

Board of Directors Meeting: Thursday 26 March 2009

BD2009.25a

Subject	Trust Business Plan 2009/10			
Purpose of paper	To present the Trust's 2009/10 Business Plan			
Board Lead(s)	Mr Andrew Stevens, Director of Planning and Information			
Background papers (if any)	<p>"High Quality Care for All, NHS Next Stage Final Review Report", Department of Health, June 2008</p> <p>"The NHS in England: The Operating Framework for 2009/10", Department of Health, December 2008</p> <p>"Towards a Healthier Future", NHS South Central, May 2008</p> <p>NHS Oxfordshire Draft Strategic Plan 2008-2013</p> <p>"Measuring for quality improvement: the approach", Department of Health, 19 November 2008</p>			
Action/decision required	Approval of the Trust's 2009/10 Business Plan. This will be subject to approval of the Trust's Financial Plan and Budgets presented in the accompanying paper BD2009.26.			
Key purpose	<u>Strategy</u>	Assurance	Policy	Performance
Strategic Goal(s)	This paper sets out the proposed strategic goals and objectives for the coming year.			
Strategic Objective(s)				
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	This paper sets out key risks associated with the Trust's strategic objectives for 2009/10.			
Also considered by	Executive Board 18 March 2009			
Resource and financial impact	Outlined in Section 5.			
Consideration of legal/equality/diversity/engagement issues				
Acronyms and abbreviations used	<p>AHSC - Academic Health Science Centre</p> <p>BRC - Biomedical Research Centre</p>			

	CIP - Cost Improvement Programme CQC - Care Quality Commission COUIN - Commissioning for Quality and Innovation CRL - Capital Resource Limit FT - Foundation Trust I&E - Income and Expenditure IBP - Integrated Business Plan LTFM - Long term financial model PET/CT - Positron Emission tomography/computerised tomography PCT - Primary Care Trust PICRP - Performance Improvement and Cost Reduction Programme PRG - Physical Resource Group PROMS - Patient-reported outcome measures SHA - Strategic Health Authority SLA - Service Level Agreement SUI - Serious Untoward Incident WTE - Whole Time Equivalent
Author	



## Business Plan 2009 / 10

## Foreword by the Chief Executive

The last year has seen significant achievements for the Oxford Radcliffe Hospitals NHS Trust. In October the high standard of our clinical care and our hard work to achieve national targets were recognised when the Trust received a rating of “excellent” for the quality of its services in the Healthcare Commission’s Annual Health Check. In August we opened the new Geratology Unit at the John Radcliffe Hospital. In March we opened our state-of-the-art Oxford Cancer Centre, providing integrated cancer and haematology services, as well as surgical and diagnostic facilities on the Churchill site. The achievements we have made in enhancing the environment within which we provide our services have been recognised by visits from Her Majesty, the Queen and the Prime Minister.

Our task for the coming year is to focus on quality, whilst improving efficiency. Lord Darzi’s Next Stage Review of the NHS<sup>1</sup> challenged NHS organisations to make quality their “organising principle”. This plan sets out how we aim to do this, for example by:

- Improving our services by maximising the benefits of our new facilities, including the Oxford Cancer Centre and the Oxford Heart Centre which will open this year.
- Developing services to improve both the effectiveness of treatment and the experience of patients. This year we will focus particularly on working with others to redesign services for those suffering from stroke, heart attack or diabetes. We also aim to improve our maternity services and the care of patients who are at the end of their lives.
- Continuing to ensure that we provide care safely through ongoing implementation of our safety strategies.
- Reviewing the ways in which we measure the quality of the care we provide so that we can identify where improvements are needed and monitor progress in a way we can communicate to patients and the public.

However, the challenge is not only to improve quality, but to do so within an increasingly difficult financial climate. The global economy will impact on the funding available to public services. The level of investment in the NHS that we have seen over the past few years is not sustainable. The effect of this is already being felt throughout the Oxfordshire Health Economy. As investment reduces we will need to find ways of increasing the efficiency with which we provide services. The challenge for us all is to review what we do, how we use our resources and whether we can do things differently.

To support our improvements to quality and efficiency we will continue to make changes to our organisational structure. We will build on this year’s service line management pilots in Cardiac and Women’s and Sexual Health services. The aim of this is to give local clinical teams the managerial and financial freedom and responsibility to focus effort on the initiatives which they believe will have the greatest effect on the quality and efficiency of their own services. We will also continue to put in place the structures that will allow us to bring together our clinical services, teaching and research. We have all been

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<sup>1</sup> “High Quality Care for All, NHS Next Stage Final Review Report”, Department of Health, June 2008

disappointed by our unsuccessful application to become one of the first academic health science centres (AHSC). However, the application process has given us much to build upon and a clear idea of what we need to do to achieve AHSC status in the future and to deliver the benefits for patients that will result from more effective integration of patient care, education and research.

Our challenge for the coming year is therefore to continue to improve the quality of our services, while improving efficiency in order to maintain a strong financial basis. We will need to accomplish this in order to succeed in our ambition to become an NHS Foundation Trust and attain the greater autonomy for the organisation which that status brings.

This Business Plan provides us with a focus for taking the Trust forward during the coming year. It provides everyone in the organisation with a common vision of what we are trying to achieve and it will allow us to communicate this to our patients and other stakeholders. The plan provides a framework for each individual in the organisation to develop their personal objectives and for key individuals to be held to account for progress.

- **Part One** of the document describes the strategic context in which the Business Plan has been developed.
- **Part Two** sets out the Trust's long-term strategic objectives, developed through the Strategic Review and reviewed as part of the development of our application for NHS Foundation Trust status. Business objectives for 2009/10 have been developed under each strategic objective. Each directorate is developing its own objectives to support these corporate priorities, and these will be placed on the Trust's Business Planning intranet site. Every member of staff will have an individual set of objectives showing their role in the delivery of the objectives of the Trust and their own directorate.
- **Part Three** of the Business Plan describes the financial framework within which the corporate objectives will be delivered.
- **Part Four** describes how we will monitor progress.
- **Part Five** identifies the key risks to the delivery of the strategic objectives.

