

Oxford University Hospitals NHS Trust – Report to the Oxfordshire Joint Health Overview and Scrutiny Committee

1. Introduction

1.1. This paper provides an update to the Oxfordshire Joint Health Overview and Scrutiny Committee on the Oxford University Hospitals NHS Trust. The paper covers the following topics:

- The Trust strategy for 2014/15 to 2019/20
- The Trust business plan for 2014/15 to 2015/16
- The outcome of the recent CQC inspection
- Trust performance against key national standards
- Progress on the Trust's foundation trust application
- An update on the Cotswold Maternity Unit
- An update on the Horton General Hospital
- Other key developments

2. Trust strategy

2.1. As part of its foundation trust application, the Trust Board has recently signed off an updated integrated business plan (IBP). The IBP represents the Trust strategy for the period 2014/15 to 2019/20. The Trust strategy is summarised in the paragraphs below

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

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

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

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

Our values determine our vision to be:

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

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

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

2.8 The Integrated Business Plan describes changes in local services to respond to evolving needs and in specialised services to respond to a national agenda which is expected to drive some centralisation.

- 2.9 The patient is at the heart of everything OUH does. The Trust is committed to delivering high quality care for patients irrespective of age, disability, religion, race, gender or sexual orientation, with services that are accessible to all but tailored to the individual.
- 2.10 Central to the Trust's vision are its staff. OUH aims to recruit, train and retain the best people to enact its values and achieve its vision.
- 2.11 OUH works to achieve excellence in healthcare by enabling support, respect, integrity and teamwork; by monitoring and assessing its performance against national and international standards; by learning from its successes and setbacks; by improving what it does through innovation and change; and by working in partnership and collaboration with all the agencies of health and social care in the area it serves.
- 2.12 The Trust is committed to being an active partner in healthcare innovation, research and education. It aims to be an effective link between research in basic science and healthcare provision, helping to turn today's discoveries into tomorrow's care.
- 2.13 OUH's vision and values inform its strategic objectives which in turn form the basis of this Integrated Business Plan.
- 2.14 OUH's strategy has been developed from consultation with organisations, groups and members of the public as part of its preparation to apply for Foundation Trust authorisation. Public involvement in developing the Trust's strategy will be strengthened post-authorisation through the involvement of public and staff members via the Council of Governors, following the Trust's Membership Strategy.
- 2.15 The Trust has six strategic objectives from which its priority work programmes flow.
- SO1. To be a patient-centred organisation providing high quality, compassionate care with integrity and respect for patients and staff – *“delivering compassionate excellence”*.
- SO2. To be a well-governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services to meet future needs – *“a well-governed and adaptable organisation”*.
- SO3. To meet the challenges of the current economic climate and changes in the NHS by providing efficient and cost-effective services – *“delivering better value healthcare”*.
- SO4. To provide high quality general acute healthcare to the people of Oxfordshire including more joined-up care across local health and social care services – *“delivering integrated local healthcare”*.
- SO5. To develop extended clinical networks that benefit our partners and the people they serve. This will support the delivery of safe and sustainable services throughout the network of care that we are part of and our provision of high quality specialist care for the people of Oxfordshire and beyond – *“excellent secondary and specialist care through sustainable clinical networks”*.
- SO6. To lead the development of durable partnerships with academic, health and social care partners and the life sciences industry to facilitate discovery and implement its benefits – *“delivering the benefits of research and innovation to patients”*.

2.16 The strategy is informed by an assessment of the environment within which the Trust operates and in particular seeks to ensure that the Trust makes a full contribution to the Oxfordshire Joint Health and Wellbeing strategy and the commissioning strategy of the Oxfordshire Clinical Commissioning Group.

