

Cover Sheet

Council of Governors Meeting: Wednesday 12 July 2023

CoG2023.20

Title: Performance, Workforce and Finance Committee Report

Status: For Information

History: Report from PWF to Council

Lead: Committee Chair

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Confidential: No

Key Purpose: Strategy

Performance, Workforce and Finance Committee Report

1. Purpose

- 1.1. This paper forms part of the Performance, Workforce and Finance Committee's regular reporting to Council of Governors, providing Council with a summarised report highlighting key Committee business and issues arising from its meetings.

2. Background

- 2.1. The remit of the Committee is to consider, for the Council of Governors, matters concerning the performance of the Trust against key standards and how the Trust's Board of Directors obtains assurance about this; matters concerning the planning and development of the Trust's workforce and how the Trust's Board of Directors obtains assurance about this; and matters concerning the Trust's financial position and planning and how its Board of Directors obtains assurance about this.
- 2.2. Since the last meeting of the Council of Governors the Committee held a meeting on 26 April 2023. The main issues considered and discussed at this meeting are set out below.

3. Integrated Systems – Discharge Model and Delayed Discharges

- 3.1. The item was introduced by Sara Randall, Chief Operating Officer. The presentation was jointly led by Louise Johnson, Deputy Director of Urgent and Emergency Care and Tamsin Carter.
- 3.2. The presentation is shared at Appendix 1 as it may be of interest for all Council members.
- 3.3. The presentation provided the Committee with an overview of the discharge model and delayed discharges. The discharge model demonstrated the importance of system level coordination across sectors to aid discharge and recovery as well as admission avoidance. This was noted to be a national requirement, with the Transfer of Care Hubs identified as a critical success factor for the implementation of the national guidance (DHSC's Hospital Discharge and Community Support Guidance (published March 2022)). The presentation outlined the model, the improvement work undertaken, and overview of the transfer of care hub and a summary of the various ways in which the system collaborates.
- 3.4. The model was well established in the City of Oxford and there were ambitions to replicate the model across the county and to support more people to be cared for at home.

- 3.5. Feedback from patients had not yet been formerly captured, but the feedback that had been collected from the discharge lounge by the Patient Experience Team was positive.
- 3.6. The Chair asked to what extent the Board were looking at the financial impact of extended stays. KK advised that the Board and Committees had oversight of improvement measures through review of the improvement plan and via the Integrated Performance Report.
- 3.7. Reference was made to the graphs on page 3 of the presentation slides that showed the impact of improvement work undertaken on a range of measures: number of patients who were medically optimised for discharge but whose discharge was delayed; number of bed days lost for patients who are medically optimised for discharge but whose discharge was delayed; and number of patients on the MOFD list. There were some questions about the meaning of this data and its statistical significance.
- 3.8. There were some particular queries about the number of people impacted in relation to investment.
- 3.9. The non-executive attendees suggested that it would be useful to share information with the Committee about how the SPC charts were produced, which may be a matter that could be taken forward under the future item on Performance.
- 3.10. The Committee briefly discussed the maturity of the discharge and Transfer of Care Hub model across different counties and how this model worked when referring individuals who may live outside Oxfordshire. It was said that there was variation across the counties, but there was work in place to strengthen the approach for transferring patients across counties. Attention was drawn to the system collaboration slide that highlighted a number of processes in place to integrate and collaborate.
- 3.11. It was outlined that there were still some ongoing challenges, though the Transfer of Care hub has helped to support the position in advance of the industrial action and there had been a positive response from community colleagues.
- 3.12. The Committee thanked all who attended and contributed to the presentation.

4. Workforce/ Staff Wellbeing

- 4.1. The Committee discussed a point that had been previously raised at Council and at this Committee regarding sexual misconduct in the NHS, an issue that had recently been profiled in the press. The non-executive attendees highlighted assurance mechanisms, including the staff survey and the Freedom to Speak up processes as well as oversight of HR

processes. The Joint CPO noted that there was an absolute need to be clear that certain behaviours were not acceptable and that issues would be dealt with when they were raised.

