

**Trust Board Meeting: Wednesday 11 September 2013**

**TB2013.108**

<b>Title</b>	<b>Foundation Trust update</b>
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<b>Status</b>	For information
<b>History</b>	Regular updates to the Board, most recently in July 2013

<b>Board Lead(s)</b>	Andrew Stevens, Director of Planning and Information			
<b>Key purpose</b>	<b>Strategy</b>	Assurance	Policy	Performance

## Executive Summary

<p>1. The Trust's application for authorisation as an NHS Foundation Trust is being assessed by the NHS Trust Development Authority.</p>
<p>2. A TDA quality visit as part of this assessment is summarised, with positive initial feedback and a number of actions expected to follow.</p>
<p>3. Delay has occurred to the national process to assess FT applications. This has led to the Trust Board's meeting with the TDA's Board being delayed from September. Timing for the next phase of assessment is unclear, but further information from the TDA and Monitor is expected during September.</p>
<p>4. Action continues to deliver service improvement and organisational development described in the Trust's Integrated Business Plan.</p>
<p>5. Membership recruitment continues, with a forthcoming series of meetings for staff interested in standing for election as staff Governors.</p>
<p>6. <b>Recommendations</b></p> <p>The Trust Board is asked to <b>note</b> progress made, the national delay to the FT assessment process and action being taken to maintain momentum.</p>

## Foundation Trust update

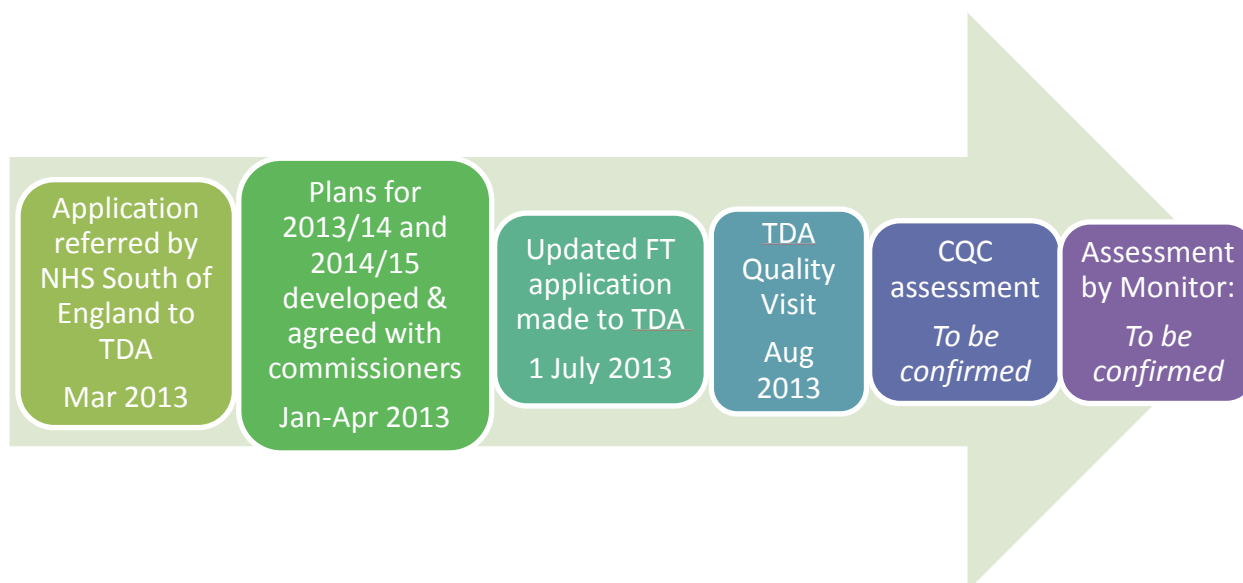
### 1. Purpose

This paper provides an update on the Trust's application for authorisation as an NHS Foundation Trust (FT) and on activities conducted since July as part of the FT Programme.

