Introduction

Welcome to the Annual Report 2011/12 of the Oxford University Hospitals NHS Trust. This report describes how the Trust has performed over the last year and how we account for the public money spent by the Trust over this period.

Message from the Chairman and Chief Executive

It has been an important year for the Trust with major milestones and key strategic changes. This has included the integration of our four teaching hospitals into one Trust on 1 November 2011, which marked the creation of the Oxford University Hospitals NHS Trust. This also signalled a stronger collaboration with the University of Oxford through a joint working agreement to increase opportunities to translate science and research into new and better NHS treatments.

Our combined organisation will deliver our vision to integrate patient care, teaching and medical research to deliver the best in clinical treatment. Our strong academic partnerships will support innovation and improvement and put education and research alongside patient care. Each of our renowned teaching hospitals – the John Radcliffe, Churchill, Horton General and the Nuffield Orthopaedic Centre – continues to provide a full range of services to our patients and supports a health sciences partnership that unites medical scientists with NHS clinicians. You will read in this report about some of the research that has led to ground-breaking developments in surgical techniques and the work of our teams to improve service delivery.

One area of technological development which has been long-awaited, but which has also caused difficulties, has been the introduction of the Electronic Patient Record system – a major development in Information Technology processes to enable us to hold patient data electronically. We have worked through the early problems of implementation and are now on the way to realising our vision of having electronic patient records which identify medical history and ongoing treatment and care requirements, and can be easily shared between health professionals.
As we prepare to operate as a Foundation Trust, we are looking carefully at the way we govern ourselves and manage our resources so that we can improve our services and performance. We have successfully delivered a challenging savings plan of £58m and achieved a surplus of 1% of turnover of £7.15m at the end of the financial year. This is a significant achievement and thanks must go to all staff who continue to work hard to improve the quality of care while reducing costs.

We know that we and the NHS are facing difficult times but we are confident that our combined talents and expertise provide the resilience to succeed in an evolving healthcare landscape. In common with all NHS trusts we intend to apply for Foundation Trust status and this presents the opportunity for our patients and service users, our partners and stakeholders, and our local communities to become actively involved in shaping our future plans through the Trust’s membership and a Council of Governors.

We hope to achieve a public membership of over 7,000. Over the summer months we will be going out to meet with local communities to explain and share our plans and vision for developing healthcare services as a Foundation Trust. As a member, you will have a say in how we develop services through an elected Council of Governors which will work alongside the Trust’s Board of Directors. This is an important relationship which we believe will help us to become a truly patient-centred organisation.

This past year has also seen some important developments in shaping the culture and values of the organisation. We have worked with both staff and patients to reaffirm what it is that guides us to be the best we can be. We hope that our values will resonate with all of us, and with you, to support us in our drive to deliver compassionate excellence – the kind of healthcare we would want for ourselves and our families. Our nursing and midwifery staff have developed a corresponding set of promises to demonstrate commitment to delivering excellence across all aspects of patient care and enhancing our patients’ experience.

By continually working to deliver on our promises to patients and nurturing our staff’s talent and expertise, our staff are empowered to deliver better and safer services for the 800,000 patients that they see every year and ensure that the values we hold as a Trust are demonstrated.

Sir Jonathan Michael
Chief Executive

Dame Fiona Caldicott
Chairman

Sir Jonathan Michael
Chief Executive

Dame Fiona Caldicott
Chairman
Four hospitals, one Trust, one vision

The former Oxford Radcliffe Hospitals and Nuffield Orthopaedic Centre NHS Trusts celebrated their merger in November 2011
The Oxford University Hospitals NHS Trust (OUH) is one of the largest acute teaching trusts in the UK, with a national and international reputation for the excellence of its services and its role in teaching and research. The Trust provides general hospital services for people in Oxfordshire and neighbouring counties, and specialist services on a regional and national basis. In addition to Oxfordshire, a significant proportion of our patients come from Buckinghamshire, Berkshire, Wiltshire, Northamptonshire and Warwickshire.

The Trust adopted the name Oxford University Hospitals on 1 November 2011, following merger with the Nuffield Orthopaedic Centre. The Trust now runs four teaching hospitals: the Nuffield Orthopaedic Centre, the John Radcliffe and Churchill Hospitals in Oxford, and the Horton General Hospital in Banbury. It employs around 11,000 people (headcount) and had a combined turnover in 2011/12 of £788 million.