2.17 The strategy is underpinned by:

- Robust 5 year financial plans that seek to address the difficult financial environment in which the Trust and the local health and social care sector will be operating
- An assessment of the risks that the Trust will face, together with actions to manage and mitigate those risks
- A strategy that underpins the Trust's workforce and leadership development
- A description of the Trust governance arrangements including how the Trust will intend to use its foundation trust council of governors and membership to secure effective engagement and accountability as a way of delivering higher quality care to patients and the local population

2.18 A full copy of the IBP is available on the Trust website.

3. Business Plan

3.1 The Trust business plan for 2014/15 to 2015/16 sets out the Trust objectives for the next two years. The plan describes the key actions for years one and two of the Trust strategy as set out in its five year integrated business plan. It seeks to advance the Trust strategic objectives and is shaped by the Trust values which are both encapsulated in the phrase "delivering compassionate excellence". The Trust is a large and complex organisation and this is reflected in the breadth of actions set out in the business plan. However, within the plan the highest priorities for the Trust for 2014/15 to 2015/16 are set out below.

Quality

3.2 To continue to strengthen the safety and quality of the Trust's services by:

- Improving the overall patient experience
- Further developing the process for reviewing all deaths in hospital.
- Extending the use of risk summits
- The internal peer reviews

Performance

3.3 To ensure that the Trust is enhancing the services received by patients by sustainably achieving the key performance standards:

- The Emergency Department 4-hour wait
- The 18-week referral to treatment time
- Cancer waits.

Finance

- 3.4 To achieve better care through better value by:
- Achieving the Trust's financial plans
 - Delivering the Cost Improvement Programme.

Transformation

- 3.4 The scale of challenge presented by the changing pattern of patient need and the financial constraints both locally and nationally means that to achieve the above priorities, the Trust must change radically the way that it delivers services. Therefore, at the heart of the Trust's Business Plan for 2014/15-2015/16 is the theme of transformation. During the next two years this transformation will be advanced by:
- Further strengthening patient and staff engagement
 - Working with Oxford Health NHS Foundation Trust and other key partners to deliver more integrated patient care pathways
 - Using the Electronic Patient Record to deliver benefits that strengthen the safety, quality and efficiency of patient care
 - Securing a step improvement in the administrative processes that underpin responsive and efficient patient services
 - Ensuring that patients receive the same level of care 24-hours a day and seven days a week
 - Achieving Foundation Trust status to enable the Trust to work more closely with patients, public, partners and staff to achieve its goals.

4. Care Quality Commission

- 4.1 The Care Quality Commission (CQC) conducted an announced inspection of the Trust on the 25th and 26th February 2014. A team of 51 inspectors visited the Trust's four hospital sites for two days and conducted further unannounced spot checks on the 2nd and 3rd March.
- 4.2 Both prior and during the inspection, the Trust provided a large amount of documentation to the CQC. As part of the inspection, the CQC spoke to patients, visitors, carers and staff to gain a view of the eight service areas and to rate each of these in relation to five domains:
- Were services safe?
 - Were services effective?
 - Were services caring?
 - Were services responsive to people's needs?
 - Were services well-led?
- 4.3 The CQC also held two public meetings, one in Oxford and one in Banbury to hear from local people and to try and get to the heart of patients' experiences.
- 4.4 The report of the inspection was presented at the Quality Summit arranged by the CQC on 12th May 2014. The Quality Summit was attended by invited members of the Trust Board and external stakeholders, including commissioners, the County Council, NHS England and the Trust Development Authority.

Report findings

- 4.5 The CQC published its inspection reports for the Trust on Wednesday 14th May 2014. There was a report for the Trust overall and four further reports for each of the Trust's hospital sites.
- 4.6 The Trust as a whole has received a 'good' rating overall and a rating of 'good' for each of the five domains.
- 4.7 The CQC inspection was a comprehensive and thorough review of the way services are provided. The clear and overriding message from the report is that the inspectors observed caring and compassionate staff throughout the four hospitals and noted many examples of good team working. The detailed inspection reports offer a clear endorsement of the hard work put in on a daily basis to make sure compassionate and excellent care is provided to patients. The full reports are available through the following link: <http://www.cqc.org.uk/directory/rth>
- 4.8 The CQC assessed services on each site and rated them overall against the five domains, across eight core service areas, as defined by the CQC (where they are provided). All were rated 'good' except for A&E and Surgery at the John Radcliffe site, which were rated as 'requires improvement'.