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<b>Part One - Strategic Context</b>
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## 1. National Context

### NHS Next Stage Review: High Quality Care for All (The Darzi Report)<sup>2</sup>

Core to the strategic planning context within the NHS is “High Quality Care for All”, the NHS Next Stage Review final report (“The Darzi Report”) that was published on 30 June 2008. This marks the third phase in the national reform programme that began with the “NHS Plan” in 2000. The first stage of the reform programme focussed on increasing capacity and investment. The second stage was aimed at the introduction of levers to enable reform, particularly choice, contestability, increased freedom for providers and better financial systems. The third stage of the reform programme is about using the additional capacity and the reform levers to transform services to deliver high quality care for patients and value for money for the taxpayer.

The Darzi report focuses on three key themes:

- High quality care for patients and the public.
- Quality at the heart of the NHS.
- Working in partnership with staff.

How does the Darzi Report define “Quality”?
<b>Safety</b> – doing no harm to patients. Ensuring that the environment is safe and clean, reducing avoidable harm such as excessive drug errors or rates of healthcare associated infections.
<b>Patient experience</b> – includes quality of care and the delivery of personalised care, focusing on the compassion, dignity and respect with which patients are treated and how easy it is for patients to access services, taking account of the need to promote equality for minority groups.
<b>Effectiveness of care</b> – includes: <ul style="list-style-type: none"><li>• Clinical outcomes, such as mortality and survival rates.</li><li>• Avoiding ill-health and helping people to stay healthy.</li><li>• Measuring effectiveness from a patient perspective through patient-reported outcome measures (PROMs).</li></ul>



In seeking to promote high quality care for patients and the public, the review puts forward new measures to:

- Strengthen the focus of the NHS on wellbeing and prevention services.
- Give patients more rights and control over their own healthcare, including the extension of patient choice and the development of a more personalised approach to the provision of healthcare.

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<sup>2</sup> “High Quality Care for All, NHS Next Stage Final Review Report”, Department of Health, June 2008

This business plan identifies opportunities for the Trust to contribute to the wider public health agenda set out by the PCT. Customer focused patient care objectives will seek to enhance the engagement of patients in their care pathways.

In order to put quality at the heart of the NHS the Darzi review:

- Strengthens the focus on independent quality standards and clinical priority-setting and introduces incentives at both an organisational and an individual level to reinforce quality improvement.

From April 2010 the Trust will be required to publish details of its performance in quality terms in an annual “quality account”. “High Quality Care for All” also introduced the concept of linking the income that the Trust receives from commissioners to the quality of the services we provide. Our contracts for this year include a Commissioning for Quality and Innovation (CQUIN) scheme linking payment to specific locally determined goals that cover the domains of quality and innovation. The latest draft of our local proposed goals is attached as Appendix B.

- Strengthens the involvement of the clinicians in decision-making at every level of the NHS.
- Introduces mechanisms to promote innovation.

The Trust will respond to this by advancing the implementation of the patient safety strategy in 2009/10. Further details about how the Trust will measure quality are described in section 9. The organisational development work associated with the Foundation Trust Application and the roll-out of service line management will further strengthen the role of clinicians in the planning and management of clinical services. As part of our work towards strengthening our links with our academic and NHS partners we will continue to enhance our processes for innovation in health. This will build on clinical innovations in Oxford such as the Trust’s leading stroke service and the development of primary angioplasty.

The measures put forward by the review to strengthen working in partnership with staff include:

- Enhancing leadership particularly among clinicians.
- Developing a clear focus on improving the quality of NHS education and training.

These issues will be addressed as we continue to put in place the structures that will allow us to bring together our clinical services, teaching and research, working towards a closer partnership with the Medical Sciences Division of the University of Oxford and our other partners.

### **NHS Operating Framework 2009/10**

The Department of Health publishes an annual NHS Operating Framework which establishes the planning context for the service, setting out national priorities and the

business and financial arrangements for their delivery. This year's Operating Framework<sup>3</sup> sets out arrangements for the delivery of the vision set out in "High Quality Care for All". It describes five challenges for 2009/10:

1. Continue to deliver on national priorities that matter most to patients and the public. No new national targets have been set for this year. The national priorities remain:
  - Improving cleanliness and reducing healthcare associated infections
  - Improving access through achievement of the 18 week referral to treatment target
  - Keeping adults and children well, improving their health and reducing health inequalities, particularly within the areas of cancer, stroke, maternity and children's services
  - Improving patient experience, staff satisfaction and engagement
  - Preparing to respond in a state of emergency, such as an outbreak of pandemic influenza
2. Continue to deliver on priorities determined locally, taking into account important issues raised in the last year in relation to alcohol; dementia; end of life care; mental health; military personnel, their dependants and veterans; mixed sex accommodation; people living in vulnerable circumstances and people with learning disabilities.
3. Invest additional resources wisely in order to prepare for the need to make substantial efficiency savings in 2010/11 and for a tighter financial climate thereafter.
4. Start to put in place the strategic enablers and foundations that will help deliver the ten Strategic Health Authority (SHA) regional visions and put quality at the heart of all that we do. (The vision of our local SHA, South Central, is set out below).
5. Develop new ways of working and leading that reflect the evidence base and principles for driving large-scale transformational change.

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<sup>3</sup> "The NHS in England: The Operating Framework for 2009/10", Department of Health, December 2008

## 2. Local Planning Context

### Strategic Health Authority - "Towards a Healthier Future"

Lord Darzi's "High Quality Care for All" built on the foundations set out in the NHS Next Stage Review planning work undertaken within each of the strategic health authorities. Within NHS South Central, this work was focused on eight clinical pathway groups covering the following areas:

Staying healthy	Maternity and newborn
Children and young people	Long term conditions
Acute care	Planned care
Mental health	End of life care

The reports from these groups provide a framework within which clinical strategies will be developed. The South Central report entitled "Towards a Healthier Future"<sup>4</sup> also set out 12 ambitions that underpinned the work of the clinical pathway groups.

