

Health Overview & Scrutiny Committee: 10 November 2011

Title	Oxford University Hospitals NHS Trust - Strategy
Purpose of paper	To update the Health Overview and Scrutiny Committee on the development of the Trust strategy.
Board Lead(s)	Mr Andrew Stevens, Director of Planning & Information

Key purpose - make bold the relevant words(s)	Strategy	Assurance	Policy	Performance
Strategic Objectives	<p>SO1 To provide high quality general acute healthcare services to the population of Oxfordshire</p> <p>SO2 To provide high quality specialist services to the population of Oxfordshire and beyond</p> <p>SO3 To be a patient-centred organisation providing high quality and compassionate care - “delivering compassionate excellence”</p> <p>SO4 To be a partner in a strengthened academic health sciences system with local academic, health and social care partners</p> <p>SO5 To meet the challenges of the current economic climate and the changes in the NHS and become a resilient, flexible and successful Foundation Trust</p> <p>SO6 To achieve the integration of the ORH and the NOC during 2011/2012, realising the benefits as set out in the business case</p>			

Oxford University Hospitals NHS Trust - Strategy

Report to the Health Overview & Scrutiny Committee on the emerging themes within the Trust's updated strategy and the identification of potential service changes

Introduction

1. The Oxford University Hospitals NHS Trust is currently in the process of updating its strategy. The strategic review is taking place within the context of the recent integration with the Nuffield Orthopaedic Centre NHS Trust, the strengthening of the relationship with the University of Oxford and other health and social care and academic partners and the preparation of the Trust's foundation trust application.
2. The purpose of this paper is to update the Health Overview and Scrutiny Committee on the emerging themes from this review of the Trust strategy. The paper:
 - Identifies the drivers for changes faced by the Trust.
 - Summarises the key emerging strategic themes and objectives.
 - Identifies potential service changes.
 - Describes how the Trust intends to ensure there is full stakeholder engagement.

Drivers for change

3. The Trust strategy needs to comprise a robust and effective response to the key drivers for change faced by the Trust over the next five years. These key drivers are summarised in the table below.

DRIVER FOR CHANGE	IMPLICATIONS FOR OUH
Safety and quality standards	<ul style="list-style-type: none"> • The need to maintain and strengthen the safety and quality of patient care services while responding to strategic challenges. • Participation in service rationalisations/reconfigurations. • Ensuring integrated services across the Trust that achieve evidence-based practice.
Financial environment	<ul style="list-style-type: none"> • £20bn NHS savings to 2014/15 • Annual cost improvement requirement for ORH of between 5-6%

Public expectations	<ul style="list-style-type: none"> • Continued rise in public expectations • Localism agenda
Demography and epidemiology	<ul style="list-style-type: none"> • Ageing population with co-morbidities • Lifestyle influences - especially obesity • Increases in key areas of need and demand: <ul style="list-style-type: none"> • Falls • Cancer • Coronary heart disease • Stroke • Dementia • Areas of high population growth e.g. Milton Keynes
Commissioner Strategies	<ul style="list-style-type: none"> • Cutting out non-essential care <ul style="list-style-type: none"> • Demand management • Procedures of limited clinical value • Intended reduction in acute sector <ul style="list-style-type: none"> • Through alternatives and control of flows in and out of acute care • Primary care efficiency/effectiveness
Medical workforce issues	<ul style="list-style-type: none"> • Reduction in the number of training posts • Continued move towards specialisation of medical workforce
Reconfigurations	<ul style="list-style-type: none"> • Safe and sustainable - regional <ul style="list-style-type: none"> • Trauma • Vascular • Stroke • Safe and sustainable - national <ul style="list-style-type: none"> • Paediatric cardiac surgery • Paediatric neurosurgery • National and regional initiatives <ul style="list-style-type: none"> • Emergency and out of hours care • Sustainability of the current model of the district general hospital • Other <ul style="list-style-type: none"> • Neonatal services