Four hospitals, one Trust, one vision

Our new name, Oxford University Hospitals NHS Trust, reflects our vision to integrate patient care, teaching and research to deliver the best in clinical treatment. It also signals a strengthened partnership with the University of Oxford.

Our collaboration with the University of Oxford underpins the quality of the care that is provided to our patients; and our services and treatments benefit from the latest research developments and clinical trials.

The Joint Working Agreement between the Trust and the University came into effect at the point of merger on 1 November 2011 and provides the ability to share ideas and activities in the pursuit of excellence in patient care, research and education.

It builds on the Trust’s close partnership with the University of Oxford’s Medical Sciences Division and Oxford Brookes University’s Faculty of Health and Life Sciences, which both provide renowned teaching and education for doctors, nurses and other healthcare professionals.

Our existing university collaborations include the ambitious research programmes, funded by the National Institute for Health Research (NIHR), and established through the Oxford Biomedical Research Centre (BRC) and at the Biomedical Research Unit in musculoskeletal disease at the Nuffield Orthopaedic Centre. These set the standard in translating science and research into new and better NHS clinical care.

You can read more about the success of these research partnerships later in this report in Section 10: Research and Development.
Our hospitals

**The John Radcliffe Hospital** in Oxford is the largest of the Trust’s hospitals and the home of many departments, including the majority of the Trust’s corporate functions. It is the site of the county’s main accident and emergency service, the Major Trauma Centre for the Thames Valley region, and also provides acute medical and surgical services, intensive care and women’s services. The Oxford Children’s Hospital, the Oxford Eye Hospital and the Oxford Heart Centre are also part of the John Radcliffe Hospital.

The site has a major role in teaching and research and hosts many of the University of Oxford’s departments, including those of the Medical Sciences Division.

**The Churchill Hospital** in Oxford is the centre for the Trust’s cancer services and a range of other medical and surgical specialties. These include: renal services and transplant, clinical and medical oncology, dermatology, haemophilia, infectious diseases, chest medicine, medical genetics, palliative care and sexual health. It also incorporates OCDEM (the Oxford Centre for Diabetes, Endocrinology and Metabolic Medicine).

The hospital, and the adjacent Old Road campus, is a major centre for healthcare research, and hosts some of the departments of the University’s Medical Sciences Division and other major research centres such as the Oxford Cancer Research Centre, a partnership between Cancer Research UK, Oxford University Hospitals and the University of Oxford.

**The Nuffield Orthopaedic Centre** forms the Musculoskeletal and Rehabilitation Services division of the Trust. It has been treating patients with bone and joint problems for more than 80 years and has a world-wide reputation for excellence in orthopaedics, rheumatology and rehabilitation. The hospital also undertakes specialist services such as children’s rheumatology, the treatment of bone infection and bone tumours, and limb reconstruction. The renowned Oxford Centre for Enablement is based on the hospital site and provides rehabilitation to those with limb amputation or complex neurological or neuromuscular disabilities suffered, for example, through stroke or head injury.

The site also houses the University of Oxford’s Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences and is home to the NIHR’s Oxford Biomedical Research Unit in Musculoskeletal Disease.

**The Horton General Hospital** in Banbury serves the people of north Oxfordshire and surrounding counties. Services include an emergency department, acute general medicine and general surgery, trauma, obstetrics and gynaecology, paediatrics, critical care and the newly expanded Brodey Centre offering treatment for cancer.

The outpatient department runs clinics with specialist consultants from Oxford in dermatology, neurology, ophthalmology, oral surgery, paediatric cardiology, radiotherapy, rheumatology, oncology, pain rehabilitation, ear nose and throat (ENT) and plastic surgery. Acute general medicine also includes a medical assessment unit, a day hospital as part of specialised elderly care rehabilitation services, and a cardiology service. Other clinical services include dietetics, occupational therapy, pathology, physiotherapy and radiology.
Our clinical services

Our services are delivered in a range of locations across Oxfordshire and beyond. Acute services are provided from our four main hospital sites, with outpatient peripheral clinics in a range of community settings and satellite outreach services in a number of surrounding hospitals. The Trust also runs midwifery-led units in community settings across the county. It is responsible for a number of screening programmes, including those for bowel cancer, breast cancer, diabetic retinopathy, cervical cancer and Chlamydia.

