

Health Overview and Scrutiny Committee: September 2012

Title	Oxford University Hospitals NHS Trust - Update
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Status	<p>The report updates the Health Overview and Scrutiny Committee on:</p> <ul style="list-style-type: none"> • The development of the Trust's strategy • The Trust's Foundation Trust application • Service and performance issues.
History	Annual report to the Health Overview and Scrutiny Committee

Board Lead	Mr Andrew Stevens, Director of Planning and Information			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	Over the last 18 - 24 months, the Trust has implemented a number of important strategic changes that provide a platform for the delivery of its future vision and strategy.
2	The Trust has continued to refine its overall strategy and has agreed an updated set of strategic objectives.
3	Good progress has been made against the Trust's Foundation Trust application timeline. However, changes to the process are having to be managed closely.
4	Overall, the Trust continues to perform strongly against its quality, service and financial performance targets, although there is a need to ensure that performance can be sustained.
5	The Trust is pursuing a number of service developments in order to enable it to achieve its strategic objectives.

Recommendation

The Health Overview and Scrutiny Committee is asked to note the contents of this paper and to consider submitting a formal response to the Trust's Foundation Trust application.

Oxford University Hospitals NHS Trust - Update**Introduction**

1. This paper builds on the report submitted to the Health Overview and Scrutiny Committee in November 2011. That paper described the strategic environment within which the Trust was operating and the emerging strategic themes within the Trust's new overall strategy.
2. The purpose of this paper is to update the Health Overview and Scrutiny Committee on:
 - The continued development of the Trust's strategy.
 - The Trust's Foundation Trust application.
 - Current performance and service issues within the Trust.

Strategy

3. Over the last 18-24 months, the Oxford University Hospitals NHS Trust (OUH) has put in place a number of the strategic building blocks to support the delivery of its vision and strategy. These have included:
 - The introduction of a new clinically led management organisational structure.
 - The merger with the Nuffield Orthopaedic Centre.
 - The successful renewal of the Trust's Biomedical Research Centre (BRC) and Biomedical Research Unit (BRU), with both the BRC and the BRU receiving significant increases in funding.
 - The implementation of the Electronic Patient Record.
 - The signing of a joint working agreement with the University of Oxford, strengthening the collaborative arrangements between the two organisations.
4. Against this backdrop, the Trust has continued to develop its overall vision, values and objectives. These are summarised below:

Vision and values

- 4.1 Our mission is the improvement of health and the alleviation of pain, suffering and sickness for the populations we serve. We will realise this through the provision of high quality, cost-effective and integrated healthcare and through the constant quest for new treatment strategies and the education of our workforce.
- 4.2 Our core values are excellence, compassion, respect, delivery, learning and improvement. Collaboration and partnership are also central to our approach particularly in the delivery of fundamental activities of patient care, teaching and research.
- 4.3 These values determine Oxford University Hospitals NHS Trust's (OUH's) vision to be at the heart of a sustainable and outstanding, innovative academic health science system, working in partnership and through networks locally, nationally and internationally to deliver and develop excellence and value in patient care, teaching and research within a culture of compassion and

integrity. This vision is underpinned by the Trust's strategic partnership with the University of Oxford and close collaboration with Oxford Brookes University.

- 4.4 The vision reflects OUH's position both as a provider of secondary healthcare for our local population and of specialised and tertiary care for the population in our more extended health economy.
- 4.5 The patient is at the heart of everything we do. We strive for excellence in healthcare by encouraging a culture of support, respect, integrity and teamwork; by monitoring and assessing our performance against national and international standards of care; by learning from our successes and setbacks; by striving to improve what we do through innovation and change; and by working in partnership and collaboration, and not isolation, with all the agencies of health and social care in our healthcare economy.
- 4.6 The Trust is committed to be an active partner in healthcare innovation, research and workforce education, with the aim of forming an effective bridge between research in basic science and in healthcare service provision, and the delivery of evidence-based, best practice care, turning today's discoveries into tomorrow's care. The NHS Operating Framework for 2012/13 reiterates that the adoption and spread of effective innovation and best practice is a priority for the NHS and that the promotion and conduct of research continues to be a core NHS function.