1.	We will maximise the potential for health by ensuring that risk of illness is regularly and systematically evaluated for all in order to identify the need for preventative care.
2.	We will ensure that every clinical or social care encounter provides an opportunity for prevention as well as treatment.
3.	We will encourage patients to be partners in their care, taking responsibility for their own health and treatment with the guidance and help of professionals.
4.	We will commission services that are based on the best evidence and practice to ensure high quality care and good outcomes for patients.
5.	We will engage the public in decision-making about priorities in healthcare provision. This may result in legitimate geographical variations in services.
6.	We will offer real choice to patients within the framework of services we commission. We will support patients in exercising choice by providing better access to clinical and other information to help them make decisions that will achieve the best care and outcome for them.
7.	We will ensure that all healthcare settings are safe and clean and offer a high standard of personalised care.
8.	We will ensure that patients have access to services through a single point and that they are not left alone to manage their care; they will have a key professional assigned to coordinate their care and to help them to navigate seamlessly through the care system.

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<sup>4</sup> "Towards a Healthier Future", NHS South Central, May 2008

9.	We will ensure that patients have access to continuously improving services and to the most appropriately skilled clinicians, who apply the right skills and techniques at the right time, for them to receive the best care regardless of where they live.
10.	We will ensure that all patients have faster access to the services they need, including therapy services; we will match speed of access to patient need to enable maximum independence and mobility.
11.	We will minimise our carbon footprint and actively promote the sustainable use of resources by ourselves and our partners in the community.
12.	We will ensure that we consider in advance the impact of what we do on all sections of the community and work to minimise the health effects of disadvantage.

### **Oxfordshire Primary Care Trust (PCT) Strategy 2008-2013**

The Oxfordshire Primary Care Trust is currently updating its strategy and is consulting on the NHS Oxfordshire draft strategic plan 2008-2013<sup>5</sup>. The draft strategic plan sets out five strategic goals. These are to:

1.	Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely, high quality care that also offers good value for money.
2.	Improve health outcomes and promote independence for the following key population groups: <ul style="list-style-type: none"><li>– Older people.</li><li>– Those with long term conditions.</li><li>– People with mental health problems.</li><li>– Children and families living in areas of deprivation.</li></ul>
3.	Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.
4.	Help more local people of all ages to make sustainable healthy lifestyle choices.
5.	Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.

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<sup>5</sup> NHS Oxfordshire Draft Strategic Plan 2008-2013

The PCT proposes to deliver this strategy through a targeted set of 12 substantial initiatives. These are designed to improve the quality of care provided to patients and to improve health outcomes. They are also intended to make a contribution to managing demand for secondary care services. These initiatives are:

Effective resource management in both secondary and primary care
Breaking the cycle of deprivation
Securing a better deal for older people and commissioning excellence in long term conditions
Improving mental health outcomes and services
Choosing healthy lifestyles
Protecting our health
End of life care
Specialist commissioning
Urgent and immediate care
Delivery solutions for better health to the people of Banbury

The PCT has indicated that it only expects to have available limited growth in 2009/10. Initial indications are that its percentage real terms growth will be around 2%. The PCT has therefore stated that, given this resource outlook and the framework provided by its strategic plan, it will only commission from the ORH the levels of activity and income which were in the 2008/09 contract. This is an important parameter within which the Trust has developed this business plan.

This business plan seeks to address the PCT's strategic goals and the initiatives designed to deliver these goals, with a particular emphasis on supporting demand management, strengthening collaborative working and contributing to the wider public health agenda.

### 3. The Trust's Strategy

The Trust recently carried out a strategic review involving patient and public groups, staff and colleagues in other organisations. This review generated four strategic aims:

1. **To be the hospitals of choice for patients** by providing an outstanding environment for clinical services with customer focused patient care that will be valued by our partners and the communities we serve.
2. **To be a world leading teaching hospital and an Academic Health Science Centre** (in partnership with the University of Oxford), with an international reputation for advancements in medicine and biomedical research, able to offer specialist expertise and outstanding teaching and treatment facilities.
3. **To achieve financial sustainability and long-term growth** by intelligent redesign of our hospital services, based on improved leadership, productivity and efficiency.
4. **To be an excellent employer** with flexible and workable policies that will encourage the recruitment and retention of quality staff

The Financial context in which this Business Plan has been developed is described in Section 5.

Part One - Strategic Context
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The Trust has developed a set of medium term strategic objectives to deliver the vision articulated through the strategic goals of the Trust described above. These have been reviewed in conjunction with the strategic context set out in the previous section and a set of business objectives for 2009/10 has been developed. The key themes for these objectives are:

- A proposed prioritisation of the objectives that fall within the quality of care and safety and customer focused strategic objectives.
- An emphasis on ensuring that planned activity levels are consistent with commissioner plans.
- The strengthening of GP/primary care collaboration both in general and across a range of specific patient pathways.
- Optimisation of the Trust's contribution to the wider public health agenda.
- Full and effective engagement in the Better Healthcare for Banbury and the Surrounding Areas Programme.
- The development of cancer and cardiac services to support new facilities.
- Continuing to put in place the structures that will allow us to bring together our clinical services, teaching and research.
- Given the financial outlook, the development of robust performance improvement and cost reduction plans both for 2009/10 and for future years.

The Trust's strategic and business objectives for 2009/10 are set out in the table below.

#### 4. Corporate Strategic and Business Objectives 2009/10

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
SO1	Defining Services - to consolidate and advance the international status of the Trust's defining services	Cancer centre	1	To implement the cancer services marketing action plan.	Director of Planning and Information
		Heart centre	2	To open the heart centre and to progress the cardiac services marketing action plan.	Chief Operating Officer
		Gastroenterology/endoscopy	3	To develop a joint clinical and academic strategy for gastroenterology services.	Chief Operating Officer
		Transplantation	4	To develop transplantation services.	Chief Operating Officer
SO2	Core Services - to provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local community	Activity	5	To ensure that planned activity levels are consistent with commissioner plans and that the planned levels are delivered.	Director of Planning and Information
		GP/primary care collaboration	6	To strengthen GP/primary care collaboration.	Director of Planning and Information
		Horton	7	To contribute fully to the Better Healthcare Programme.	Director of Planning and Information
		Stroke	8	To develop a co-ordinated strategy for the stroke pathway.	Chief Operating Officer