- 4.2. It was agreed in principle that it would be important that the non-executives sufficiently understand this issue and identify whether there was more to be done. It was agreed that the Joint Chief People Office, Claire Flint, and Nina Robinson would meet to determine the approach for taking this matter forward.
- 4.3. The Committee received a presentation that provided an update on the Year 1 People Plan Priorities. The Committee had a broad ranging discussion about the priority areas and actions, summarised below:
 - 4.3.1. Sickness absence: Absence rates have remained steady. COVID19 absence has reduced when compared to the peak of 2022. This reduction should start to impact on the overall absence within the next few months (due to the absence representing a rolling 12-month figure)
 - 4.3.2. Appraisal: Appraisals have not altered much since M10. The new "appraisal window" is due to start in April 23 and it is envisaged that the improvements will be maintained. M11 is at 94.3%. 587 staff do not have an appraisal recorded as being completed. Of these, 300 have either started the process or the form is with the manager to complete.
 - 4.3.3. Core Skills: Core Skills is broadly consistent compared to M10 – 90.1% All Divisions are in excess of the Key Performance Indicator (KPI). Of continued concern is Information Governance (IG) which is at 87.2%.
 - 4.3.4. Turnover: There is a small decrease in the number of leavers at M11 along with a small increase in the staff in post. This results in a slight decrease in turnover levels since M10.
 - 4.3.5. Vacancies: There has been a relatively minor decrease in vacancies between months reflecting the small increase in staff in post. Vacancies have reduced to 7.2% from 7.3% the month before.
- 4.4. KK reported on some informal mechanisms for capturing feedback on the People Plan.
- 4.5. There has been a significant number of staff who has been involved in the development of the People Plan and it was suggested that there were good communications about changes to the plan and its implementation so as to motivate staff.

- 4.6. The Committee noted that the presentation was very informative and detailed, but there wasn't opportunity at this meeting to review in detail. If Committee members had any questions they should get in touch.

5. Annual Plan

- 5.1. A draft schedule of business is outlined below.
- 5.2. The Council are asked to comment on the plan and to consider whether to commission work from the Committee within its scope.

Meeting	Item	Detail
13 September 2023	Council to identify business in line with their priorities	
	Updated Integrated Performance Report (IPR) and information needs of governors	The IPR has been reviewed. Time to look at use of IPR and other performance information needs of governors.
	NHS productivity and resource (TBC)	Understanding productivity challenge – informed by big data project (TBC)
6 December 2023	Annual review of committee effectiveness and Terms of Reference (moved from September to align with new plan to take the review of effectiveness to the January Council meeting)	To review the extent to which the committee has met its Terms of Reference, determining if they have been effective, and whether further work or changes to the Terms of Reference are required.
	Financial position update	
	Other areas defined by Council	
28 February 2024	Annual Planning	
	Workforce update	Regular item

6. Recommendations

- 6.1. The Council is asked to note and comment on this update.
- 6.2. The Council is asked to comment on the annual plan of business so that the committee spends time on issues of most relevance to the Council.



Oxford University Hospitals
NHS Foundation Trust

Discharge Model and Delayed Discharges

Louise Johnson

Deputy Director of Urgent Care

Tamsin Cater

Head of Transfer of Care Hub

26th April 2023



Discharge Model and Delayed Discharges

A **delayed discharge** refers to the process when a person who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond their ready for discharge date.