Our services are grouped into divisions which are led by a management team of clinicians. This maintains a high level of clinical input into the delivery of our services for patients and provides for better integration of latest research developments into clinical treatment. Each Division is headed by a Divisional Director, a practising clinician who is supported by a Divisional Nurse and General Manager.

Our services are grouped in the following divisions and clinical directorates:

Division of Neurosciences, Trauma and Specialist Surgery
- **Neurosciences:** neurology; neurosurgery; neuropathology; neurophysiology and neuropsychology; neuro intensive care
- **Specialist surgery:** ENT; plastic surgery and craniofacial; ophthalmology; oral and maxillofacial surgery; trauma

Division of Cardiac, Thoracic and Vascular
- **Cardiac medicine:** cardiology and coronary care unit; technical cardiology; private patients
- **Cardiac, vascular and thoracic surgery:** adult cardiac surgery; cardiac critical care; vascular surgery; thoracic surgery

Division of Children’s and Women’s
- **Paediatric medicine, surgery and neonatology:** paediatric medicine and specialist medicine; neonatology; community paediatrics; paediatric surgery and specialist surgery (cardiac and neuro); paediatric intensive and high dependency care
- **Women’s:** obstetrics and midwifery; gynaecology

Division of Emergency Medicine, Therapies and Ambulatory
- **Emergency general medicine and therapies:** emergency medicine; acute general medicine and Horton medicine; gerontology and stroke medicine; therapies
- **Specialist and ambulatory medicine:** diabetes, endocrine and metabolism; dermatology; clinical immunology; clinical genetics; chest medicine; infectious diseases and genitourinary medicine

Division of Surgery and Oncology
- **Surgery:** upper and lower gastrointestinal surgery; acute surgery; gastroenterology; breast and endocrine surgery; gynaecology
- **Oncology:** clinical oncology; medical oncology; clinical haematology, haemophilia and thrombosis; medical physics and clinical engineering; palliative medicine
- **Renal, transplant and urology:** transplant and renal; urology

Division of Critical Care, Theatres, Diagnostics and Pharmacy
- **Anaesthetics, critical care and theatres:** anaesthetics; adult critical care; pre-operative assessment; resuscitation; pain service; theatres and day case unit
- **Pathology and laboratories**
- **Radiology and imaging**
- **Pharmacy**

Division of Critical Care, Theatres, Diagnostics and Pharmacy
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- **Pathology and laboratories**
- **Radiology and imaging**
- **Pharmacy**

Division of Musculoskeletal and Rehabilitation Services
- Orthopaedic treatment and surgery
- Rheumatology including children’s rheumatology and sports medicine
- Bone Infection Unit
- Chronic pain management with back pain service
- Metabolic medicine for bone conditions such as osteoporosis
- Specialist rehabilitation following stroke, brain injury or limb amputation
- Specialist therapy services
- Diagnostic and interventional radiology

For more information on the Trust and its services visit:

[www.ouh.nhs.uk](http://www.ouh.nhs.uk)
excellence
respect
improvement
delivery
learning
compassion
Delivering compassionate excellence

As always, our focus is on our patients’ experience and we strive to consistently capture patients’ feedback and views to ensure that the organisation continues to deliver optimum treatment outcomes and delivers compassionate excellence – the healthcare that we all want and expect for ourselves, our friends and families.

This year we have undertaken a comprehensive review of our Trust values as part of the integration process between the two former organisations that now make up the Oxford University Hospitals NHS Trust (the Nuffield Orthopaedic Centre and the Oxford Radcliffe Hospitals). Feedback was gathered from over 750 staff and focus groups were held with our patient panel members and partner groups. The values reflect what is important to staff and patients in terms of not only standards of care and treatment, but also in how we behave and the decisions we take to deliver the best possible healthcare. They play a key part in describing how we deliver compassionate excellence.

The Trust Values: Learning | Respect | Delivery | Excellence | Compassion | Improvement

We aim to provide excellent care with compassion and respect.

