20, achieved through bottom-up Divisional workforce planning and a triangulation with activity and finance data, include an element of ambition combined with a clear assessment of affordability. We plan to grow our substantive staff by 3.7% (or 4.4% including TUPE-transferred staff), achieved through three main levers; improving our staff turnover by 1%, ongoing international recruitment of nursing staff (circa 1.5%) and growth of nursing associates and apprenticeships. As we grow our substantive workforce, we plan to reduce our use of bank, agency, overtime and additional medical staff sessions, such that our net growth over the year will be 1.9% (or 2.5% including TUPE-transferred staff). Despite an ambitious plan, we expect workforce to remain the key constraint to the Trust's delivery of planned activity in many areas.

10.6. Our plan is summarised in the following table :

Table 5: Summary Workforce Plan (2019/20)

	18/19	19/20
WTE	**Year End**	**March**
ALL STAFF	11,799	12,097
Substantive	11,077	11,565
Temporary	722	532

Substantive - Nursing and Allied Health	8,151	8,572
Substantive - Medical	1,753	1,804
Substantive - Admin & Clerical and Support	1,173	1,188

10.7. Key Risks and Challenges

- ***National supply-side deficits*** with 100,000 vacancies nationally and one in eight nursing posts vacant alongside some Allied Health Professional and Medical and Dental shortage areas
- ***Nurse recruitment and retention*** generally; and Band 5 in particular
- ***Medical and Dental*** in some specialties
- ***Allied Health Professionals (AHPs)/other clinical professionals***
- ***Clinical support***: high turnover with very low unemployment locally; difficulty recruiting to some apprenticeships
- ***Non-clinical support***: high turnover in administrative and clerical staff generally and in particular areas
- ***Impact of EU referendum exit***
- ***Employee Engagement***: our Employee Engagement Index (EEI) scores show considerable variation by directorate and requires improvement overall
- ***Appraisal and statutory and mandatory training***: levels need to improve

10.8. Risk Management Approach

10.9. We will aim to meet the anticipated risks and challenges through a range of measures. Most of these are already being implemented as part of our Workforce Improvement Plan and People Strategy.

- ***Our People Strategy:*** workforce planning sits within the wider context of our recently refreshed People Strategy (2018-2021), recognising that all aspects of people management impact on staff motivation, retention, engagement and productivity. Key initiatives include: roll-out of values-based appraisals to improve staff retention, resilience and engagement; investing in our leaders and managers; staff recognition schemes to value our staff; well-being initiatives.
- ***Targeted activity***: we will continue to identify long-term/underlying vacancies by staff group and hot spots by Directorate, and target activities in these areas led by the Divisional teams.
- ***Recruitment***: further improving our recruitment process; recruitment campaigns and open days (including with local and STP partners); rolling advertisements; return to practice; recruitment from local Higher Education Institutions; international recruitment; incentive schemes; targeted pay premia.
- ***International recruitment***: the Trust has established an excellent international recruitment pipeline and anticipates recruiting around 180 nurses in 2019/20. These assumptions are embedded within Divisional workforce plans.
- ***Retention***: fast and effective action on sickness, disciplinary, bullying and harassment; greater use of mediation; 'stay interviews'; improved 'new joiners'

welcome; new starter reviews (at 1, 3 and 9 months); sharing good practice Trust-wide; retire and return campaigns; team development using *Affina Team Journey*.