Table 1: Summary of rating for each service assessed per hospital site

	Churchill	Horton	John Radcliffe	NOC
Services	Medical Care	A&E	A&E	Medical care
	Intensive/Critical care	Medical care	Medical care	Surgery
	End of life	Surgery	Surgery	Outpatients
	Outpatients	Intensive/critical care	Intensive/critical care	
		Maternity & family planning	Maternity & family planning	
		Children's care	Services for children and young people	
		End of life care	End of life care	
		Outpatients	Outpatients	

- 4.9 In the Trust-level report, the following **areas of good practice** were identified:
- The system the Trust used to identify and manage staffing levels was effective and responsive to meet the needs of the hospitals.
 - There were good care pathways for patients attending the A&E department following a stroke.
 - Services were innovative and professional.
 - There was a strong sense of improving the outcomes for frail elderly patients and those with dementia on the medical wards. The psychological medicine service was supporting staff to understand the care and support needs of these patients. Wards on level 7 were being redesigned to make it more accessible for patients with dementia.
 - Caring compassionate staff throughout the four hospitals.

- Managers had a strong understanding of the risks in service and improvements required. Incident reporting and monitoring was well managed and the learning from incidents was evident. There was a strong commitment, supported by action plans, to improve the service.
- Staff worked well between teams. The value of an effective multidisciplinary approach, in improving outcomes for patients, was understood and actively encouraged.
- It was evident that significant efforts had been being made to improve the effective discharge of patients within medical areas. The hospital was working closely with commissioners, social services, and providers to improve the transfer of patients to community services.
- Two gerontologists worked in trauma wards to provide medical input and an integrated approach to trauma patients who were older people with co-existing illnesses.
- The nurse consultant in trauma care. This was the first such appointment in the UK and enabled the facilitation and coordination of shared care for complex trauma patients.
- The acknowledgement of excellence of junior medical staff within the trauma directorate by leaders.
- The trauma service in general was praised by patients and staff. It was well-led with well-supported staff and happy patients.
- There was good learning from incidents within critical care which translated into training and safer practice.
- The approach to caring for adolescents, within an environment designed to meet their needs and a clear team approach.
- Involvement of young people in developing art work which was made in to posters to promote the values that are important to the young people themselves.
- Patients within maternity expressed a high degree of satisfaction about the care they were receiving and the staff who supported them.
- Patients had the expertise of specialist midwives such as diabetes, breast feeding to ensure they received appropriate care and treatment.
- Patients received care in a compassionate way which included a designated bereavement suite and pastoral care in the maternity unit.
- There was good multidisciplinary team working for the benefits of mothers and their babies
- There were processes in place throughout the hospitals which took into account patients' diversity. These included interpretation service and information provided in different formats according to the patients' needs.
- The trust internal peer review process, in which over 100 clinical areas had been reviewed in a three month period across the trust.

4.10 The Trust-level report also specified the following areas where the Trust **must improve**:

- The Trust needs to plan and deliver care safely and effectively to people requiring emergency, surgical and outpatient care, to meet their needs and to ensure their welfare and safety.
- The Trust needs to ensure that it has suitable numbers of qualified skilled and experienced staff to safely meet people's needs at all times.
- The Trust needs to plan and deliver care to people requiring emergency care in a way that safeguards their privacy and dignity.
- The trust must ensure that patient records accurately reflect the care and treatment planned and delivered for each patient in line with good practice standards.
- The Trust needs to ensure that staff receive suitable induction to each area that they work within the trust.
- The Trust needs to ensure that midwives receive appropriate supervision and newly qualified midwives are appropriately supported.

4.11 In each of the reports specific to each site, there were areas that the CQC had stated '**should improve**'.

Development of the CQC Action Plan

4.12 The Trust was required to submit an initial action plan in relation to the six areas identified as compliance actions by 12th June 2014.

4.13 In addition each site has a list of areas that 'should be improved'. A further plan will be developed in relation to these other actions and provided to the CQC by 31st July 2014.

Next Steps

4.14 A series of engagement events have been arranged for each site, led by the Trust's Chief Executive, with involvement from other Executives, to disseminate the key findings and messages from the Trust's CQC's Inspection. This is to ensure that the positive aspects of the reports are communicated and celebrated and also that the areas for improvements are recognised and there is engagement with staff to enable this process.