We will do this by:
- Taking pride in the quality of care we provide
- Putting patients at the heart of what we do and recognising different needs
- Encouraging a spirit of support, respect and teamwork
- Ensuring that we act with integrity
- Going the extra mile and following through on our commitments
- Establishing systems and processes that are sustainable

We aim to deliver, learn and continuously improve.

We will do this by:
- Delivering high standards of healthcare based on national and international comparisons
- Delivering the best clinical teaching and research
- Adopting the best clinical research in patient care
- Striving to improve on what we do through change and innovation
- Monitoring and assessing our performance
- Learning from successes and setbacks
- Working in partnership across the health and social care community
Our aim is to deliver high quality services that exceed our patients’ expectations.
Our future priorities

**Our aim** is to deliver high quality services that exceed our patients’ expectations.

**Our vision** is to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.

The Trust’s strategic objectives are:

- To be a patient-centred organisation delivering ‘compassionate excellence’.
- To become a resilient, flexible and successful Foundation Trust.
- To meet challenges and changes in the NHS by delivering better value healthcare.
- To provide high quality healthcare integrated across the local health and social care economy.
- To create sustainable clinical networks with healthcare partners that provide benefit to the population.
- To deliver excellence in specialist and tertiary care to the population of Oxfordshire and beyond.
- To contribute to the development of a robust Academic Health Science Network (AHSN) for the Thames Valley.

**Becoming an NHS Foundation Trust**

Oxford University Hospitals NHS Trust is applying to become a Foundation Trust (FT). As an NHS Foundation Trust we must meet the same standards of care and principles that guide other NHS organisations, but we will be more accountable to our local communities through public membership. We are committed to building a substantial and representative membership to help us to become a more responsive organisation with an improved understanding of the needs of our patients, partners and local communities.

Becoming a Foundation Trust means we can involve many people as members and elect a Council of Governors that will work alongside the Trust’s Board of Directors and collectively hold it to account for the Trust’s performance. The governors are elected by the Trust’s membership body to represent the interests of patients and service users, staff and the general public, giving them a greater voice in our future.

We hope to recruit more than 7,000 public members by the end of 2012 to join our staff membership of around 11,000.

As a Foundation Trust we will have greater freedom to decide locally how best to meet the Government’s national policies and performance targets. We will also have more financial flexibility and will be able to retain savings and invest, with a degree of autonomy, to respond to opportunities for innovation and improvement.

During the summer of 2012 we will be consulting widely on our strategy and governance arrangements as a Foundation Trust. We expect the Department of Health to review our application in 2013 and following a detailed assessment by Monitor, the Parliamentary regulator of NHS Foundation Trusts, we hope to achieve authorisation as a Foundation Trust in the latter half of 2013.
Our healthcare market and environment

Serving a wide population

Locally, our Oxford hospitals support a population of approximately 650,000 people drawn from Oxfordshire and the neighbouring communities of Buckinghamshire and Wiltshire. The Horton General Hospital in Banbury has a catchment population of approximately 150,000 people in northern Oxfordshire and in neighbouring communities of south Northamptonshire and south east Warwickshire.

In Oxfordshire, the population is predicted to increase rapidly over the next ten years. The population is slightly younger than regional and national averages, due in part to the 30,000 students in further and higher education. The proportion of older people is relatively low, reflected in funding settlements for local NHS commissioners, but is projected to grow significantly. Economic prosperity and the quality of the environment make Oxfordshire an attractive place in which to live and work. However there are pockets of relative deprivation, particularly in Oxford and Banbury.

The Trust has two distinct markets: a local market for general hospital services and a wider market for its more specialist services. NHS Oxfordshire, which is clustered with NHS Buckinghamshire, accounts for nearly 65% of the Trust’s income and is the lead commissioner for Oxford University Hospitals NHS Trust (OUH). Other key commissioners are Buckinghamshire, Berkshire, Gloucestershire, Northamptonshire, Milton Keynes, Swindon and Wiltshire Primary Care Trusts (PCTs).

Specialist services

We have a wide range of specialist services which are not routinely provided elsewhere, and many of our patients come to our hospitals from further afield. The population served by our specialist services is one of approximately 2.5 million from within the local authority areas of Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire, Swindon, Wiltshire, Gloucestershire, Northamptonshire and Warwickshire. Some specialist services serve a larger catchment population, with national and international elements.