The **model** that is applied to discharges is split into four pathways and is referred to as Discharge to Assess:

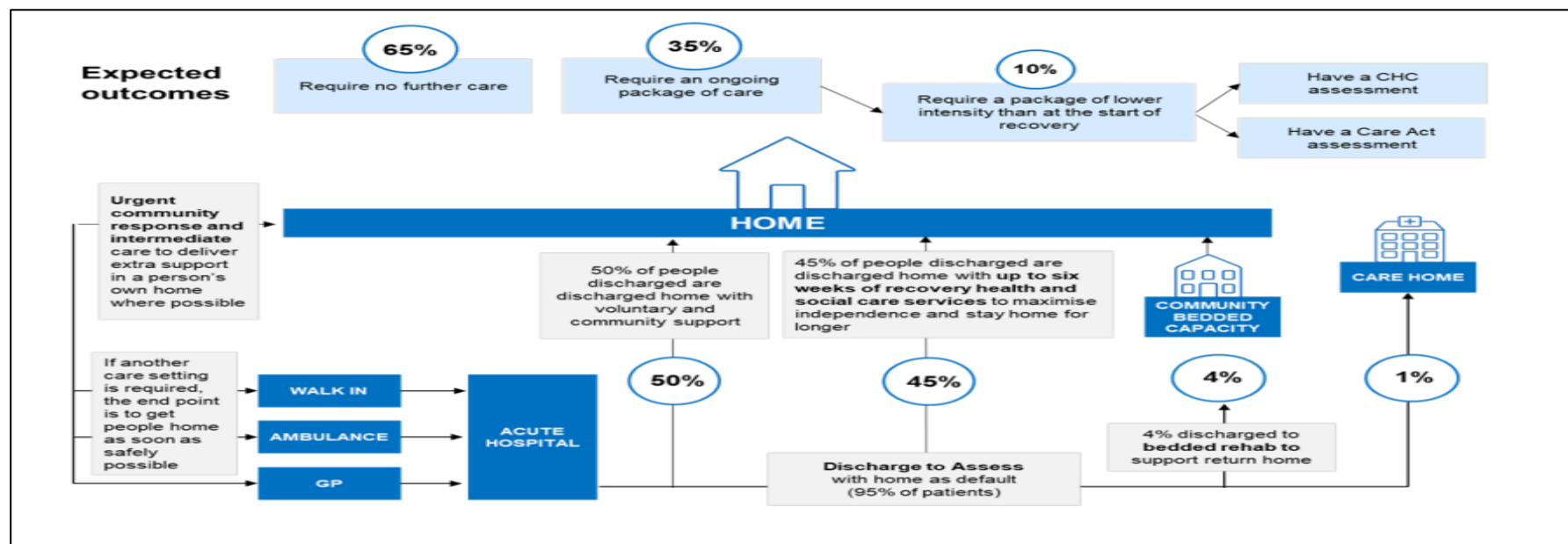
Pathway 0: Simple discharge, no formal input from health or social care needed once home.

Pathway 1: Support to recover at home; able to return home with support from health and/or social care.

Pathway 2: Rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3: Require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