Competition	<ul style="list-style-type: none"> • The need to respond to the any qualified provider policy
Technology	<ul style="list-style-type: none"> • Continued moved towards day case/ minimally invasive surgery • Development of drug technologies <ul style="list-style-type: none"> • Cost • Individualised patient drugs • Continued growth of genetics • Informed patient choice

Strategy

4. The Trusts emerging strategy seeks to ensure that the Trust is well positioned to respond effectively to the external environment summarised in the section above.
5. The Trust has developed a set of strategic objectives. These are:
 - To provide high quality, general acute healthcare services to the population of Oxford.
 - To provide high quality, specialist services to the population of Oxfordshire and beyond.
 - To be a patient centred organisation providing high quality and compassionate care - "delivering compassionate excellence".
 - To be a partner in a strengthened academic health sciences system with local academic, health and social care partners.
 - To meet the challenges of the current economic climate and changes in the NHS and become a resilient, flexible and successful foundation trust.
 - To achieve the integration of the ORH and the NOC during 2011/12 realising the benefits as set out in the business case.
6. Within this overall strategic framework, the Trust will, over the next five years, be seeking to deliver increased value to patients, to taxpayers and to its partners. The Trust will seek to:
 - Reshape "local" services.

- To deliver alternatives to admission and post admission care.
 - To eliminate delays.
 - To reduce its bed base.
 - To concentrate services into the most suitable buildings.
- To grow clinically and financially sustainable specialist services.
 - To implement the planned reconfigurations.
 - To ensure that all specialist services have a clinically and financially sustainable critical mass.
 - To consolidate and grow the Trust's catchment population for clinical services.
 - Develop the academic health sciences system to progress parallel and synergistic strategies for research and development and education and training.
 - To continue to develop the biomedical research centre and biomedical research unit.
 - To continue to provide "bench to bedside" innovation.
7. These high level strategic objectives will need to be underpinned by a step change in efficiency. The strategy will seek to achieve this through.
- Working with partner organisations in the health and social care economy to secure a significant and sustainable reduction in the delayed transfers of care.
 - To move towards full seven day working patterns.
 - To achieve major productivity gains in areas such as theatre utilisation and length of stay.
 - To achieve optimal utilisation of the Trust's estate. This will involve reviewing the site cover on each of the Trust's four sites and seeking to maximise the use of the better accommodation across the Trust.

These efficiency gains will be mirrored by improvements in patient care by ensuring that patients are cared for in the most appropriate environment and that pathways are streamlined.

Potential service changes

8. The potential service changes that will result from the implementation of this strategy are identified and summarised in the paragraphs below.
9. The changes will be taken forward collaboratively with the Trust's partners. These partners include the Clinical Commissioning Groups and Primary Care Trusts in their role as commissioners and with GPs, Oxford Health, other NHS Trusts and social care as providers of complementary components of patient care pathways.
10. For the Trust and the wider health and social care community to achieve their joint strategic objectives, it is imperative that there is a significant and sustainable reduction in the numbers of delayed transfers of care. This is required both to ensure that the quality of care is improved with patients receiving their care and treatment in the most appropriate clinical environment. It is also essential in order for the health and social care system to achieve operational efficiencies and reduce the costs associated with patients being treated in inappropriate and often the most expensive parts of the service. A range of measures are currently being progressed by both the Trust and its partners. These include the Trust's supported discharge service and the PCT's hospital at home initiative. These projects, if successful, will result in a significant number of patients transferring from the Trust (and also from Oxfordshire Health and Community Hospital beds) to more appropriate care settings. This will enable the Trust to close beds both at its Oxford sites and at the Horton General Hospital.
11. The Trust is currently considering a number of service relocations that are designed to move services out of the poorer accommodation on the Churchill Hospital site. Current moves under consideration are:
 - Urology services into the new Churchill Hospital
 - Respiratory medicine and infectious diseases services into the John Radcliffe Hospital

Both of these moves would not only provide better patient accommodation for the services concerned but would also improve a number of important clinical adjacencies.