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
		Diabetes	9	To implement the new planned model of care.	Chief Operating Officer
		Maternity	10	To respond to the national focus on improving safety and choice in maternity services.	Chief Operating Officer
		End of life care	11	To develop and implement an action plan for the strengthening of end of life care across the Trust.	Director of Nursing and Clinical Leadership
		Day case services	12	To assess the model for the delivery of day care.	Chief Operating Officer
SO3	Specialist Services - to continue to strengthen the Trust's portfolio of specialist services and to consolidate and extend the catchment area from which patients for specialist services are drawn	Urology	13	To develop urological services.	Chief Operating Officer
		Vascular services	14	To develop a clinical network for vascular services.	Chief Operating Officer
		Perinatal services	15	To advance the strategy for Perinatal services.	Chief Operating Officer
SO4	Emerging Services - to identify, evaluate, prioritise and nurture emerging services	Horizon-scanning process	16	To construct a process for identifying and evaluating emerging services.	Director of Planning and Information
		Biomedical Research Centre (BRC)	17	To enhance the role of the BRC in the strategy for emerging services	Medical Director

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
		Positron Emission Tomography (PET)/Cyclotron	18	To install and commission the PET/CT scanner and develop a joint strategy for the PET/cyclotron strategy.	Chief Operating Officer
		New laboratory technologies	19	To develop a strategy for new technologies within laboratory services.	Chief Operating Officer
		Translation process	20	To develop and pilot a translation process.	Medical Director
		Dementia	21	To formulate a response to the national dementia strategy in consultation with Mental Health partners.	Chief Operating Officer
SO5	Platform Services - to ensure that the development of platform services parallels and advances the strategy for clinical services, ensuring that platform services contribute to optimising the efficiency and customer care focus of the Trust.	Cancer centre	22	To establish the imaging facility within the Cancer Centre.	Chief Operating Officer
		Health care associated infections	23	To implement the business cases for the laboratory component of the Trust's strategy for infection control.	Chief Operating Officer
		Critical care strategy	24	To develop a critical care strategy for the Trust.	Chief Operating Officer
		JR Theatres	25	To develop plans for the upgrading of theatres at the JR.	Director of Finance and Procurement
		Service model	26	To clarify diagnostics input into care pathways, mindful of the unbundling	Chief Operating Officer

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
				to the tariff payments.	
SO6	Academic Health Science Centre (AHSC) - to develop the Trust's role as an academic health science centre of international standing working in partnership with the University of Oxford and the Nuffield Orthopaedic Centre and other partner organisations	AHSC bid	27	To review the lessons learnt from the unsuccessful AHSC bid and agree future plan.	Chief Executive/ Director of Planning and Information
		Professional Training	28	To review the quality of professional training provided within the Trust and develop a strategy to bring about improvement	Director of Human Resources and Organisational Development
		Biomedical Research Centre (BRC)	29	To use the Trust's status as a comprehensive BRC to improve the integration of clinical care and research	Medical Director
SO7	Quality of Care and Safety - to provide demonstrably excellent clinical outcomes and indicators of patient safety	Safety strategies	30	To implement the Trust's patient and staff safety strategies.	Director of Nursing and Clinical Leadership
		Health care associated infections	31	To continue to reduce the number of healthcare associated infections.	Medical Director
		Quality Standards	32	To develop a quality improvement plan for agreement by the Board	Director of Nursing and Clinical Leadership
		Measuring quality	33	To work with clinical teams to identify appropriate local quality measures and to produce a Quality Account for the Trust	Director of Nursing and Clinical Leadership/Director of Planning and Information

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
SO8	<b>Customer Focus</b> - to improve the overall patient experience by offering excellent customer care.	Patient feedback strategy	34	To implement the patient feedback strategy, developing patient reported outcome measures (PROMS).	Director of Nursing and Clinical Leadership
		Mixed sex accommodation	35	To minimise mixed sex accommodation within the Trust's hospitals.	Director of Nursing and Clinical Leadership
		GP/primary care collaboration		To strengthen GP/primary care collaboration (as 6 above).	Director of Planning and Information
		Clinical networks	36	To strengthen clinical networks.	Medical Director
SO9	<b>The Role of the Trust in the Healthcare System</b> - to maximise the Trust's contribution to the health and wellbeing of the local community.	Activity planning		To ensure that planned activity levels are consistent with commissioner plans and that the planned levels are delivered (as 5 above).	Director of Planning and Information
		GP/primary care collaboration		To strengthen GP/primary care collaboration (as 6 above).	Director of Planning and Information
		FT membership	37	To ensure that the FT membership is used to strengthen stakeholder engagement.	Board Secretary
		Horton		To contribute fully to the Better Healthcare Programme (as 7 above).	Director of Planning and Information
		Emergency planning	38	To have effective and tested plans in	Chief Operating Officer

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
				place across local systems.	
		Public health agenda	39	To strengthen the Trust contribution to the public health agenda.	Medical Director
		Emergency care	40	To continue to contribute to the improvement of emergency care pathways.	Chief Operating Officer
		Priority setting	41	To assist the PCT in the setting of priorities within the system's constrained financial parameters.	Director of Planning and Information
		Demand management	42	To assist the PCT in strengthening demand management.	Chief Operating Officer
		Partnership with Social Care	43	To work in partnership with Social Care services to avoid delays in discharge and inappropriate admissions.	Chief Operating Officer
SO10	<b>Organising for Strategic Advantage</b> - to become a strategic, high performing and agile organisation supported by efficient and patient-focused clinical processes, modern systems and business processes	Performance improvement and cost reduction (PICRP)	44	To implement the PICRP for 2009/10 and develop plans for 2010/11 and 2011/12.	Director of Finance and Procurement
		Leadership and Workforce	45	To develop high quality clinical leadership and workforce engagement.	Chief Operating Officer
		Service line management	46	To build upon the service line management pilots, as agreed by the	Director of Finance and

STRATEGIC OBJECTIVE		SERVICE AREA	BUSINESS OBJECTIVE		LEAD
				Board.	Procurement
		Education, Training and Performance Management	47	To sustain a high performing, professional workforce.	Director of Human Resources and Organisational Development
		Patient level costing	48	To implement patient level costing.	Director of Finance and Procurement
		Care records service	49	To plan for the implementation of the Care Records Service.	Director of Finance and Procurement
		Use of the Estate	50	To develop a strategy to ensure that the use of quality estate is maximised for patient care.	Director of Estates and Facilities
		Foundation Trust (FT)	51	To achieve FT status.	Director of Planning and Information
		Model Employer	52	To further build on the Trust's reputation and attract high calibre employees.	Director of Human Resources and Organisational Development

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## 5. Financial Plan

Paper BD2009.26 seeks the approval of the Board of Directors to the proposed financial plan and budgets for 2009/10.