4.15 Work is being undertaken with the Communications Team to use various methods to disseminate the inspection results. This will include use of the intranet, but also a display of posters in the entrance of the hospitals that publicise the Trust's results, including the identified areas for improvement and the Trust's plans to address these.

4.16 In developing this action plan, it is proposed that a series of 'short' Listening into Action events take place to enable staff to put forward suggestions and ideas for improvement. In addition, relevant senior clinical staff members will be leading on the development of the actions that are required to address concerns identified in their service.

5. Performance

5.1 In recent months, the Trust has experienced challenges in its performance against key national standards including the A&E 4 hour wait standard and also some 18 week wait and cancer standards. The paragraphs below outline the causes of these problems and the action that is being taken to address these issues.

A&E 4 hour performance

5.2 As the HOSC will be aware, the A&E 4 hour performance is influenced by a complex set of inter-related factors, which fall into three categories:

- The number of patients presenting at the A&E department
- The efficiency of the patient journey within the hospital
- The efficiency with which the patients can be discharged from the hospital to the relevant community setting

5.3 During 2013 the Trust took a number of actions to secure the required level of performance. These included:

- Opening up on a substantive basis significant additional capacity including 85 beds and 12 ambulatory places.
- Appointing additional consultants to ensure the availability of senior clinical decision makers throughout the week.
- Appointing additional staff in navigator/discharge co-ordinator roles to support patient flow
- Increasing the availability of relevant clinical support services such as psychological medicine, radiology and pharmacy.
- Other steps to redesign patient pathways.

5.4 Despite these measures the Trust and the wider system has not achieved the 95% target since November 2013.

5.5 The Trust has continued to work with its wider health and social care partners to try to address both the numbers of patients arriving at A&E departments and also the delayed transfers of care. However, despite strong collaborative working between all partners the activity within the accident and emergency department has continued to increase and the delayed transfers of care have remained at a consistently high level. Work to address these two key issues needs to continue. Nevertheless the Trust is redoubling its efforts to seek to make further improvements in the patient flow within the hospital. Further measures being taken include:

- Strengthening the input from surgical specialties into the emergency department
- Enhancing the use of the transfer lounge functionality
- Admitting expected referrals and transfers direct to the appropriate ward
- Enhancing paediatric input into emergency pathways
- Developing a separate pathway for patients with dementia

- Enhancing medical leadership within the A&E department overnight
- Strengthening still further the availability of senior clinical decision makers
- Increasing the capacity of the Trust's supported hospital discharge service

5.6 The impact of these measures will be closely monitored. The Trust has set itself the target of achieving the 95% standard on a monthly basis from August 2014.

18 week performance

5.7 Performance against the standard for admitted patients deteriorated in October 2013 and for non-admitted patients in January 2014. The key problem specialties are ENT, ophthalmology and orthopaedics for both admitted and non-admitted, and, additionally, plastic surgery, neurosurgery and gynaecology for admitted patients.

5.8 Key factors behind the performance difficulties at specialty level have been:

- During 2013/14 there was a significant increase in activity with elective activity running at 108,132 patients compared to 97,701 patients in 2012/13, an 11% increase.
- High levels of emergency activity caused a loss of elective neurosurgery capacity resulting in performance dropping below the 90% standard.
- There has been a significant increase in spinal referrals in part as a result of other centres withdrawing from high complexity surgery.
- As part of a scheme to review and refurbish theatres at the John Radcliffe Hospital, two theatres were judged to be no longer fit for purpose and could not be upgraded as the space was required in order to ensure that the remaining theatres provided an adequate environment. This led to the loss of twenty operating sessions per week.
- Areas of waiting list management that required strengthening were identified in a number of specialities

5.9 A number of actions have been taken to address the problems identified above. These include:

- Strengthened waiting list management procedures
- Agreeing temporary contracts with other providers
- Providing additional operating lists within the Trust during weekends across all sites
- Opening additional capacity
- Restricting the catchment for spinal referrals to the Trust's core catchment area
- Undertaking a major capacity re-profiling project in outpatients

- 5.10 The actions identified above have led to a 22% reduction in the overall waiting list and a 52% reduction in the numbers of patients waiting over 18 weeks. The outpatient project referred to above will create an additional 34,000 new outpatient slots.
- 5.11 ENT, gynaecology and plastic surgery are now achieving the admitted patient standard. The Trust is forecast to achieve the non-admitted standard across all specialities in June 2014 and the admitted standard in July 2014. The key risk to this latter standard will be orthopaedics and spinal surgery.