- ***Leadership and management:*** the Trust recognises the importance of highly effective leadership on workforce planning and management; our variable EEI scores indicate some underlying problems. We have taken a number of steps to improve our capacity and capability including senior level restructurings; improved succession planning; leadership development programmes; and fast and effective action on individual and team concerns. The Trust will also participate in NHS Improvement's 'Culture and Leadership' programme.
- ***Apprenticeships, new roles and strengthening staff capabilities:*** through education and training (e.g., growing nursing numbers through higher conversion rates for Oxford Brookes University (OBU) students). The Trust is optimising the use of the apprenticeship levy and other funding to increase the number of trainees and apprenticeships, particularly nursing associates. Increasingly, the Trust aims to 'grow our own' staff through career development pathways and accredited programmes (e.g. for nursing and midwifery from nursing associate to registration and for pharmacy from bands 2-7). We recognise that there has been insufficient progress on career pathways, particularly outside of nursing, and this will be a priority for the year ahead.
- ***Integration of flexible staffing into workforce planning/'Bank First' Model:*** the Trust continues to see our flexible staffing resources as a crucial part of workforce planning, delivered through our highly successful 'Bank First' approach and Flexible Staffing Pool. Using a combination of e-rostering and Bank, the Trust ensures that additional shifts are offered to Bank workers first, with escalation to agency tightly managed. This has led to 74% of our total Bank and agency capacity (in whole time equivalents) being Bank staff and an increase from 42% of shifts filled by Bank staff prior to the introduction of the price caps to 65% in 2018/19. Further plans include: the development of a temporary staffing strategy; monitoring and action to address slippage; exploring a shared Bank across the STP; and specific and targeted Bank recruitment, tailored to different staff groups.
- ***Workforce Key Performance Indicators:*** setting goals for 2019/20 against our KPIs alongside our workforce modelling process and to monitor our progress. We intend to reduce turnover by a further 1%, continuing to focus our efforts particularly at band 5 nurses; and increase our substantive staff by 3.7% (excluding TUPE-transferred staff); with clear targets to improve appraisal and statutory/mandatory training levels. Sickness level is already low at 3.2%, and we have set a goal to reduce it to 3.1%.
- ***Transformation***:
  - Workforce transformation: We have a number of initiatives underway including: skill mix reviews; rapid promotions; upskilling and retraining existing staff; e.g. training pharmacists and nurses in chemotherapy prescribing; substituting roles to fill long term nursing vacancies by using additional AHP staff; use of administrative staff to help with non-clinical workloads. We have introduced workforce transformation posts. These are new or extended posts to support existing established roles such as support posts to nursing and therapies, consultant radiographers, training radiographers in plain film reporting; introducing pharmacy and Path/Labs career pathways. We have introduced apprenticeship posts across nursing, AHPs, clinical and non-clinical support; and in corporate areas. We are planning to virtually double our apprenticeship numbers in 2019/20 – including an additional 100 nursing associates - and

expand our existing transformation roles by 63%, with additional Health Education England funded practice development staff to support new cohorts of clinical apprentices and trainees.

- Service improvements: Our services are constantly evolving and improving with different models of care being driven by capacity, technology, new and innovative treatments and workforce constraints; for example, nurse-led clinics in Oncology for breast, lung and melanoma; the use of trained pharmacists to reduce medical input; the ongoing expansion of the HART team to provide care to people in their own homes after being discharged from hospital; the introduction of dictation software to improve productivity in clinic planning and provision.
- Productivity**:** We plan to deliver an increase in workforce productivity, taking into account national benchmarking, and the need for the Trust to drive service improvements and to facilitate the efficient use of scarce staff. The introduction of e-job planning and the work with Medicor will enable the Trust to improve the productivity of our Medical and Dental workforce at specialty and pathway levels. A project in Corporate Nursing will optimise staff deployment to ensure we are achieving full staffing efficiencies. The Trust is investing additional corporate resources in this Digital Transformation, enabling us to work more efficiently and optimise the potential in new and existing systems, including the Electronic Patient Record, for both patients and staff.

10.10. STP/system-wide planning

10.11. There is good collaboration within the Local Workforce Action Board and at STP level. Within Oxfordshire an explicit focus has been on the recruitment of care workers, whilst across the STP, collaborative work is underway (e.g. to align and streamline pre-recruitment checks). STP HR Directors have identified five main themes within our shared People Strategy, aligned with the NHS Long Term plan: leadership and culture; recruitment and resourcing; supporting our staff; workforce planning; and productivity. This has been validated with partner organisations in the STP and Oxfordshire, and an action plan is being agreed for 2019/20.