South Central Specialised Commissioning Group (SCSCG) is the Trust’s second largest commissioner, accounting for 12.4% of our commissioner income, some £74m. This represents 60% of the Trust’s specialist income, which is transferring to become the responsibility of the NHS Commissioning Board. Clinical networks have important input into specialist commissioning and those involving OUH are:

- Cancer
- Cardiovascular (including cardiac surgery, cardiology, vascular and stroke services)
- Critical Care
- Maternity
- Neonatal
- Pathology
- Renal
- Trauma

These networks develop responses to the recommendations of national service improvement programmes already identified as playing a major role in the Trust’s market. A common feature of the recommendations is the centralisation of specialist services’ resources and expertise.
Working with our NHS partners

As ever, we work to deliver the best possible care and treatment within the resources available to us. With national efficiency or Quality, Improvement, Productivity and Prevention (QIPP) savings of £20 billion to be made over the next three years, it is increasingly important that we collaborate with other NHS and social care bodies as a local health system to transform healthcare delivery.

The Trust currently sits within the South Central Strategic Health Authority (SHA) region of the South of England SHA cluster. This region includes the counties of Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight. We work closely with many partner organisations within and beyond these boundaries.

The NHS reforms contained within the new Health and Social Care Act require that the Trust works with new health bodies. The Act dissolves several key local and regional NHS bodies such as SHAs, SHA specialised commissioners, local primary care trusts (PCTs) and various other Department of Health (DH) and NHS bodies. They are replaced by greater locality and specialty clinical leadership entities, including local Clinical Commissioning Groups (CCGs) and four national Specialised Commissioning Groups (SCGs). The new SCGs cover regions matched to the current SHA cluster regions which will report into the new NHS Commissioning Board.

Within Oxfordshire, General Practitioners (GPs) and other clinicians – as part of the Oxfordshire Clinical Commissioning Group – will commission hospital services for their patients. The CCG operates in shadow form with Oxfordshire PCT until the PCT is dissolved. The CCGs are supported and held to account by the NHS Commissioning Board. Specialised Commissioning Groups and the NHS Commissioning Board will direct and control all other health spending – particularly specialist services – once both PCTs and SHAs are dissolved.

Clinical networks and local collaboration

The Department of Health encourages local collaboration around its Quality, Innovation, Productivity and Prevention (QIPP) reforms and the promotion of innovation. We are working closely with local NHS and social care organisations to drive forward innovation and to develop a greater resilience in the healthcare system.

The Oxfordshire Clinical Commissioning Group and local provider Trusts are developing clinical networks and streamlining patient pathways to provide the best care as close to home as possible. The partners aim to improve working across organisational boundaries to reduce fragmentation of care and create more flexible staffing arrangements. By providing better pathways to hospital services, it is hoped that only those patients who need hospital treatment are admitted to hospital, and more treatments can be provided in community settings nearer to patients’ homes.

Further afield, the Trust, with its diverse range of health specialties and close collaboration with academic clinical research, is developing a range of clinical networks with other providers in the region. The aim is to improve healthcare across the region while adding further resilience to current healthcare models. The networks work reciprocally to ensure the best outcomes for the patient by providing seamless access to regional and specialist healthcare and support when needed.

Academic health partnerships

A local working party has been set up to develop proposals for an ‘Oxford Academic Health Consortium’. The ‘partnership’ will be between NHS, social care and University partners in Oxfordshire to develop improvements in evidence-based care, research, education and training. The aim is to strengthen collaboration across the local health economy and beyond to benefit patients and the wider local and regional communities.

Academic health partnerships are set up between NHS trusts and universities providing world class research and clinical excellence. The aim of such partnerships is to translate research into clinical practice and to develop services that benefit from new research and innovation.
The Trust is governed by a regulatory framework set by the Care Quality Commission (CQC) which has a statutory duty to assess the performance of healthcare organisations. The CQC requires that hospital trusts are registered with the CQC and therefore licensed to provide health services.

The CQC provides assurance to the public and commissioners about the quality of care through a system of monitoring a trust’s performance across a broad range of areas to ensure it meets essential standards. The CQC assessors and inspectors frequently review all available information and intelligence they hold about a hospital.

The regulations are grouped into six key areas, each of which has a number of expected outcomes against which the organisation is measured.