### 2. Foundation Trust application

- 2.1. The Trust's application for authorisation as an FT continues to be in the phase of assessment conducted by the NHS Trust Development Authority (TDA) prior to its being passed to Monitor for the final stage of assessment.
- 2.2. After the Trust's updated FT application and Integrated Business Plan were sent to the TDA on 1 July, TDA assessment began, with information requested from and provided by the Trust on a range of subjects.
- 2.3. The assessment process set out in the TDA's Accountability Framework (Board Paper TB2013.64, May 2013) was followed during July. A quality review visit was planned for August and a meeting of the Trust's Board with the TDA's Board in September.
- 2.4. In June, the new CQC Chair stated that the current CQC inspection process was not fit for purpose.
- 2.5. Section 35(3A) of the Health and Social Care Act 2012 states that Monitor "must not give an authorisation unless it is notified by the Care Quality Commission that it is satisfied that the applicant is complying with" the requirements which apply to the Trust's regulated activities.
- 2.6. Monitor therefore decided in July that it would not accept applications from acute NHS Trusts until they had undergone a full inspection by the Care Quality Commission using a new methodology which was consulted upon until August.
- 2.7. The first 18 inspections under the CQC's new regime have been announced and acute Trusts already in the Monitor phase of assessment begin to be inspected in November.
- 2.8. The TDA advised acute Trusts that their FT applications would need to await this new inspection and advised OUH that its Board to Board meeting in September was cancelled.
- 2.9. At a meeting during August, TDA staff reiterated their wish to continue with the process of assessing OUH's application so that it could proceed for Monitor's assessment as soon as possible, the TDA having been clear since the beginning of 2013 that OUH's FT application is regarded as one which should be able to proceed through the assessment process.
- 2.10. While the current uncertainties surrounding the timetable are being resolved, it is important that momentum is maintained on the various work streams that underpin the achievement of the Trust's strategic objectives including the securing of FT status..
- 2.11. At its meeting on 7 August, the FT Programme Board agreed that:

- 2.11.1. The Trust's focus on the quality and sustainability of its services must continue.
  - 2.11.2. Readiness for inspection should be maintained, with a full CQC inspection potentially taking place from early 2014.
  - 2.11.3. Membership engagement should be maximised, with scope to develop the use of the Trust's membership as part of its patient experience programme.
  - 2.11.4. Any period of delay should be used as a positive opportunity to resolve issues which otherwise could cause delay later.
  - 2.11.5. Overall, that OUH should press on to be the best possible Trust, whatever the final timing of its FT authorisation.
- 2.12. The Programme Board also took the view that OUH should continue to use the IBP as its strategy and produce updated versions of this and the Long Term financial Model to a timetable that made sense for the Trust. Further work on this timetable will be carried out by the FT Programme Director with the Director of Finance and Director of Planning and Information, to be considered by the FT Programme Board in September.
- 2.13. Once the timing of TDA and Monitor assessment becomes clear, OUH will wish to have clear process agreed with Monitor for providing the necessary assurance on quality, governance and finance. With external reviews in all three areas having reported to the Board in October 2012, OUH will wish to consider the value, necessity and timing of any further external reviews as part of the application process. Monitor and the TDA have committed to "end to end process streamlining" of the FT application process to reduce duplication and Monitor's 2013 Business Plan commits the regulator to being clear by the end of 2013 about how it will do this.
- 2.14. For public members, the main impact of delay is to the timing of elections to the Council of Governors. With the Trust able to start elections once its application is referred to Monitor and thus to establish the Council in shadow form, being able to maintain the timetable which has been published and explained to potential Governors would require the TDA's referral of OUH's application to Monitor to take place by January/February 2014.
- 2.15. Nationally, Monitor, the CQC and TDA are working out how to resolve the issues posed by the current situation and further information is expected during September, potentially including the timing of CQC inspection slots.
- 2.16. Conversation continues with the TDA to explore how quickly OUH can proceed to the Monitor stage of assessment and information will be provided to Trust members prior to the Trust's AGM on 30 September.
- 2.17. The Programme Board took the view that it remained appropriate to hold planned sessions in September/October for staff interested in standing for election as staff Governors and to continue to use the Trust's staff briefing process to keep staff informed.
- 2.18. A brief update on the application process is available on the Trust's website via [www.ouh.nhs.uk/ft](http://www.ouh.nhs.uk/ft) and key stages in the application process are summarised in the diagram below. At this stage, it is unclear whether TDA referral to Monitor will in fact precede or follow the CQC assessment.



### 3. TDA Quality Visit

- 3.1. Following the developments described above, the TDA conducted a slightly scaled-down version of the quality visit which forms part of the assessment process.
- 3.2. A TDA team visited the Horton General and Churchill Hospitals on 8 August. On each site, they met with a mixed focus group of staff and visited clinical areas, speaking to patients and staff. Areas visited were the Emergency Department, EAU and E Ward at the Horton General and the Oncology and Colorectal Surgery wards at the Churchill.
- 3.3. Feedback given was positive, with compliments given to the staff involved for their commitment, candour and visible pride in working for the Trust. The letter received by the Trust from the TDA outlining their findings and areas for further review and development is included in Appendix 1. Areas of observed good practice and high quality included:
  - 3.3.1. Staff feeling valued, engaged and able to speak up and raise concerns;
  - 3.3.2. Positive management of and reporting and learning from complaints and incidents;
  - 3.3.3. Evidence of listening to patients' experience and acting upon it;
  - 3.3.4. Good local examples of the improvement of care quality;
  - 3.3.5. Spotlessly clean care environments; and
  - 3.3.6. Supervision, development and training for clinical staff.
- 3.4. Areas the Trust will be asked to consider developing are expected to include:
  - 3.4.1. A consistent and audited approach across sites and services in response to the deteriorating patient;
  - 3.4.2. Development of pathways of care for acute medicine and frail older people at the Horton General to make best use of new ways of working in the context of national developments;