10.12. Summary

10.13. The substantial local and national constraints on our ability to recruit and retain the required workforce are summarised in this plan. These include the high cost of living in Oxford; low local unemployment; national supply shortages in key clinical areas; the impact of national policy shifts including EU Exit; the removal of bursaries; and a need for the Trust to improve our levels of employee engagement, appraisal and statutory and mandatory training. We will continue to mitigate our workforce constraints through a range of innovative approaches as set out here and in the integrated and strategic approach to our wider workforce challenges as outlined in our People Strategy and Workforce Improvement Plan.

11. Financial Plan

11.1. The Trust continues to operate in a highly challenging financial environment, both internally and within the local health system. It continues to focus on reducing unnecessary waste, improving efficiency and reducing cost, to drive improvements in financial performance.

11.2. Our plan is developed in line with the Trust's strategy to achieve sustainable compliance. Capital planning has been undertaken in the context of the strategic

objective of the Master Plan to ensure we make the best use of our estate, as well as to invest in replacement medical equipment and the Go Digital agenda to use technology to improve service delivery and productivity.

11.3. The Trust board has set a plan to deliver the control total surplus, set by NHS Improvement, of £37.9m in 2019/20. This includes £14.3m of Provider Sustainability Funding (PSF) and £16.0m of MRET funding from NHS Improvement.

11.4. A summary comparison of actual (unaudited) financial performance in 2018/19 and planned financial performance in 2019/20 is detailed below.

Table 6: Comparison of 2018/19 performance and planned 2019/20 performance

£m	18/19 Actual (Unaudited)	19/20 Plan
Patient care income	863.3	908.7
PSF / MRET	24.3	30.3
Other operating income	185.9	193.0
Pay	-622.3	-650.5
Non pay	-457.6	-432.9
Operating surplus / deficit	**-6.4**	**48.6**
Finance costs (inc PDC)	-29.1	-26.5
Technical items	31.9	14.0
Retained surplus / deficit	**-3.6**	**36.1**
EBITDA	**44.3**	**78.7**
EBITDA percentage	4.1%	7.0%
Adjusted financial performance surplus/(deficit), including PSF and MRET	**37.3**	**37.9**

The movement in operating surplus/deficit and earnings before interest, tax, depreciation and amortisation (EBITDA) positions is due to the differences in where individual commercial and technical items are reported in the accounts.

11.5. Achieving this financial plan will require the Trust to deliver £60m of financial improvement, assumed to be in the following areas:

- Operational productivity: These schemes focus on improving use of clinical capacity within our hospitals, enabling us to treat more patients, more effectively and sooner;
- Income improvements, both private care and from the estate; and
- Commercial activities: These activities ensure we make maximum financial benefit from our estate and other resources, to support our NHS services and the development and delivery of new service models.

Despite these significant areas of work, there is notable risk to the plan as detailed below. We are, however, committed to delivering the plan, to enable investment in clinical services, medical equipment, information technology and the estate.

11.6. Financial plan assumptions

11.7. In setting our financial plan we use a number of planning assumptions. This year these have included assumptions about the:

- Impact of pay, drugs and other non-pay inflation;
- Proportion of PSF we will receive;
- Impact of new prices for NHS clinical activity;
- Commissioner QIPP targets and CQUIN funding; and
- Financial impact of capital developments.

We have, in parallel, negotiated contracts with our commissioners using the activity assumptions outlined in the Activity Plan section.

11.8. To manage the risk of delivery as well as enable to appropriate investment in priority areas, the Trust has assumed the following:

- A specific investment fund, enabling investment to support staff recruitment and retention, develop an updated clinical services strategy, carry out associated service change, deliver on key components of the Go Digital agenda, as well as operational productivity improvements.
- A specific contingency has been set aside to manage the risk to delivery of planned operational and commercial improvements

11.9. Financial risks

11.10. Our plan is subject to notable risks and uncertainties, these include:

- Identifying and delivering improvements in clinical productivity and reducing waste, at speed;
- If demand exceeds our activity plan, we may need to outsource activity to deliver operational standards. This is likely to cost more and increase the financial challenge;
- The outcome of tenders for clinical services that would have a detrimental impact on the Trust's financial position;
- Successfully attracting and retaining sufficient staff to reduce reliance on premium cost alternatives; and
- Delivering on the commercial opportunities to the scale and timescales required.