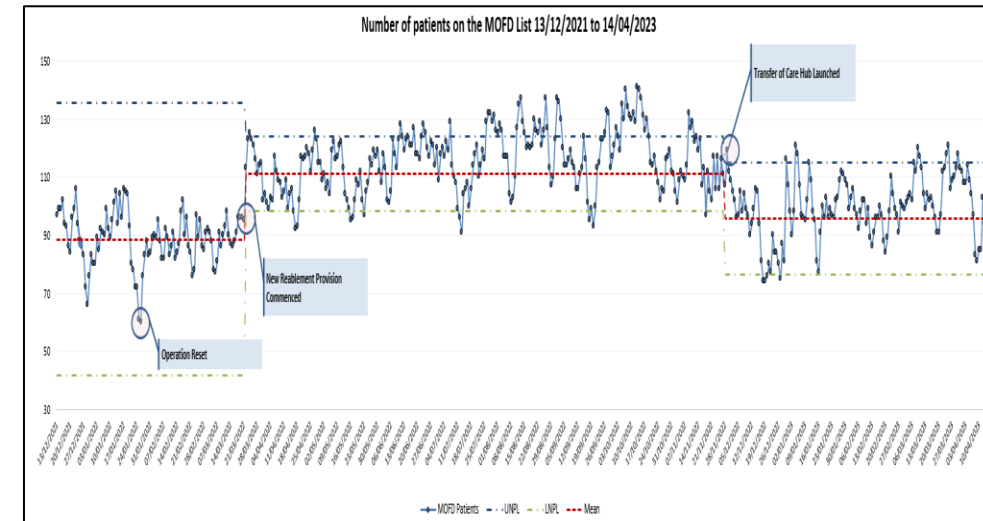
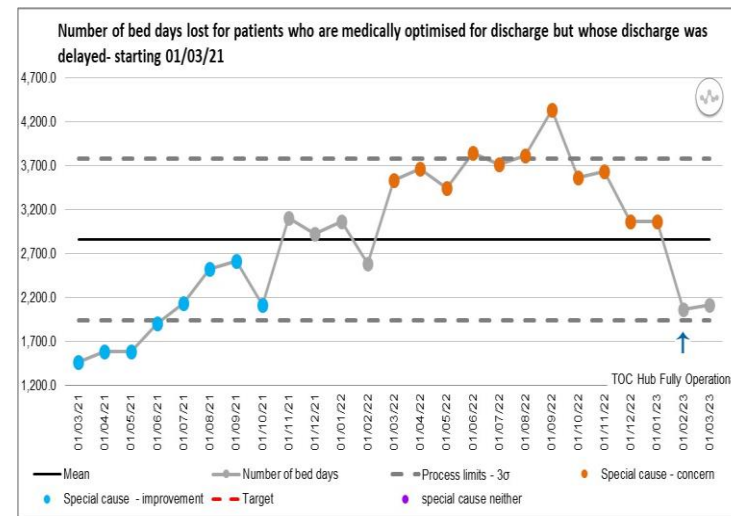
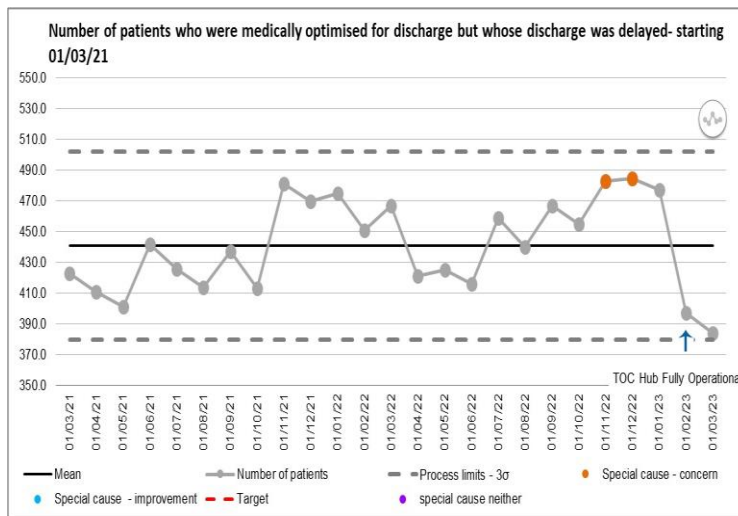
To support the discharge model, there was a national requirement to introduce a system level co-ordinating centre for the health and social care system which links all relevant services across sectors to aid discharge and recovery as well as admission avoidance. This is known as a Transfer of Care Hubs and these have been identified as a critical success factor for the implementation of [DHSC's Hospital Discharge and Community Support Guidance \(published March 2022\)](#).



Improvement Work Undertaken

Improvement activities undertaken within 22/23 include:

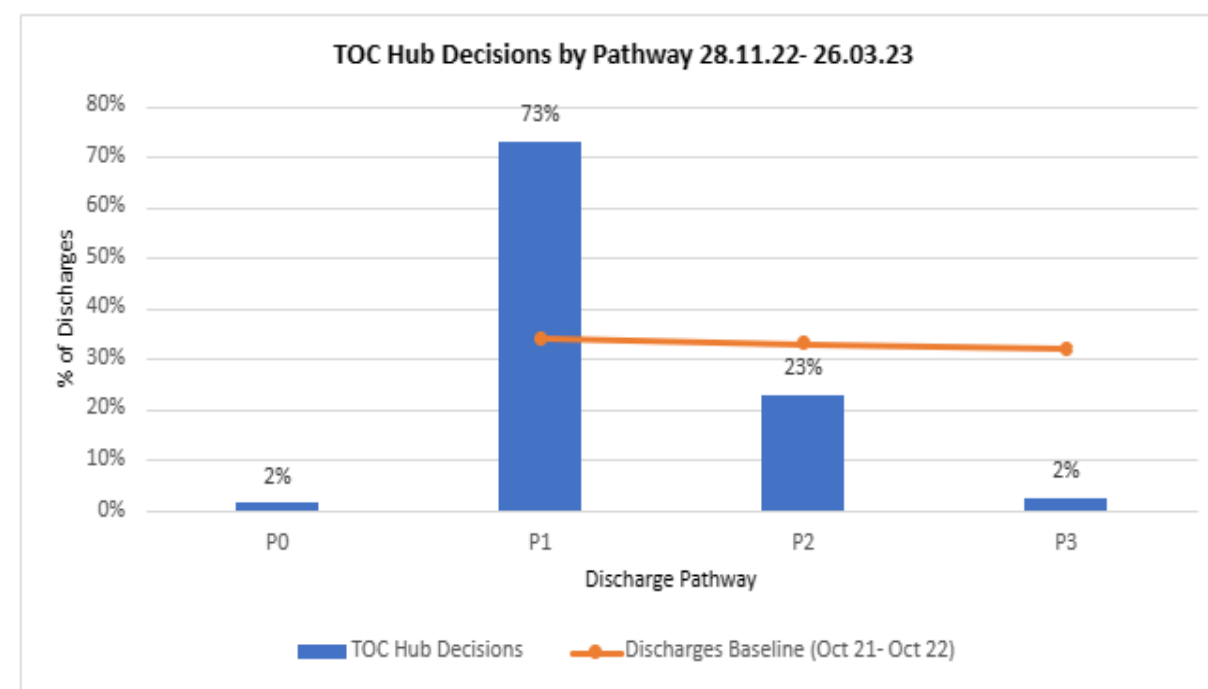
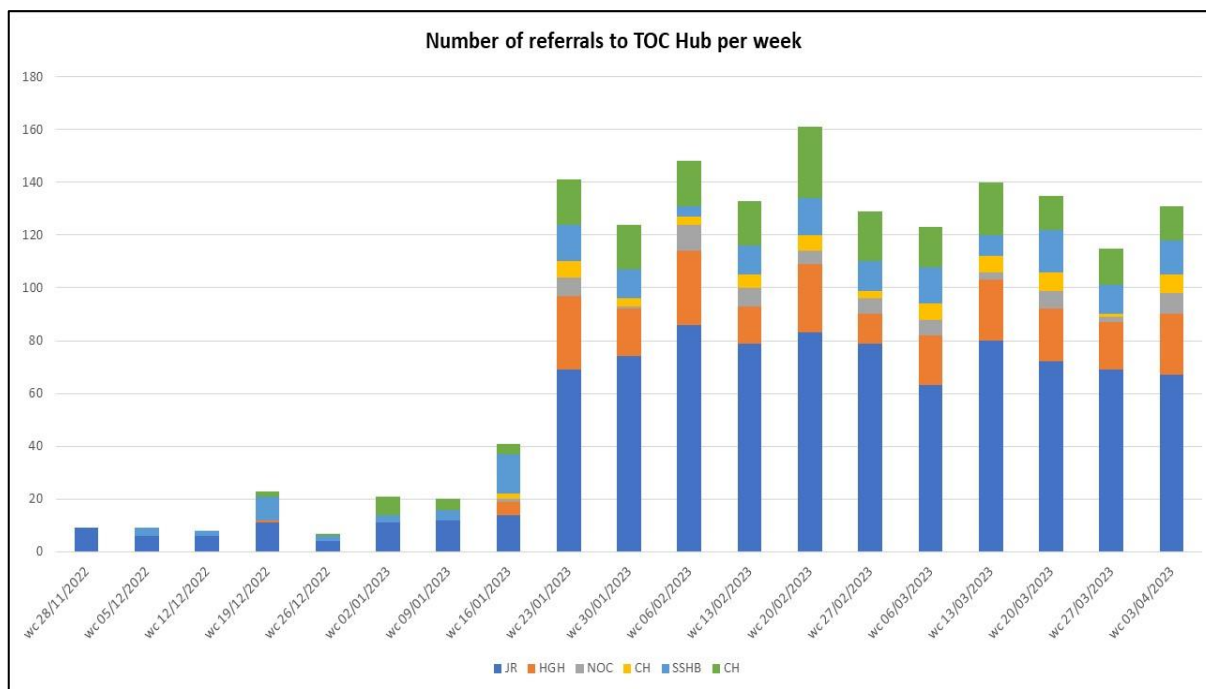
- OUH supported the introduction of the **Transfer of Care Hub (ToCH)** See next slide for further information
- Creation of a focused **OUH ToCH team** to focus on Inpatient Discharges over a specific period of time.
- **OUH review and validation of patients on the ready for discharge list (R4 list)** – including review of process for patients prior to being placed on R4 list.
- Ongoing review of variation in **weekend discharges** which are lower than during the week, aiming to increase discharges across all pathways to support flow.
- Ongoing exploration of physiological **Criteria to Reside (CtR)** to understand variability and opportunities for improvement.
- Increased **utilisation of the Transfer Lounge** through a Plan, Do, Study, Act (PDSA) cycle which is a change approach to test the introduction of 'golden patients' (patients who are confirmed for discharge) and the transfer of them to the transfer lounge first thing in the morning.
- Revision and further development of the **Board Round Standard Operating Procedure** to ensure a focus on standardisation of approach to support discharge.
- **Operational Pressures Escalation Level (OPEL) Triggers** provide a method to measure and ensure a consistent approach in times of pressure. This supports patient flow and identifies anticipated demand within the available resources. These triggers were reviewed, revised and tested and are now used in the Operational Escalation Teleconferences.
- **UEC Recovery pilot period (20.03.23-02.04.23)** with a number of new initiatives trialled.