Cancer standards

- 5.12 The Trust is required to meet a number of cancer standards. Performance against the two week wait, the two week wait for breast cancer, the 31 day subsequent drug treatment, the 31 days subsequent surgery and 31 day general standards have been good.
- 5.13 However the Trust has had significant problems in consistently meeting, in recent months, the 62 day treatment standard and the 31 day subsequent radiotherapy standard.
- 5.14 Key underlying causes of the problems in relation to the 31 day subsequent radiotherapy standard include:
- A loss of radiotherapy capacity as a result of the need to upgrade the Trust's linear accelerators in order to be able to provide modern treatment modalities.
 - An increase in patients from Milton Keynes who are no longer able to be treated at Northampton
- 5.15 Problems contributing to the performance challenges against the 62 day standard were predominantly linked to issues within Urology and lung cancer pathways and included:
- A lack of thoracic theatre capacity (linked to the previously mentioned closure of two theatres at the JR), and a reduction in bronchoscopy capacity linked to the need to relocate the procedure room in order to address clinical governance concerns
 - An increase in urology referrals, complex pathways within the speciality and delays inherent in determining definitive treatment in the context of multiple treatment options being offered.
- 5.16 Actions being taken to address each of these issues include:
- Increasing radiotherapy capacity by extending the working day and the working week
 - Relocating the bronchoscopy unit and purchasing additional scopes which will enhance capacity
 - Redesigning the urology patient pathway
- 5.16 The Trust is forecasting that the 31 day subsequent radiotherapy standard will be delivered from July onwards and the 62 day standard from August onwards.
- 5.17 It should be emphasised that the Trust has been monitoring the clinical impact of these performance challenges to ensure that they do not result in a deterioration in clinical outcomes.

6 Foundation trust application

- 6.1 As part of its foundation trust application, the Trust submitted to the Trust Development Authority its updated integrated business plan and long term financial model together with all other relevant supporting documentation.
- 6.2 On 9 June 2014 the Trust Board had a meeting with the Trust Development Authority to review progress with the Trust's application for Foundation Trust status. The key outstanding issue that needs to be resolved before the Trust is in a position where it can progress is to address the performance challenges identified in the section above. It is hoped that the Trust Development Authority will be in a position to refer the Trust to Monitor after a review of operational performance in September. The Monitor assessment phase of the application process is then expected to take between 4 to 6 months.

7. Cotswold Maternity Unit

- 7.1 As members of the HOSC will recall, in 2013 the Trust judged it necessary to close the Cotswold Maternity Unit in Chipping Norton to births for a temporary period in order to enable a review to take place. This followed a number of concerns primarily centred on the high transfer rates from the Unit.
- 7.2 The recommendations following the review have now all been completed. The paragraphs below provide a progress report on the Unit.

Activity

- 7.3 Since the 1 July 2013 there have been a total of 93 births as of the end of May 2014. We anticipate the number of births by the end of the first year after reopening will be in excess of 100 which is as predicted. The table below shows the number of births.

Births from 1 July 2013 to 31 May 2014	Numbers
Primigravida (First baby)	34
Multigravida	59
Total	93

- 7.4 There has been a month on month increase in the number of births in the unit and if this trend continues the anticipated number of births for April 2014 to March 2015 will be approximately 150.
- 7.5 The Transfer rate from the CMU to the Horton or John Radcliffe Hospital is around 25% which is line with the Birthplace study.

Staffing

- 7.6 The staffing at the unit has been reviewed and additional midwives and midwifery support workers were appointed. A substantive team leader has been appointed. The team is working well together and staff morale is very good. Close working relationships have been developed with the surrounding

community teams, Banbury, Bicester and Witney. Meetings between the teams have enhanced communications, closer partnership worker and learning which is beneficial for the women and the staff.