12. The future configuration of head and neck cancer services is currently under consideration. Within the original business case for the new development on the Churchill site, it was envisaged that both inpatient and outpatient head and neck cancer services would transfer to the new development. However, in the light of changing circumstances the Trust Board has initiated a review of potential options. The factors that have led to this review include:

- The additional cost associated with the original plans and the deterioration in the wider financial environment within the NHS
- Capacity issues from the Churchill site particularly in relation to the theatres and intensive care
- Site cover arrangements
- The continuing need to balance the interests of all patients

13. A process and timetable for the review has been agreed. The review will evaluate three options.

Option A - the existing plan to move all head and neck cancer inpatient and outpatient services to the Churchill Hospital.

Option B - an integrated head and neck inpatient and outpatient service in the new West Wing at the John Radcliffe Hospital.

Option C - a split site model with outpatient services at the Churchill Hospital and inpatient surgery continuing at the John Radcliffe Hospital.

14. The future of the Horton General Hospital will continue to be considered as part of the development of the Horton vision that is taking place in parallel with the review of the Trust's overall strategy. This work has been undertaken in conjunction with local stakeholders and the Community Partnership Network. The seven key themes of this vision are:

- 24/7 acute cover
- Development of tertiary services
- Secondary/primary care interface
- Intermediate care

- Education and training
 - Research and development
 - Patient and public involvement
15. Changes at the Horton have been progressed where they have been seen to be:
- Strengthening and expanding the services available to the people of Banbury and the surrounding areas.
 - Ensuring that services are provided in line with modern best practice.
 - In line with the Independent Reconfiguration Panel's recommendation that there should be more integrated models of care between Oxford and Banbury.
 - In line with the emerging strategic principles identified above.
16. An example of such a change has been the recent proposals for changes to gynaecology services at the Horton General Hospital.
17. As noted earlier there are a number of service configurations being pursued across the region. These include safe and sustainable reviews undertaken by the Strategic Health Authority in trauma, vascular and stroke services. In each of these areas the preferred model involves the Oxford University Hospitals NHS Trust becoming a major hub within a wider service network. A similar review has been undertaken of neonatal services with again the OUH identified as the provider of the highest level of neonatal intensive care linked into a clinical network with surrounding district general hospitals. In all of these areas business cases are being developed to expand services in Oxford.
18. At a national level reviews are being undertaken of both paediatric cardiac surgery and paediatric neurosurgery. In the case of paediatric cardiac surgery the Trust is seeking to develop an integrated service with Southampton. A similar approach is being taken to paediatric neurosurgery services with Oxford serving as the lead surgical base.
19. As part of the development of the Trust's strategy further opportunities to pursue new and innovative models of care will be identified and pursued.

Engagement

20. As the strategy develops, the Trust will be progressing a high level engagement strategy that will be linked in to the stakeholder engagement forming part of the wider foundation trust application. The Trust will continue to utilise its various engagement channels to promote dialogue on the emerging strategy. These channels include presentations to the Health Overview and Scrutiny Committee, regular stakeholder bulletins, both formal and informal meetings with stakeholders, the Trust's own patient panel, the foundation trust membership and the formal public consultation that will be undertaken as part of the foundation trust application.
21. As noted earlier, a number of these changes represent responses by the Trust to commissioning strategies of PCTs and clinical commissioning groups. Commissioners will be undertaking their own engagement activities to obtain feedback on their proposed plans to which the Trust will be responding.
22. In addition to this high level engagement activity, individual service changes will be discussed with relevant stakeholders. In the case of the Horton, the Community Partnership Network will continue to be used as a key communications and engagement vehicle. For other individual service changes, specific mechanisms will be established. For example, in the case of head and neck services, arrangements are being put in place to secure the input of relevant patient groups into the planned option appraisal.

Conclusion

23. This paper has sought to describe the strategic context within which the Trust is currently developing a new strategy. The emerging themes from this strategic review have been summarised and potential service changes identified. The Trust will continue to maintain a dialogue as the strategy is further developed.

Mr Andrew Stevens, Director of Planning and Information

Oxford University Hospitals NHS Trust

31 October 2011