

**BRIEFING NOTE**

**23<sup>rd</sup> November 2020 (updated content added 27<sup>th</sup>  
January 2021)**

**BRIEFING NOTE FOR OXFORDSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC)**

**MEMBERS**

**1.0 Overview**

- 1.1 This briefing document is for HOSC members outlining the proposed partnership between Katharine House Hospice and Oxford University Hospitals NHS Foundation Trust (OUH) which will be announced publicly at 12 noon on Wednesday 25 November 2020.

**2.0 Katharine House Hospice**

- 2.1 Katharine House Hospice provides specialist palliative care for adults with life-limiting conditions across North Oxfordshire, South Northamptonshire and South Warwickshire.
- 2.2 Katharine House is based in Adderbury, North Oxfordshire and supports more than 900 patients, service users and their families every year. Hospice staff provide care across the community, in patients' homes, palliative care services at the Horton General Hospital and as inpatients in the Katharine House 10 bed inpatient ward.

**3.0 Rationale**

- 3.1 A recent Hospice UK survey found that two thirds of hospices were facing a financial deficit and were considering changes to address this. This has been evident in the Oxfordshire hospice sector; with the closure of the Sue Ryder Hospice in March 2020 and the closure of Douglas House in June 2018.
- 3.2 Katharine House Hospice faces a current deficit of £500k per year, whilst funded by reserves in the short term this is not sustainable in the long term.
- 3.3 Katharine House Hospice has undertaken a review of the options available. It is not possible to remain independent and maintain current service provision. Without collaboration and partnership, Katharine House Hospice will have no option but to reduce the services they provide to the community.
- 3.4 Hospice UK has reported that 85% of hospices believe they should consider local collaboration and partnership to become more effective and financially sustainable. As well as ensuring sustainability of end of life care, the proposed partnership between Katharine House Hospice and OUH will also allow the hospice to develop and address unmet needs in the local community.
- 3.5 As the local population changes and ages, the complexity of patients and service users accessing care at Katharine House Hospice has increased. More patients are requiring specialised end of life care.
- 3.6 Current trends suggest that 25% more people will die each year in England and Wales by 2040. If this trend continues, the numbers requiring palliative care will grow by much more than this because there will be a

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sharp rise in those dying from chronic illnesses such as cancer and dementia. Therefore, over the next 20 years, the number of people needing end-of-life care in the UK is predicted to increase by up to 42%.<sup>1</sup>

- 3.7 Katharine House Hospice and OUH already work closely together. This includes a service level agreement for specialist palliative care input at the Horton General Hospital in Banbury, and more recently, a shared medical workforce.
- 3.8 OUH already works in partnership with another hospice, Sobell House, which is based on OUH's Churchill Hospital site in Oxford. OUH has expertise in delivering hospice care and working with the Sobell House Charity. The Palliative Care Lead, Professor Bee Wee, is also the National Clinical Director for End of Life Care, NHS England and NHS Improvement.

### **4.0 The future of Katharine House Hospice**

- 4.1 Under the proposal, all of the current clinical services provided by Katharine House will be retained. The partnership will protect the services and high standards of care that the hospice provides. There will be no cuts to services or closures as a result of the proposal.
- 4.2 Over the longer term, it will enable the hospice to reach unmet needs and extend palliative care services for more patients, service users and the local community.

Under this proposal the Katharine House Hospice name will be retained and used by clinical services, in fundraising and retail activities.

#### **4.3 Improving care for patients and their families**

A closer partnership with the NHS will help to strengthen services for patients with life-limiting illnesses with greater integration of medical records, care and support. This closer working relationship between Katharine House Hospice and OUH would allow increased access and visibility of patient records to those that care for the individual patient, and shared systems - enabling more responsive services and co-ordinated care.

Patients admitted to the Horton General Hospital with a life-limiting illness and requiring specialist input will continue to be supported by specialist nurses and doctors from the Katharine House Palliative Care Team.

#### **4.4 Supporting our staff**

Under the proposal, the proposed partnership would have a positive workforce impact. The proposal is that all staff who directly provide or support clinical services would TUPE to OUH whilst Katharine House Hospice Charity would retain those staff who raise vital funds from the community through their fundraising and retail activities.

A partnership with OUH would increase the resilience of the workforce, for example in the face of COVID-19.