Midwifery Students

7.7 There has been good collaboration between OUHT and Oxford Brookes University to ensure excellence in the development of the midwives of the future. The senior midwifery management team meets quarterly with representatives from OBU to ensure OUHT receives regular feedback from the Midwifery Link Lecturers and students. The feedback from student has been very positive and they value the opportunity of working in the CMU.

Clinical Governance Arrangements

7.8 Monthly meetings are held to monitor activity, numbers of births and to review transfers and discuss identified cases; the meeting is chaired by the senior midwifery manager. These meetings feed into the Directorate and Divisional governance structures ensuring any concerns are identified quickly and actions taken. A Supervisor of Midwives also attends the monthly team meetings to offer support and advice as required.

7.9 The Senior Midwifery Manager and Head of Midwifery visit the unit on a regular basis to offer support to the team leader and meet with the staff. The Divisional General Manager and Head of Midwifery visit the unit as part of their Quarterly visits to every area within the maternity service; these visits have been welcomed by the staff.

User Involvement

7.10 A user group has been established which is chaired by one of the CMU midwives. The group have focused on improving the environment and the League of Friends continues to be very supportive of the unit and have agreed to consider additional resources to improve the environment further. Update reports are sent to the Chairman of the League of Friends and the team leaders have attended a couple of their meetings.

Partnership Working

7.11 The midwives have arrangements in place to meet with the local GPs and Health Visitors which has improved communication and provides opportunities to share information about changes within the surgery, unit or local/national guidance. The team leader is also in the process of meeting with all the GP surgeries. Midwives and the Maternity Support Worker are working collaboratively with the ACE children centre by providing pre-birth classes at the centre; this is part of the parent education package.

Women's Expectations

7.12 Feedback from the women is very positive and women who deliver in the evening or at night are offered the opportunity to remain in the unit overnight.

Conclusion

7.13 The midwives and maternity support workers at the CMU have worked very hard to promote the unit and are committed to ensuring the unit is successful and supported the local community.

8. The Horton General Hospital

8.1 The paragraphs below provide an update on developments at the Horton General Hospital:

Care Quality Commission

8.2 As noted earlier, the Horton Hospital received an overall rating of good from the recent Care Quality Commission inspection. The Hospital was rated as good across all five of the domains (safe, effective, caring, responsive to people's needs and well led) and also across the eight service areas which were inspected (accident and emergency, medical care, surgery, intensive/critical care, maternity and family planning, services for children and young people, end of life care and outpatients).

8.3 As with the overall Trust report, the report on the Horton identified areas of good practice as well as areas requiring attention. These will be taken forward in the coming weeks and months as described earlier in this paper.

Emergency abdominal surgery

8.4 The arrangements for emergency abdominal surgery pathways continue to bed down. A meeting was held on 3 June 2014 comprising representatives of the stakeholders sitting on the Community Partnership Network to review these arrangements and to assess the potential for other measures that can be taken to strengthen the local service at the Horton and to minimise the need for patients to travel to Oxford except where this is clinically appropriate.

Rowan Day Hospital

8.5 As noted in a recent statement by Dr Paul Park, North Locality Clinical Director at Oxfordshire Clinical Commissioning Group: "adjustments are being made to care provided at the Rowan Day Hospital. For a long time now the day hospital function has been more centred on social care rather than acute medical care and intensive rehabilitation. With the increase in older people with complex health needs the day hospital will focus on providing ambulatory care for older people to help reduce admissions to the in-patient facility at the Horton General Hospital or John Radcliffe Hospital in Oxford.

8.6 There is also a plan to develop a new discharge lounge at the day hospital so that patients can be moved from bed based care to a comfortable lounge setting when they are medically fit to leave. Patients will be able to vacate their inpatient bed at the beginning of the day and wait in the lounge for their medication and transport to their onward place of care, be it home, a care

home, or community hospital. It is hoped that this will help to reduce the high number of delayed transfers of care in the county.

- 8.7 Local GPs are referring patients with social and rehabilitation needs to social services day care and to the counties single point of access, which provides GPs and other healthcare professionals with a quick and easy way of referring patients to community health services, e.g. community therapy and community nursing. Via the single point of access packages of health and social care are put in place for patients to support them in a community setting or in their own home”.
- 8.8 The CQC identified the way that the Day Hospital operates as an example of good practice.