Strategic Objectives

- 4.7 The Trust has seven strategic objectives from which its priority work programmes flow. These are a revision of those previously agreed in June 2011 as part of the Oxford Radcliffe Hospitals Business Plan¹, and are as follows:
- SO1. To be a patient-centred organisation providing high quality and compassionate care whilst promoting a culture of integrity and respect for both patients and staff – *“delivering compassionate excellence”*.
- SO2. To become a vigorous, adaptable and successful organisation with strong, well-embedded governance systems and high standards of assurance, building on a successful FT application – *“becoming a resilient, flexible and successful organisation”*.
- SO3. To meet the challenges of the current economic climate and changes in the NHS by providing efficient and cost-effective services and better value healthcare – *“delivering better value healthcare”*.
- SO4. To provide high quality general acute healthcare services to the population of Oxfordshire including the development of better-integrated provision across the local health and social care economy – *“delivering integrated healthcare”*.
- SO5. To provide support and strong leadership to healthcare partners to create sustainable clinical networks together that provide health benefits to the population and to all partners – *“supporting sustainable clinical networks”*.

¹ <http://www.oxfordradcliffe.nhs.uk/aboutus/trustboard/tbdocs11/june/BD110609-34.pdf>

SO6. To provide high quality specialist and tertiary services to the population of Oxfordshire and beyond as part of extended clinical networks, expanding OUH's referral base for these services – *“delivering excellence in specialist and tertiary care”*.

SO7. To lead the development of a durable academic health science system with our population, academic, health and social care partners and the life sciences industry and business community to lead and facilitate discovery, innovation and workforce education – *“a robust Academic Health Science Network (AHSN)”*.

4.8 This strategy has been informed by both internal and external stakeholders. For example, as part of the strategy development the Trust's Strategic Planning Committee had a presentation on the Oxfordshire Health and Wellbeing Strategy. The Board considered the Health and Wellbeing Strategy and submitted a formal response as part of the consultation.

4.9 The Trust's own strategy will continue to be refined in line with the timetable for the Trust's Foundation Trust application.

Foundation Trust application

5. The Trust believes that becoming a Foundation Trust forms a crucial part of the overall strategic journey that is described above. The local accountability and the flexibility that Foundation Trust status offers will offer the best platform from which the OUH can successfully pursue its strategic objectives.

6. The OUH's Foundation Trust application timetable is enshrined in the Tripartite Formal Agreement (TFA) signed by the Trust, the Strategic Health Authority (SHA) and the Department of Health. The TFA is also supported by the PCT Cluster. To-date the Trust has met each of the required milestones in the TFA. Under the current timetable, the Trust would make its application to the Department of Health by February 2013 and, if successful, would then be passed on to the independent regulator of Foundation Trusts, Monitor, for their assessment. This could see the OUH becoming a Foundation Trust in the autumn of 2013.

7. However, since the TFA was signed a new single operating model has been introduced nationally to govern the FT application process. This has introduced a number of changes which give rise to tensions with the existing timetable. The Trust is seeking to manage these in collaboration with the Strategic Health Authority.

8. A considerable amount of work is being undertaken to ensure that the Trust is fit for purpose not only to meet the requirements of the Foundation Trust application process but also to manage itself successfully once Foundation Trust status has been obtained. Key areas of work include the development of the Trust's Integrated Business Plan and Long Term Financial Model and the undergoing of a number of external assurance assessments. The Trust is making good progress to recruit to its membership. The Trust is seeking to have 7,000 members by the end of the public consultation process.

9. As part of the application process the Trust is required to undertake a formal twelve week public consultation exercise. Because the Trust has been undertaking this exercise over the summer period the Trust has extended the period of consultation. The consultation began on 25 June 2012 and will run until 12 October 2012. The Trust is consulting on two key issues:
 - Its overall vision;
 - Its proposed governance arrangements.
10. A copy of the consultation document is attached to this paper and the Committee is asked to consider submitting a formal response to the consultation.
11. The next key steps in the application process will be:
 - The completion of the external assurance assessments;
 - The submission of the next iteration of the Trust's Integrated Business Plan and Long Term Financial Model;
 - The conclusion of the consultation exercise and the development of the Trust's response to the comments received during that process.