### Context and Trust Financial Strategy

The 2009/10 financial plan has been drawn up against the background of an economy that is showing significant signs of downturn both nationally and locally. In setting its budget for next year, the Trust must anticipate the outlook for public finances from next year onwards, in light of the Government's Pre-Budget report published in November 2008.

The NHS Operating Framework for 2009/10 sets the requirement for the NHS to deliver 3% cash releasing efficiency savings for the remaining two years of the current spending review period. This expectation may be reviewed and increased, given the economic outlook.

Within this context the objectives when developing the 2009/10 financial plan were:

- To set a budget which was robust, deliverable and "acceptable"
- Be aligned with realistic PCT income and workload assumptions (which will be reflective of the Trust's SLA agreements with its commissioners).
- Be underpinned by consistent service capacity assumptions with a budget that provides for the associated staffing requirements
- Generate a net surplus which is sufficient:
  - in cash terms, to allow the Trust to service its loan obligations (alongside funding the part of its capital programme not covered by new borrowing)
  - in I&E terms, to enable the Trust to operate effectively (both in-year and in the longer term) by providing the longer term financial capacity for future sustainability and investment.

### Summary Budget

The proposed 2009/10 budget is summarised in the table below, together with the 2008/09 plan and forecast outturn. This shows a planned surplus of £2.37m before asset impairments which are required with the adoption of revised accounting standards:

Table 1: Summary Budget 2009/10	2008/09		2009/10	Change from 2008/09 FOT
	Last Yr Plan	Forecast outturn	Budget	
	£m	£m	£m	
Income:				
Commissioning & RTA Income	476,033	492,085	502,407	10,322
PP and O/seas Income	12,317	11,300	15,467	4,167
Other Income	96,724	100,736	99,639	-1,097
<b>Total Income</b>	<b>585,074</b>	<b>604,121</b>	<b>617,513</b>	<b>13,392</b>
Expenditure:				
Pay costs	-330,932	-347,137	-343,797	3,340
Non Pay costs	-219,420	-224,306	-209,704	14,602
<b>Total Expenditure</b>	<b>-550,352</b>	<b>-571,443</b>	<b>-553,501</b>	<b>17,942</b>
<b>EBITDA</b>	<b>34,722</b>	<b>32,678</b>	<b>64,012</b>	<b>31,334</b>
Depreciation	-19,344	-17,379	-30,907	-13,528
Net Interest and Dividends	-13,078	-12,992	-30,728	-17,736
Exceptionals	0	0	0	0
<b>Surplus/(deficit) before impairment</b>	<b>2,300</b>	<b>2,307</b>	<b>2,377</b>	<b>70</b>
Impairments	0		-35,598	-35,598
<b>Surplus/(deficit) after impairment</b>	<b>2,300</b>	<b>2,307</b>	<b>-33,221</b>	<b>-35,528</b>

## Divisional Budgets

To deliver the corporate budget, individual Divisional budgets have been developed and are set out in the table below.

Table .2: 2009/10 Budget by Division	Div A	Div B	Div C	Div D	Div E	Div F	Div G	inflation	TOTAL
	£m	£m	£m	£m	£m	£m	£m		£m
<b>Total Income</b>	189.7	210.6	128.9	21.0	9.9	46.7	3.3	10.4	620.4
Expenditure:									
Pay costs	-69.5	-108.7	-99.7	-36.0	-8.0	-13.8	0.0	-8.0	-343.8
Non Pay costs	-55.1	-43.6	-28.4	-50.0	-1.8	-27.0	-63.8	-4.5	-274.2
<b>Total Expenditure</b>	<b>-124.6</b>	<b>-152.2</b>	<b>-128.2</b>	<b>-86.0</b>	<b>-9.9</b>	<b>-40.8</b>	<b>-63.8</b>	<b>-12.5</b>	<b>-618.0</b>
<b>Surplus/Deficit before impairment</b>	<b>65.1</b>	<b>58.3</b>	<b>0.8</b>	<b>-65.1</b>	<b>0.0</b>	<b>6.0</b>	<b>-60.5</b>	<b>-2.2</b>	<b>2.4</b>

## Commissioner Income

The majority of the Trust's predicted income will come from contracts with commissioners. This income is budgeted for at £491m in total, before inflation. This is broadly unchanged from 2008/09. However, within total income we are planning for growth in some services (particularly cancer and cardiac) and significant reductions in others, as required by the PCTs. The complexity of national technical changes has resulted in SLA negotiations still being ongoing at the time of writing. The table below summarises the levels of income currently proposed from each of the Trust's main commissioners.

**PCT Income**

	<b>Proposed value of 09/10 SLA</b>
<b>South Central Non Specialist</b>	
Oxon	262,550,576
Bucks	22,500,000
MK	9,000,000
W Berks	7,757,804
E Berks	2,535,170
<b>Sub total</b>	<b>304,343,550</b>
<b>South Central Specialist</b>	73,000,000
<b>Other</b>	113,784,048
<b>TOTAL</b>	<b>491,127,598</b>

The Trust will have the opportunity to secure additional income from commissioners through local arrangements under “Commissioning for Quality and Innovation” schemes (CQUINs). As described in section 1, PCTs are expected to make a sum, equivalent to 0.5% of the contract value, available to providers, linked to the achievement of agreed quality standards. The quality indicators proposed by Oxfordshire PCT, our host commissioner, are set out in Appendix B.

**Cost Improvement Programme (CIP)**

To deliver the surplus of £2.3m next year, we must target CIPs of £44.5m – this includes an overall contingency allowance of 10% for risk. The first £18m (3%) of this requirement is driven by the efficiency requirement built into the setting of the National Tariff. The target is recognised to set a very significant challenge, but it is one that the Trust must respond to. The economic outlook for the NHS beyond next year is expected to remain challenging and any delay in holding on to financial stability is likely to have more significant consequences for the Trust and its services.