- 3.4.3. Consider medical on-call arrangements at the Horton General, arrangements for senior medical review at weekends and medical input to cancer Multi-Disciplinary Teams (MDTs);
  - 3.4.4. Further engagement with staff on the changes made to surgery services at the Horton General;
  - 3.4.5. Raising the profile of work being done on patient and public engagement;
  - 3.4.6. Further raising awareness amongst staff of the impact, risks and benefits of being a Foundation Trust.
- 3.5. Recommendations from the TDA will be followed up through monthly meetings with the TDA and progress reported to the Quality Committee.

#### 4. Other activities

##### *TDA 'Oversight' meetings*

- 4.1. Monthly meetings continue with the TDA, through which the Trust's performance on operations, quality and financial standards is reviewed and the TDA is briefed on developments.
- 4.2. Topics considered at recent meetings have included business cases for investment which will require TDA approval prior to OUH being a Foundation Trust, and the work OUH is doing with Oxfordshire Clinical Commissioning Group and Oxford Health in preparation for the winter and in response to activity levels above the contract agreed for 2013/14.

##### *Membership and potential Governors*

- 4.3. Membership recruitment activities continue.
- 4.4. During September and October, meetings are taking place across the Trust's four hospitals to enable staff to find out more about the role of being a staff Governor and to enable questions about FT status for OUH to be asked and answered.

##### *Preparing for elections*

- 4.5. With an independent electoral provider in place, detailed planning is being carried out so that elections can be conducted smoothly and effectively as soon as the Trust is able to start the process.
- 4.6. As part of this planning, a change has been made to the provider of database services to support the Trust's membership activities, with a new contract being put in place with Membership Engagement Services (MES). Benefits will include an improved ability for the Trust to communicate with its members and groups of people within its membership community, for example those who live in particular constituency or those (whether public or staff) who have expressed interest in particular issues or activities.

#### 5. Recommendation

- 5.1. The Board is asked to **note** progress made, the national delay to the FT assessment process and action being taken to maintain momentum.

**Jonathan Horbury**  
**Foundation Trust Programme Director**  
**August, 2013**



29 August 2013

South West House  
Blackbrook Park Avenue  
Taunton  
TA1 2PX  
[www.ntda.nhs.uk](http://www.ntda.nhs.uk)

Prof. Ted Baker, Medical Director and  
Liz Wright, Acting Chief Nurse  
Oxford University Hospitals NHS Trust  
John Radcliffe Hospital  
Headley Way  
Headington  
OX3 9DU

Dear Ted &amp; Liz

**Re: NHS Trust Development Authority Visit on 8 August 2013**

Further to our visit to the Horton and Churchill sites on 8 August I am writing to confirm the feedback we shared at the end of the visit.

Once again many thanks for your welcome and hospitality which was much appreciated. We found the visit to be most informative and improved our knowledge of your organisation. Please extend our thanks to your teams that gave up their time and were open and honest with us during our visit.

We initially discussed the purpose of our visit, and the timeframe for Oxford University Hospitals NHS Trust (OUH) progressing with the Trust Development Authority (TDA) towards Foundation Trust status given the new Chief Inspector of Hospitals' proposals and Monitor's requirement for inspection prior to accepting Trusts for assessment. Included below is a summary of our findings.

**Findings**

Overall we found that all the staff we met were happy, they felt valued, well engaged and really liked working for the Trust. The feedback we had from the staff we met was very positive and the wards and departments we visited were spotlessly clean.