We continue to assess and quantify these risks on an ongoing basis, developing appropriate mitigations where possible.

11.11. **Capital Plan**

11.12. Our capital plan priorities support the delivery of our strategic objectives, the scale of which is a significant increase on previous years, with financing availability being due to the delivery of the financial plan in 2018/19.

11.13. As part of our estates Master Plan, we are committed to:

- Identifying properties surplus to requirements;
- Investing in estate and medical equipment that will deliver clinical improvements, productivity and/or improved outcomes;
- Exiting and releasing aging estate beyond economical repair; and
- Exploring alternative sources of finance.

11.14. Our capital programme priorities for 2019/20 include:

- ED Resus, expansion of our ED at the John Radcliffe Hospital, to create additional capacity and linked to recommendations from the Care Quality Commission;

- Theatre Refurbishment, update of one of the theatre complexes at the John Radcliffe Hospital;
- Radiotherapy, commencement of main works to build a satellite unit on the Great Western Hospitals site in Swindon;
- Medical Equipment, replacement of aging and high risk areas;
- Information Technology, development of patent administration system and digital patient records; and
- Estates maintenance, including routine backlog maintenance and safety.

Table 7: Capital Programme 2019/20

Capital Programme	2019/20 (£m)
ED Resus	11.0
Medical equipment (inc. Radiology)	9.5
IM&T (inc. GDE)	6.5
Estates schemes	7.2
Other schemes	2.8
Total Internally Funded	**37.0**
Swindon RT satellite	1.5
Gynae theatre	1.8
Trauma Fire Remedial works	2.0
Academic Block Cladding Replacement	0.8
Donations	0.2
Radiology lease	2.0
CH renal IP and HH dialysis expansion	0.5
Total Externally Funded	**8.8**
Total All	**45.8**

12. Link to the Local Sustainability and Transformation Plan

12.1. The BOB STP is setting out its 2019/20 plans, in line with the national long-term plan for the NHS. It has identified a set of strategic priorities, in line with the long-term plan agenda, as detailed in section 4.

12.2. The STP will also be focusing on responding to the economic and population growth planned across the Oxford-Cambridge corridor; and on strategic planning, resource allocation and system design.

12.3. As highlighted above, there is a strong connection between the NHS Long Term Plan, the STP plan and the OUH strategy. We have kicked off a refresh of our Trust strategy for 2020-2025 to ensure it fully reflects the national, STP and Oxfordshire plans; our role as a system leader and anchor institution; and, most importantly, the needs of the populations we serve.

12.4. The BOB STP has agreed a set of principles for how we will operate that prioritises delivering care as close to the patient as possible, but where there are outcome or efficiency benefits to operating at scale, we will do so. In some cases, this will be at the STP level; in other cases, it will be broader – for example, we have close links with Milton Keynes and Swindon in terms of patient flows; and work across STPs through initiatives such as pathology, radiotherapy and our

Local Health and Care Record Exemplar.

12.5. At present, integrated care and prevention are led at place-based level. OUH is a member of the Health and Wellbeing Board and working with system partners across Oxfordshire on integrated care pathways and provider collaboration through an Integrated System Delivery Board. The recent CQC system re-review highlighted the progress in system leadership, winter planning and reducing hospital discharges, which we are planning to expand further this year. Across Oxfordshire, we are looking at how to integrate pathways for frailty, diabetes and others. OUH is committed to providing more services in the community and through digital. OUH also has a public health strategy and provides some preventative services such as sexual health which was recently retained after a competitive tender. We will be considering whether and how to expand our focus on prevention and inequalities in 2019/20 subject to ongoing commissioner support for these activities.