The table below shows the themes that have been developed for this year’s CIP.

Trust CIP

Theme	Project	Source of improvement	Metrics	Total
Clinical Services Value for Money	Ward development	Standardised better planning of leave; Improved roster management; reduction in agency usage; increased use of specialist nursing; enhanced role for support workers. Review of medical staffing numbers and grades based upon an assessment of service, teaching and other requirements, and moving to team based job plans	Pay cost per bed day; reduction in variability and overall value	2.15
	Theatres		Pay cost per theatre hour; reduction in variability and overall value	1.50
	Medical Staffing		1.8% of overall spend; VFM and productivity indicators in development	1.80
	Radiology		3.5% of pay budget excluding medical staff & non-clinical staff	0.75
	Labs		3.5% of pay budget excluding medical staff & non-clinical staff	0.67
Clinical Services Productivity	Inpatient stay	Best practice review Bed management review	Reduction in length of stay, improved utilisation	0.93
	Theatres	Visual management on wards Productive/model ward project	Improved utilisation and knife to skin time	1.80
	Outpatients	IP pathway & DC improvement (protocol based)	improved utilisation and clinical time	0.11
	Radiology	Emergency surgical review Enhanced recovery after surgery Reduction in delayed discharges'-	3.5% of pay budget including medical staff & excluding non-clinical staff	0.75
	Labs	increasing proportion of surgical time - ensuring all lists run to time - ensure all theatre lists are optimally	3.5% of pay budget including medical staff & excluding non-clinical staff	0.67
Non-clinical staff productivity & VFM	Process Review of non clinical areas	All non-clinical staff A-D	10% Reduction in pay costs as a proportion of Trust pay costs; VFM indicator being developed	6.00
Workforce Development	Performance management	Rigorous performance management	First year of five year programme	1.13
	Training & Development		Enabling workforce development changes	- 0.50
Cost Control/Avoidance	Procurement	Ongoing programme	Procurement costs / waste reduction	11.50
	Blood products	Reduce demand for blood products by speeding up physical access	Reduced units of blood with full cross match	0.50
	Medicines Management	Ongoing programme	Improved unit costs, reduced wastage	1.30
	Salary Sacrifice	Take up of scheme, avoidance of NI	Monthly budget statements	1.00
	Directorate initiatives	Continuation of 08/09 additional plus further initiatives	Monthly budget statements	11.47
Estate review	Site & service reconfiguration, and utilisation	Establish "serviced" space recharges to raise awareness of space costs Review optimum arrangements flowing from service reviews	Reduced capital charges and utilities costs	1.00
<b>TOTAL</b>				<b>44.53</b>

## 6. Proposed Capital Programme 2009/10

A six-year programme has been developed as part of the Trust's integrated business plan (IBP).

The proposed capital expenditure for 2009/10 is £37.9m, of which £8.4m is expenditure on schemes in progress and £7.2m is contingent on business case approvals. Income from other sources is £5.0m which reduces the net total capital requirement to £31.7m.

These expenditure plans align with the Trust's overall budgetary proposals for 2009/10, and the future framework plans are included in the Long Term Financial Model. The proposed programme is fully supported by the Trust's Physical Resources Group (PRG) and includes a total contingency figure of £1.8m.

Schemes over £100k that are not pre-commitments will require business case approval by the Executive Board and those over £1m will also require the approval of the Board of Directors. Projects of £12m or over will need business case approval by the Strategic Health Authority.

The capital programme will be monitored through the PRG.

A summary of the proposed capital programme for 2009/10 is set out in the table below.

Summary of capital programme 2009/10

Applications	Precommitments	New schemes	Income	Net Total
	£k	£k	£k	£k
<b>Maintenance of the existing asset base</b>				
Medical equipment	6,077	3,970		10,047
The Estate	316	4,407	1,359	3,364
Information Technology		1,750		1,750
Contingency		750		750
<b>Sub total</b>	<b>6,393</b>	<b>10,877</b>	<b>1,359</b>	<b>15,911</b>
<b>Continuation of RI Relocation scheme</b>	200			200
<b>Cancer Centre associated business cases</b>	1,810			1,810
<b>Corporate New Developments</b>				
Compliant new decontamination unit		1,490		1,490
Private Patients	190	610		800
Churchill next developments feasibility studies		150		150
Other	54	50		104
<b>Sub total</b>	<b>244</b>	<b>2,300</b>	<b>0</b>	<b>2,544</b>
<b>Divisional Priorities</b>				
Division A	800	947	700	1,047
Division B	546	1,825		2,371
Division C	280	2,412		2,692
<b>Sub total</b>	<b>1,626</b>	<b>5,184</b>	<b>700</b>	<b>6,110</b>
<b>Performance improvement schemes</b>				
Realtime bed state		320		320
E-rostering		350		350
<b>Sub total</b>	<b>0</b>	<b>670</b>	<b>0</b>	<b>670</b>
<b>Other requirements (contingency etc)</b>	267	1,050		1,317
<b>Other schemes funded mainly by external bodies</b>				
Biomedical Research Centre	2,131			2,131
P21 Cardiac Expansion (Stage 3)	3,350		1,690	1,660
Integrated theatres		900	900	0
Experimental Cancer Medical Centre		500		500
Brody Cancer Centre		300	300	0
Other	50	80	100	30
<b>Sub total</b>	<b>5,531</b>	<b>1,780</b>	<b>2,990</b>	<b>4,321</b>
Likely slippage to 2010/11				1,200
<b>Grand Total Application</b>	<b>16,071</b>	<b>21,861</b>	<b>5,049</b>	<b>31,683</b>
<b>Source of funding</b>				
NHS Capital Resource Limit (CRL)				31,700
<b>CRL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31,700</b>

Part One - Strategic Context
Part Two - Strategic and Business Objectives for 2009/10
Part Three - Delivering the Objectives
<b>Part Four - Monitoring Progress</b>
Part Five - Risk Analysis

It is proposed that progress in the delivery of the Business Plan is monitored through four main processes:

- i) The Board Assurance Framework
- ii) Annual Health Check Compliance Reports to the Board of Directors
- iii) The “Balanced Scorecard” performance report presented to each meeting of the Board of Directors
- iv) Trust Accountability Reviews

### **7. The Board Assurance Framework**

The Board Assurance Framework is the framework which brings together the controls and assurances that support risk mitigation and hence the achievement of the Trust’s objectives. The framework is monitored by the Governance Committee, with a detailed review by the Board of Directors twice a year. The framework is developed each year to reflect updated strategic objectives and the risks to those objectives. The assessment of principal risks set out in Part Five of this document provides a starting point for this.