Working more collaboratively with OUH and Sobell House will strengthen staff access to greater learning and

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<sup>1</sup> Etkind SN (2017), Cicely Saunders Institute, King's College London. ([https://kclpure.kcl.ac.uk/portal/en/publications/how-many-people-will-need-palliative-care-in-2040-past-trends-future-projections-and-implications-for-services\(96674b16-7b88-4e98-911e-732a5634aa50\).html](https://kclpure.kcl.ac.uk/portal/en/publications/how-many-people-will-need-palliative-care-in-2040-past-trends-future-projections-and-implications-for-services(96674b16-7b88-4e98-911e-732a5634aa50).html))

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development opportunities, as well as allowing for the extension of the provision of education in palliative care skills to other health staff at the Horton General Hospital and our local community.

### 4.5 Katharine House Hospice Charity

Under the proposal, Katharine House Hospice will remain as a charity. They would maintain ownership of the Katharine House land and building in Adderbury and lease this to the Trust under a peppercorn lease arrangement. The capacity of the 10 bed inpatient ward will remain unchanged. The charity will obtain Charity Commission consent to enter into this lease arrangement.

Katharine House Hospice would remain as a fundraising charity, including retail and large-scale fundraising activities such as the annual Midnight Walk and Santa Fun Run.

Under the proposal, there is a fundraising agreement to ensure OUH would be accountable to the Trustees of Katharine House Hospice for the spending of funds.

### 4.6 Sustaining services

Both OUH and Katharine House are developing this proposal to ensure that services are financially sustainable. There are expected be savings in the running costs of the Charity as it moves to become a purely fundraising organisation. In addition, there are expected to be some economies of scale in non-pay costs, taking advantage of OUH's larger buying power.

There is a risk that fundraising is reduced because of COVID-19 restrictions **but the Trust and the CCG have agreed to manage this between them**. Before completing the transfer of services, OUH and Katharine House are also **seeking further assurance** from the CCG that the current funding for the service will continue for the foreseeable future.

**If the proposed transfer does not go ahead, Katharine House will need to reduce costs. This would include a significant reduction in frontline staff and services.**

## 5.0 Timeline

- 5.1 Staff at Katharine House Hospice will be informed of the proposed partnership on Monday 23<sup>rd</sup> November.
- 5.2 Volunteers and patients of Katharine House Hospice will be informed on Tuesday 24<sup>th</sup> November, alongside staff at OUH and Sobell House Hospice.  
  
Supporters will be informed on Wednesday 25<sup>th</sup> November.
- 5.3 The proposed partnership will be made public at 12 noon on Wednesday 25<sup>th</sup> November, when the embargo on a press release from Katharine House Hospice to local media including the Banbury Guardian is lifted. The news will also be shared across Katharine House and OUH's websites and social media channels.

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**6.0 Next Steps**

- 6.1 Katharine House Hospice and OUH will continue their due diligence, sharing information on clinical services and governance, staffing, finances and infrastructure. At the same time, Katharine House will be consulting with their staff about the proposed transfer of clinical services to OUH, and sharing their plans with patients, volunteers, supporters and the public.
- 6.2 They will work with legal advisors to ensure the charity's assets are adequately protected and utilised. They will continue to work closely with commissioners to share our plans and ensure statutory funding levels are maintained.
- 6.3 The information gathered in the coming months will evaluate the proposal in more detail to arrive at the best, most informed decision, which is in the best interests of Katharine House's beneficiaries.
- 6.4 Katharine House Hospice and OUH are proactively engaging with stakeholders, including but not limited to:
- ✓ Briefing staff and volunteers
  - ✓ Writing to all patients and supporters
  - ✓ Writing to local clinicians including GPs, hospital consultants and teams, community teams
  - ✓ Writing to local health and social care organisations including Oxford Health NHS Foundation Trust, Local Authorities, ambulance services, voluntary sector organisations, care homes and funeral homes
  - ✓ Making the proposed changes public through local media and social media
- 6.5 Katharine House Hospice have produced a briefing document which outlines the proposal in more detail and will be updating their website as plans develop. They will update our staff and volunteers on a regular basis through internal briefings and newsletters and will communicate formally with all stakeholders at key milestones.
- 6.6 A dedicated email address will enable all stakeholders to share comments and questions which will be responded to.