12.6. We have a greater STP-level (and beyond) focus on some aspects of care quality and outcomes and enablers such as workforce, digital and efficiency. The BOB STP population has generally better health outcomes than average – but we collectively face the challenges of increasing demand. As highlighted throughout this document, we are working with system partners on acute care collaborations for planned care, identifying areas of capacity constraints and pressures where we may be able to provide each other with mutual assistance. For example, we are supporting Royal Berkshire on dermatology, whilst they provide support to OUH on gynaecology and bariatrics. We are in planning discussions with Buckinghamshire about taking on their complex urological cancer work if it is possible to repatriate sufficient non-specialist work to Buckinghamshire to make capacity available at OUH.

12.7. We are actively looking for opportunities to work across the STP on productivity and efficiency. For example, our collaborations with STP and other partners more widely on pathology where we are the network hub or genomics where we were instrumental in putting together a consortium across two regions where OUH did not propose itself as the hub, should result in improved outcomes and/or greater efficiencies. We also work together across the STP on capital prioritisation and planning. Section 10.11 above highlights how we work with our STP partners on workforce and this collaboration will continue and increase over 2019/20.

12.8. Other areas are led at a regional level, above the STP. Digitally enabled care is a priority area where we work within the Thames Valley and Surrey Local Health and Care Record Exemplar. Similarly, all BOB STP partners, including OUH, are committed to working together on cancer care delivery through the Thames Valley Cancer Alliance and the Thames Valley/Wessex Radiotherapy Network. OUH plays a leading role in these networks.

12.9. 2019/20 will be a year of transition for the BOB STP as we set out a new strategy and way of working, engaging with a wide range of stakeholders across a large geography. OUH is committed to playing a strong part in that endeavour. As an STP, we have kicked off the process of agreeing our collective priorities and deliverables linked to the development of a strategy to implement the Long Term Plan.

13. Membership and Elections

13.1. **Governor elections**

13.2. Governor elections were held in all public and staff constituencies during the 2018/19 financial year covering a total of 11 seats of the 21allocated to elected governors. These elections have been well contested with between three and eight candidates standing in each constituencies with an average of 4.7.

13.3. Steps had been undertaken to improve turnout, including through revisions to the electoral timetable. Turnout was in fact higher than in the elections held in the 2017/18 financial year in the majority of constituencies.

1.1. There are no governor elections due to take place during the 2019/20 financial year.

13.4. **Governor training and development**

13.5. Beyond meetings of the Council of Governors, seminars have also been held on a quarterly basis to provide more informal opportunities for governor learning and development. These have included a joint session with Oxfordshire Healthwatch and two joint seminars with the Trust Board.

13.6. Governors have also been provided with the opportunity to attend relevant modules from the NHS Providers GovernWell programme.

13.7. Governors have had opportunities to liaise with patients and the public through Trust quality events, at the Trust Annual Public Meeting, through membership of patient involvement groups, at events for volunteers and through attendance at public board meetings. In addition, time is now allocated at the start of each public meeting of the Council for governors to speak to members of the public who are attending. Governors also have stalls across the Trust's hospital sites on a regular basis to enable governors to speak to patients and their relatives.

13.8. **Membership**

13.9. Recruitment of members takes place both on our hospital sites and at a variety of different events aimed to cover a cross section of our local communities. Over the last year these have included the OX5 Run, the Carer's Conference and Age UK events.

13.10. Plans are being developed for public talks, chaired by governors, to be arranged across the county following the success of a pilot event in Didcot.

14. Managing Risks to the Plan

14.1. Board Assurance Framework

14.2. 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 this plan. Assurance may be gained from a wide range of sources, but wherever possible it will 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 achievement.

14.3. The Trust Board will monitor the principal risks to the delivery of the Trust's strategic objectives through the BAF.

14.4. Corporate Risk Register 2019/20

14.5. The Corporate Risk Register will be strategically aligned to the strategic objectives, linking to operational risks throughout the organisation

15. Monitoring Delivery of the Plan

15.1. Integrated Performance Report (IPR)

15.2. 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.

15.3. Performance management reviews take place with the Divisions on a quarterly basis.