Transfer of Care Hub

Transfer of Care Hub's are recommended as part of the DHSC's Hospital Discharge and Community Support Guidance, published in March 2022. They consist of a multidisciplinary team who meet several times per day, to review patients who have been referred for discharge support and make informed decisions to determine the most suitable discharge pathway, with an emphasis on discharge home.

Using a 'bottom up' design approach, Oxfordshire launched a Transfer of Care Hub in November 2022 to a small number of pilot areas, with a full launch across all bed bases in Oxfordshire in January 2023. The Oxfordshire Transfer of Care Hub brings together representatives from all relevant services – acute (Oxford University Hospitals NHS Foundation Trust), community (Oxford Health Foundation Trust), social care (Oxfordshire County Council), and voluntary sectors. It leads on timely, holistic and safe decision making for all Pathway 1 - 3 discharges delivering proactive and person-centric care to support people to live well and independently in their community.



System collaboration

- BOB Discharge Group to review National Guidance and regional requests to ensure consistency in response and action. Cross system learning of good practice
- Oxfordshire Urgent Care System meeting (daily) - Forum for sharing situation reports and escalation of long waiting, complex or out of area patients awaiting community placement or repatriation.
- Director of UEC Oxfordshire attends daily BOB UEC meeting.
- Weekly Northamptonshire delays meeting with OUH, supported by Oxfordshire ICB.
- Dedicated Discharge Liaison Nurse for out of area delays.
- Transfer of Care Hub development to include Oxfordshire residents in out of area hospitals.



Ongoing Challenges

- Industrial Action (BMA, RCN...)
- Out of area delays remain a challenge
- Community capacity for patients with delirium
- Bariatric rehabilitation capacity
- Bed Occupancy, specifically Urgent Care Capacity balanced against elective recovery.