### **8. Annual Health Check Compliance Reports to the Board of Directors**

The performance of the Trust is rated each year on two key elements: “quality” (compliance with core standards and performance against new and existing targets) and the “use of resources” which covers, *inter alia*, financial standing, financial management and internal control. Accountability for each standard and target/indicator has been assigned to a member of the Executive Board. The balanced scorecard described below covers a significant number of these standards and targets, but in addition, reports will be provided to the public meetings of the Board of Directors, showing compliance. The Executive Board will also review performance across a number of areas at its weekly meetings. The annual declaration of compliance with both core standards and the Hygiene Code (in April each year) and registration with the Care Quality Commission will be supported by these reports, the Board Assurance Framework and other means adopted by the accountable individual leads.

### **9. The “Balanced Scorecard”**

A report summarising performance against key corporate service, financial and workforce indicators is currently presented to each public meeting of the Board of Directors. These indicators are set out in Appendix A.

In response to the Darzi Review there will be an increased emphasis on quality over the coming year. This includes Commissioning for Quality and Innovation measures (CQUINs) and other targets set out within local service level agreements. A report on performance against those included in our service level agreement with Oxfordshire, as our host commissioner, will be appended to the Balanced Scorecard report.

In accordance with the approach set out in “Measuring for Quality Improvement”<sup>6</sup> we have asked clinical teams to determine the most appropriate metrics for measuring the quality of their own services and to include these in their directorate business plans. The monitoring of these metrics will be supported corporately through the identification of appropriate internal and external benchmarks.

### **10. Trust Accountability Reviews**

A process was introduced in 2007/08 whereby the Divisions and Corporate Directorates were held to account for the elements of the Business Plan for which they had been assigned responsibility. It is proposed that it should be continued into the new financial year with two sets of reviews, one in May/June 2009 and one in October/November 2009.

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<sup>6</sup> Measuring for Quality Improvement

Part One - Strategic Context
Part Two - Strategic and Business Objectives for 2009/10
Part Three - Delivering the Objectives
Part Four - Monitoring Progress
<b>Part Five - Risk Analysis</b>

## 11. Key Organisational Risks

The table below sets out the principal risks which have been identified against each of the strategic objectives described in Part One. Plans will be developed to manage these risks. The objectives and risks will be included within the Board Assurance Framework (BAF) to be reviewed as explained in Section 4. In addition, the Executive and Trust Boards will review the Trust's Risk Register (which the BAF is referenced to) twice a year, drawing on the risk mitigation plans in place across the Trust.

### Principal Risks to the delivery of the Trust's Strategic Objectives

Ref	Strategic Objective (link to Strategic Aim)	Lead
SO1.	To consolidate and advance the international status of the Trust's defining services.	
	<b>Principal Risks</b>	
1.1	Expanded capacity in Cancer and Cardiac Centres puts pressure on PCT affordability and compromises Trust income stream.	Director of Planning and Information
1.2	Failure to sustain and/or develop clinical networks compromises delivery of agreed service strategies.	Medical Director
1.3	Affordability of costed estates strategy for the Churchill site constrains the development of transplant, renal and associated services.	Chief Operating Officer
1.4	Failure to deliver capital scheme for endoscopy jeopardises the Trust's ability to be accredited for the bowel screening programme and impact on reputation.	Chief Operating Officer
1.5	Implementation of the national Heart Attack Strategy, with particular respect to primary percutaneous coronary intervention (PPCI) 24 hour service, is at risk as a result of PCT affordability issues. This would compromise quality of service and (possibly) registration with CQC.	Chief Operating Officer
1.6	The Trust does not meet its aspirations to achieve the degree of integration between patient	Director of Planning and

Ref	Strategic Objective (link to Strategic Aim)	Lead
	care, research and aspiration planned for in AHSC work programme.	Information
<b>SO2.</b>	<b>To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community.</b>	
	<b>Principal Risks</b>	
2.1	Operational and financial constraints compromise delivery of performance targets with consequent impact on a) rating for quality (November 2009) and b) registration with CQC from 1 <sup>st</sup> April 2010.	All
2.2	Patient safety issues at the Horton Hospital are not resolved through the workings of the PCT-led Better Healthcare Programme (see also SO9) with specific concerns around the sustainability of staffing levels in children's services.	Director of Planning and Information
2.3	Failure to strengthen GP/primary care collaboration compromises improvements to emergency care pathways and quality of service for patients with long term conditions.	Chief Operating Officer
2.4	Failure to deliver improvements in end-of-life care compromises delivery of high quality core services and needs of local patients are not met.	Director of Nursing and Clinical Leadership
2.5	Failure to address issues raised by 2004/05 Healthcare Commission review of Children's services damages the reputation of the Trust's Children's services.	Chief Operating Officer
<b>SO3.</b>	<b>To continue to strengthen the Trust's portfolio of specialist services and to consolidate and extend the catchment area from which patients for specialist services are drawn.</b>	
	<b>Principal Risks</b>	
3.1	Failure to deliver short term improvements to the environment impact on the delivery and safety of Neonatal Intensive Care services and could compromise the network.	Chief Operating Officer /Director of Finance and Procurement
3.2	Failure to develop strategy for urological services impedes delivery of new and innovative	Chief Operating Officer