Performance and service issues

Performance

12. The Trust successfully met the key quality, service and financial targets for the financial year 2011/2012. Key performance issues for the financial year 2012/13 are summarised in the paragraphs below.
13. Key quality performance issues include:
 - **Strategy** – The Trust at its public meeting in July approved a new and ambitious quality strategy for the OUH. The strategy sets out ambitious targets for the Trust in the three spheres of quality: patient safety; clinical effectiveness and patient experience. The Trust is embarked on a programme to embed the quality strategy across the organisation.
 - The Trust has signed off its quality account. The quality improvement priorities for 2012/13 are:
 - **Patient safety** – Safe medicines delivered on time;
 - **Clinical effectiveness** - Innovation to support better care;
 - **Patient experience** – Improving end of life care and delivering compassionate excellence.
 - Having successfully delivered its objective on healthcare-acquired infections over the last several years, the Trust continues to meet its increasingly demanding targets for MRSA and clostridium difficile.
14. The key issues in relation to operational performance include:
 - **Emergency Department** - The Trust is currently achieving the required target level for its performance against the emergency department 4-hour wait target. Considerable work has been done to address the Trust's internal processes to

ensure that there are no unnecessary delays in the patient pathway for emergency patients. However, performance against this target is impacted by the continuing high level of delayed transfers of care.

- **Delayed transfers of care** :- As noted above, these continue at a high level across the Oxfordshire health and social care system and within the OUH in particular. The Trust has responded by introducing its own supported discharge service to facilitate the early discharge of patients for whom this is clinically appropriate. Whilst this is having some impact, further multi-organisation effort is required to address the roots of this longstanding problem within Oxfordshire. In particular, the Trust is working very closely with colleagues from Oxford Health NHS Foundation Trust and the county's Social Services Dept to develop a more integrated service model that overcomes many of the organisational barriers that are currently hindering the delivery of seamless patient care. A joint programme of action has been agreed between the partners and is currently being implemented.
- **18 Week referral to treatment and suspected cancer referral times**:- The Trust overall is performing strongly against the targets for elective access [waiting times for patients]. Specific challenges exist in meeting all waiting time targets in neurosurgery and ENT, but these will all be achieved by the end of October.
- **Cancellations** - The large number of delayed transfers of care coupled with the level of emergency demand does impact on the level of cancellations of admissions and procedures within the Trust. When pressure is high and bed capacity is constrained then routine elective procedures risk being cancelled. Overall the Trust performs in line with the national average.

15. The key issues for the Trust financial performance include:

- In order to deliver the Trust's financial plans for 2012/13, the Trust is required to make savings of just under £50m. The Trust has in place a process under which each of these cost improvement schemes is assessed for its impact on the quality of service. The Trust is expecting to deliver the full savings requirement by the end of the financial year.
- The contract agreed with the Primary Care Trust/Clinical Commissioning Group included the planned delivery of £16m of activity reductions. This level of reduction in referrals is not currently being experienced with the result that the Trust is providing more care than envisaged in the Trust's contract.
- The Trust is currently performing in line with its overall financial plan for the year.

Service reconfiguration

16. There are a range of service issues being progressed by the Trust which are the result of commissioner-led reconfigurations. Under these configurations commissioners have led a process to secure higher quality patient safety and outcomes and a more clinically and financially sustainable model of service. Services that have been covered by this process include:

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- The configuration of trauma services which is leading to the OUH becoming a designated Major Trauma Centre providing care for the most complex of trauma cases and leading a wider network of trauma services at partner hospitals across the Thames Valley;
 - A decision to centralise the most complex and specialist neonatal intensive care services at specialist centres has seen the designation of the unit at the John Radcliffe Hospital as the sole provider of this level of care in the Thames Valley. A major capital scheme to expand the neonatal intensive care unit at the JR is under way to double the number of specialist cots , to support this service development;
 - The development of vascular networks across the country has seen hospitals such as the John Radcliffe becoming the centre for the delivery of care for the more complex and emergency cases, in collaboration with a network comprising other partner hospitals across the Thames Valley;
 - Following the decision from the Safe and Sustainable process in relation to paediatric cardiac surgery to designate Southampton as one of the specialist surgical centres, work has continued on the development of a Paediatric Cardiac Network between the OUH and Southampton.
17. The OUH is also working with commissioners and partner district general hospitals to repatriate patients who are currently travelling into London for their adult cardiac surgery. The Trust has sought to demonstrate that from both a clinical and a financial viewpoint the redirection of patient flows delivers benefits to all key parties.
18. In addition to these externally-driven changes the Trust has also been pursuing a number of further service developments:
- Following a comprehensive and detailed consultation exercise, the Trust Board has confirmed that Head and Neck Cancer services will be consolidated on the Churchill site. This move was strongly supported by patient groups.
 - As part of its strategy development the Trust is seeking to ensure that it maximises the use of its better quality buildings to ensure that patient care is delivered in the highest quality environment, that clinical adjacencies are promoted to deliver integrated patient pathways and that the Trust derives the most productive benefit from its physical assets. Consideration is therefore being given to rebalancing services across the three Oxford sites. This will not impact the range or volume of services provided.
19. The Trust is continuing its work to develop the vision for the Horton General Hospital while at the same time addressing individual service issues. Specific service developments that have taken place in the last twelve months include:
- The opening of a renal dialysis unit at the Horton General Hospital that avoids the need for patients to make regular journeys down to the Oxford Dialysis Unit;
 - The reconfiguration of gynaecology services and the creation of a Women’s Day Surgery and Diagnostic Unit.
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- The opening of an enlarged unit (the Brodie Centre) for patients receiving chemotherapy and associated treatment for cancer.
20. These developments, which have been well received by patients, have led to an expansion of the range of services available at the Horton as well as a reduction in the number of patient cancellations as a result of an increase in the number of women who are treated as day patients.
21. Key issues at the Horton General Hospital moving forward include:
- *Maternity services* – the current arrangements for maternity services are currently robust. However, there remains the risk resulting from national changes in the medical workforce that the junior medical training posts in obstetrics at the Horton General Hospital will either be removed or might not be filled. The Horton Obstetric Group which has representation from clinical and managerial staff, from the Trust as well as from GP commissioner representatives and members of the Community Partnership Network, is undertaking a piece of work to identify potential options for managing this risk and maintaining safe services at the Horton.
 - *Paediatrics* – The new arrangements for paediatrics at the Horton General Hospital are operating well and are benefitting general paediatric patients across the county.
 - *Keeping the Horton Hospital Safe 24/7* – A key piece of work being progressed by the Trust in line with the development of the Vision for the Horton is consideration of the most appropriate clinical model of care for keeping patients safe at the Horton 24/7 in the light of changes to the delivery of medicine and medical workforce issues. Potential models are being developed and assessed for their impact on other services. This will be shared with key stakeholders over the coming months.

Other issues

22. In December 2011, the NHS issued a report entitled Innovation Health and Wealth which looked at how the NHS could accelerate the adoption and diffusion of innovation across the health service. One of the measures put forward in the report was the development of academic health science networks. The goal of these networks will be “to improve patient population health outcomes by translating research into practice and developing and implementing integrated healthcare services”. The networks will encompass NHS and academic partners, the third sector and local authorities and industry. An application and assessment process has been established to identify and designate academic health science networks. The Oxford University Hospitals NHS Trust is co-ordinating a response on behalf of an Oxford academic health science network that would encompass Thames Valley and a number of the neighbouring communities. The application has successfully passed the first stage of the assessment process and intensive work is now taking place to develop the second stage submission.

23. This complements the work being progressed by NHS and academic partners in Oxfordshire to establish an Oxford Academic Health Science Consortium to drive out the benefits of patient care, education and training and research and development. Dementia has been identified as the first priority for collaboration.

Conclusion

24. This paper has sought to outline the further development of the Trust's overall strategy, the progress of the OUH's Foundation Trust application and the key performance and service issues currently facing the Trust.
25. The Health Overview and Scrutiny Committee is asked to consider and note this paper.

**Andrew Stevens, Director of Planning and Information,
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13 September 2012**