Rapid access clinic for children

- 8.9 A rapid access clinic for children, aimed at bringing down waiting times, opened in March. GPs will be able to refer urgent cases, who they do not think should wait for a normal clinic appointment, to this new clinic which runs every Thursday afternoon. The clinic, run by an experienced paediatrician will include urgent referrals of patient from GPs, as well as follow up of patients who were admitted to the ward.

Cancer services for children

- 8.10 In May, children with cancer in the north Oxfordshire and the surrounding areas will be able to access some elective treatments at the Horton surrounding, instead of having to travel for treatment to Oxford. Young haematology and oncology patients will now have the option to attend the Horton for:

- Blood and platelet transfusions
- Routine antibiotics or prolonged courses of antibiotics or antivirals
- VZIG (immunity-boosting drug) administration
- Dressing changes and blood samples
- Elective reviews of well children

Children's surgery

- 8.11 The new paediatric ENT surgical operating lists are well established and the range of procedures being undertaken is being expanded. The dental service now has a morning dental list every Thursday and an additional afternoon list every other Thursday.

Outpatient capacity

- 8.12 The business case for the development of a bespoke children's paediatric outpatient facility in the area currently housing management offices is being progressed. Relevant provision has been made in the Trust's 2014/15 capital programme. The building works are provisionally scheduled to start in June and complete in late summer early autumn.
- 8.13 Detailed modelling work is being undertaken with each of the relevant Trust services to identify the range and volume of outpatient activity that could be transferred from the Trust's Oxford sites to the Horton General Hospital. The outcome of this work will then lead to a detailed option appraisal of schemes to enhance the outpatient capacity at the Horton.

Interventional ultrasound department

8.14 The scheme to expand and enhance the interventional ultrasound department at the Horton has begun and is due to be completed in September 2014.

9. Other developments

Finance and contracting

- 9.1 The Trust achieved its financial plans for the financial year 2013/14.
- 9.2 The Trust has reached agreement with its key commissioners for contracts for the financial year 2014/15. In order to help the local health and social care system manage the activity and financial pressures with which it is currently faced, the Trust has agreed contractual arrangements with Oxfordshire Clinical Commissioning Group that seek to manage risk across the system in an9
- 9.3 To achieve its financial plans in 2014/15 will require the Trust to deliver a cost improvement programme in the region of £45m.

Public health strategy

- 9.4 The Trust public health strategy that was approved by the Trust Board at its March meeting has now been approved by the county wide Health Improvement Board. The action plan associated with the initial phase of the strategy is being firmed up and implemented.
- 9.5 To help promote the strategy, the Trust public health and foundation trust membership teams combined to sponsor the Oxford United versus Accrington Stanley football match on 26 April 2014. As well as recruiting additional foundation trust members, the teams gave out over 1,000 pieces of fruit for free to football fans as part of the promotion of health lifestyles.

Collaboration with Oxford Health

- 9.6 The Trust is in discussion with Oxford Health Foundation NHS Trust to explore ways in which relevant services, which are run by the two Trusts, can be better integrated to provide more joined up patient pathways to improve the quality of patient care and to avoid unnecessary duplication and waits as patients move across organisational boundaries. These discussions are also looking at the need to strengthen integration with GP and social care services.

Network Connectivity with the County Council

- 9.7 The Trust's IM&T department provides access to the IT network for the whole of the NHS across Oxfordshire. Over the last two years they have also provided network capability to all GP practices and more recently they have provided WiFi access and improved access speed across the Trust as well as access to Eduroam, and to the County Council. The team were recently asked by Oxfordshire County Council whether it would be possible to replicate this service for their council workers in GP Surgeries. The benefits of having WiFi means improved safeguarding as social work staff do not need to carry around as many paper files if they can access information remotely. This has now been achieved.

10. Conclusion

The Health Overview and Scrutiny Committee is asked to note the contents of this report.

Mr Andrew Stevens
Director of Planning & Information
Oxford University Hospitals NHS Trust
17 June 2014