The good practice we observed is as follows:

- there was a positive and proactive approach to managing complaints and incidents, with evidence of learning and good examples of improvements both at a local level and sharing across the Trust. The increase in reporting was evident of an open reporting culture evidenced by staff groups we met;
- we were told about the improvements and changes that had been made in light of the first and second Francis report with evidence of how patients are listened to and how their experience is captured and acted upon. We heard about a culture of patient centred quality improvement and staff said they were able to speak up and raise concerns;



- staff told us how they were involved in the development of Cost Improvement Programmes (CIP), with an understanding of the need to work more efficiently whilst maintaining or improving quality. There seemed to be a bottom up approach to generating ideas and staff shared examples of CIPs and the quality assurance processes that were in place;
- on the whole executives and non-executives were visible and accessible across the sites, although we heard that for senior executives this was often in a meeting or group setting that were generally attended by more senior staff and less accessible to frontline and more junior staff;
- Listening into Action is well developed and staff are involved, able to participate and share examples of quality improvements;
- all the staff we spoke to had been appraised and had a personal development plan and they felt that there was good access to learning and development opportunities;
- the staff spoke highly of the Care Support Worker Academy currently providing the training and competency framework for Care Support Workers. A leadership development programme is also available for Sisters;
- the new non-medical clinical supervision policy, implementation and training plans that are in place to support and benefit non-medical staff, with the aim of training approximately 80 new supervisors by the end of the year;
- the use of temporary staff was minimised where possible and where they were needed we heard about the clinical governance for induction and the proactive approach to recruitment;
- we were told about the routine review of staffing levels and skill mix across professions that was being further developed, along with the review of shift patterns and attention to ratios of nurses to beds and trained to untrained staff;
- we heard many examples of where quality of care had improved and ways of working had been or were being reviewed and developed, such as with renal and oncology care, medicines management, delayed transfers of care and hospital care at night;
- progress is being made with developing 7 day working for non-elective care, including the recruitment of additional consultant physicians, and there is on-going discussion with commissioners about further development;
- pro-active engagement with commissioners and other care providers to improve pathways of care for patients;
- the use of a dispensing robot in the pharmacy department.

In terms of areas for further review and development we recommended that the Trust considers:

- further development and clarity across patient pathways to include the use of care bundles as best practice. We were informed that plans were in place to introduce a care bundle for pneumonia and diabetes;
- although early warning systems were in place, there was an inconsistent approach across divisions and sites in relation to their response to the deteriorating patient. This would benefit from review and the introduction of a consistent way of working underpinned by routine audit;





- Ted Baker acknowledged that thinking is under way about how to develop a 'hospitalist' model of care at the Horton General Hospital, particularly for frail older patients, which is clinically and financially viable for the future and which enables people accessing care at the Horton to have rapid access to specialist expertise. We welcomed this and recommend that progress is made towards this as soon as possible, informed by Sir Bruce Keogh's forthcoming national report on acute medical pathways;
- at the Horton General, we also suggest that OUH reviews the pressures arising in relation to medical on-call arrangements to enable doctors to undertake their ward duties and to enable senior medical review at weekends;
- MDT meetings and reviews would benefit at the Horton from more consistent medical attendance and input;
- staff at the Horton may benefit from further engagement in relation to the surgical service changes and continuing work on quality and safety;
- raising awareness of the impact, risks and benefits of becoming a Foundation Trust with staff;
- raising awareness of the Trust Clinical Strategy with the aim of improving staff understanding and setting the context of quality improvements;
- further the work to develop the overarching patient experience and engagement strategy to bring together the good patient and public engagement work that was observed and is taking place. Julia Holding, TDA Head of Patient Experience, is available to support this work if that would be helpful;
- reviewing how you present and share your quality information in a way that is open, transparent and publicly available either through the Board or through other media, that also maintains good governance and enables appropriate forums for triangulation and challenge;
- further development and awareness of the staff engagement strategy to bring together the wide ranging approaches you have already adopted, the plans for further engagement and sharing the outcomes;
- the mortality review processes are in the process of being reviewed with a paper prepared for your Quality Committee this month. Please keep us apprised of the developments with this and we will be interested to hear about the impact of your proposed internal 'risk summits';
- outcome from external reviews - we discussed the reviews that were complete, due to report or in progress and you have agreed to share with us the outputs, your response, plans and progress to evidence learning.
- adopting the learning and outcomes from the Keogh review in relation to transfer of patients.
- at the oncology ward visited at the Churchill, review and risk assess the storage of drugs and review other locations to ensure compliance with established safe practice;
- also at the Churchill, clarify the location of the resuscitation drugs and that routine checks of defibrillators are undertaken.



**Trust Development Authority**

As we discussed I would like to agree this letter with you as an accurate record of our discussion and the actions arising and associated timescales that can then be followed up together through the routine Oversight meetings.

I look forward to hearing from you.

Yours sincerely

Julie Blumgart  
Clinical Quality Director

*Cc: Stan Silverman, Sarah Hughes, Dr Mercia Spare, Richard Seal - TDA  
Sir Jonathan Michael, Jonathan Horbury, Neil Scotchmer - OUH*