Ref	Strategic Objective (link to Strategic Aim)	Lead
	services.	
3.3	Anticipated customer care improvements not delivered and hence referral base is not extended for specialist services	Director of Nursing and Clinical Leadership
3.4	Pressures on specialist commissioners' resources compromise sustainability and potential development of specialist services and impact on Trust's income stream.	Director of Planning and Information
<b>SO4</b>	<b>To identify, evaluate, prioritise and nurture emerging services</b>	
	<b>Principal Risks</b>	
4.1	Failure to build on opportunities afforded by the BRC for translational research compromises agreement on strategies for a) identifying and evaluating new emerging services b) new technologies in the genes and pathology services c) specific service developments (e.g. PET/Cyclotron, dementia).	Medical Director
<b>SO5.</b>	<b>To ensure that the development of platform services parallels and advances the strategy for clinical services, ensuring that platform services contribute to optimising the efficiency and customer care focus of the Trust.</b>	
	<b>Principal Risks</b>	
5.1	Planned improvements in diagnostic services (improvements in equipment and the patient pathways) are not delivered and hence targets are not achieved and improvements in customer care are not delivered (see also 4.5)	Chief Operating Officer
5.2	Business case for laboratory IT/staffing component of Trust's work programme for infection prevention and control is not affordable; performance monitoring and service improvement compromised.	Medical Director / Chief Operating Officer
5.3	Lack of ITU and HDU capacity for both adults and children and failure to agree service	Chief Operating Officer

Ref	Strategic Objective (link to Strategic Aim)	Lead
	strategy undermine service delivery and development.	
5.4	Lack of progress to organise and deliver cross-platform services (e.g. infection and immunity, genes and pathology, imaging and bioengineering) as part of AHSC project compromises service delivery and the support to the clinical centres.	Chief Operating Officer
5.5	Affordability issues result in failure to upgrade key elements of hospital infrastructure, e.g. Churchill and JR theatres, compromises service safety, delivery and efficiency.	Director of Finance and Procurement
SO6.	<b>To develop the Trust's role as an academic health science centre of international standing working in partnership with the University of Oxford and the Nuffield Orthopaedic Centre and other partner organisations</b>	
	<b>Principal Risks</b>	
6.1	Lack of engagement and leadership for the AHSC/FT transformational programme within the ORH compromises success and hence service delivery	Chief Executive
6.2	Failure to address feedback from AHSC application and FT application process compromises the development of integrated strategy and business processes, appropriate governance arrangements, reputation, working relationships and designation as a Foundation Trust	Director of Planning and Information
6.3	Lack of resources to support the work programme compromises delivery and the development of integrated strategy and business processes, appropriate governance arrangements, reputation, working relationships and designation as a Foundation Trust are compromised	Director of Planning and Information
6.4	Agreed governance arrangements not put in place (with associated board development programmes) and designation as AFT is delayed	Director of Planning and Information
SO7.	<b>To provide demonstrably excellent clinical outcomes and indicators of patient safety.</b>	
	<b>Principal Risks</b>	
7.1	Operational and performance pressures divert resources and could result in failure to	All

Ref	Strategic Objective (link to Strategic Aim)	Lead
	maintain rating for quality (due in September 2009) and compromise registration with the CQC for a) HCAI from 1 April 2009 and b) for all services from 1 April 2010 (and use of resources)	
7.2	Failure to deliver consistent good practice and improvements in relation to HCAI compromises patient and staff safety and registration with CQC.	Medical Director
7.3	Failure to agree and progress performance and quality metrics compromises Trust quality account and patient safety, impacting on patient choice, reputation and potentially, income.	Director of Nursing and Clinical Leadership
7.4	Lack of robust processes in governance compromises assurance processes and could impact on patient safety and ongoing registration with CQC.	Director of Nursing and Clinical Leadership
7.5	Failure to retain NHS Litigation Authority Level 1 and achieve Level 2 rating could compromise patient safety, CQC registration, and FT application, and lead to missed opportunity for financial savings	Director of Nursing and Clinical Leadership
7.6	Scale of financial challenge could unintentionally affect patient care/reputation of Trust	Chief Operating Officer
<b>SO8.</b>	<b>To improve the overall patient experience by offering excellent customer care.</b>	
	<b>Principal Risks</b>	
8.1	Access targets are not met and hence performance rating worsens, compromising registration and reputation; patients chose to be treated elsewhere.	Chief Operating Officer
8.2	Required customer focus initiatives are not put in place consistently and effectively, compromising registration and reputation.	Director of Nursing and Clinical Leadership
8.3	Patient and public engagement does not support continued and sustained membership recruitment in support of FT application	Director of Nursing and Clinical Leadership
<b>SO9.</b>	<b>To maximise the Trust's contribution to the health and wellbeing of the local community.</b>	

Ref	Strategic Objective (link to Strategic Aim)	Lead
	<b>Principal Risks</b>	
9.1	Failure to strengthen GP and primary care collaboration compromises improvements to emergency care pathways and quality of service for patients with long term conditions	Chief Operating Officer
9.2	Activity planning, priority setting and demand management in conjunction with the PCT do not deliver affordable services which meet the needs of the local population	Director of Planning and Information / Chief Operating Officer
9.3	Partnerships with local authorities, including the HOSC, do not deliver desired benefits of collaboration and engagement with potential impact on service planning, public and patient engagement and reputation	Director of Nursing and Clinical Leadership
9.4	The opportunities offered through the AHSC for partnership and collaboration with Oxfordshire PCT are not taken and the desired benefits (including improvements in emergency planning and public health) are not delivered with impact on patient services and reputation	Medical Director / Director of Planning and Information / Chief Operating Officer
9.5	Future of services at the Horton Hospital are not secured jeopardising the sustainability and safety of services (see above 2.2) and the reputation of the Trust.	Director of Planning and Information
<b>SO10.</b>	<b>To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes.</b>	
	<b>Principal Risks</b>	
10.1	Financial and operational pressures are too great and transformational and performance projects do not realise expected benefits with impact on Trust financial position and designation as AFT	Director of Finance and Procurement
10.2	CRS project cannot be delivered because of national constraints, financial limitations and lack of clinical engagement within ORH	Director of Finance and Procurement
10.3	Opportunities are not taken to transform the corporate support structures, including HR and	Chief Executive

Ref	Strategic Objective (link to Strategic Aim)	Lead
	estates processes, in support of clinical centres and organisational benefits and financial savings will not then be achieved.	
10.4	Workforce plan is not agreed or in place and workforce is not responsive enough to deliver transformation programme.	Director of Human Resources and Organisational Development
10.5	Resources to improve asset base (including the replacement of medical equipment) and deliver much needed environmental and physical improvements are not available as a result of constraints on capital funding; compromises performance against core standards and registration.	Director of Finance and Procurement