**Essential standards:**
- Involvement and information on services
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

The CQC expects compliance across all these standards and focuses on outcomes to measure how well these standards are being met, with particular emphasis on the views and experiences of people who use the services.

*You can find out more about the standards here: [www.cqc.org.uk](http://www.cqc.org.uk)*
Care Quality Commission reports

Dignity and Nutrition Inspection

The Trust was visited by the Care Quality Commission in November 2011 – this was the unannounced follow-up visit to the Dignity and Nutrition Inspection that had taken place in May of that year. The follow-up visit was looking specifically at Outcome 5 (meeting nutritional needs) to ensure that necessary improvements in patient care were being delivered and that all the concerns raised in May had been addressed.

The review focused on the acute medical ward and the stroke ward. Improvements were noted at mealtimes, with meals being served quickly and all patients who required support receiving help. The ‘red tray’ system was seen to be working effectively. On the stroke ward there is now a robust system for recording dietary and fluid intake. The inspectors found that improvements had been made in assessing patients’ nutritional risk and additional training had been provided to staff on the assessment process. Patients reported that they had plenty of food choice and that the quality was good. The inspectors found that meal times were quieter and patients were not interrupted while eating their meals by non-essential tasks.

It is important to maintain our focus on all aspects of the care we provide. All staff need to know how we are measured and monitored and how their role makes a difference to patient outcomes. Each Division produces a monthly quality report which provides a summary of compliance against the CQC outcomes.

Final report following review of essential standards in 2010

In the autumn of 2010, the Care Quality Commission visited the John Radcliffe, Churchill and Horton General Hospitals as part of their routine schedule of planned reviews of all health and social care providers. Unannounced visits were made to all three hospital sites where CQC inspectors observed staff and patients, and spoke with them about their experiences.

In January 2011, the CQC published its reports and raised concerns about staffing levels; the number of patients waiting over 18 weeks for treatment; delays in some cancer services; delays in transfers of care; and problems with clinical governance structures. In July 2011 the CQC returned to the Trust for a follow-up review and its final report in October 2011 found that the Trust was meeting the essential standards with suggestions for further work in some areas.

The CQC found that the Trust has continued with its programme of significant improvement and in particular work has focused on the management and flexibility of staffing levels in clinical areas with the resulting improvements in the care patients receive.

There have been improvements in attendance at statutory and mandatory training events, including training on safeguarding, information governance and fire safety, and the number of staff having annual appraisals has increased. The clinical governance arrangements and reporting processes on patient safety, quality and risk have become more comprehensive across the Divisions and the Trust as a whole, and work continues to ensure further improvements, particularly in relation to learning across the organisation.

As highlighted elsewhere in this Annual Report, the Trust continues to focus on working with partners, particularly in Social Services, to deliver improvements in delayed transfers of care. However, we are pleased these reports from the CQC recognise the improvements that have continued to be made at our hospitals. The reports are important in helping the Trust assess its performance against national standards and identify areas where further improvement is required. We are confident that we continue to make improvements that patients and staff will recognise when they use our services.

Our quality goals and priorities

We have always been committed to providing the highest standard of care and we listen to the views of our patients and other stakeholders to ensure we continue to deliver improvements. Our areas for quality improvement are agreed in consultation with staff, commissioners and partner organisations, but equally important are the priorities of our patients.

In April 2011, and again in March 2012, we invited public and patients to tell us what matters to them to help inform our quality goals. Those attending highlighted issues ranging from clinic appointment times and seating in corridors, to better communication and being more involved in decision making.
During 2011/12, our priorities included:

**PATIENT SAFETY**
- Venous thromboembolism (VTE) risk assessment
- Pressure ulcer reduction
- Improving medicines safety
- Achieving healthcare acquired infection targets
- Theatre operating lists to start on time

**CLINICAL EFFECTIVENESS**
- Mortality reduction
- Integrated care pathways for spinal conditions and also knee and hip procedures
- Quality improvements through Patient Recorded Outcome Measures (PROMs)

**PATIENT EXPERIENCE**
- Improving communication including opportunities for patient feedback
- Focus on care for vulnerable patients including those with dementia and learning disabilities
- Discharge within two hours of patient being ‘fit for discharge’

Looking forward, in 2012/13, our quality improvement priorities are:
- Safe medicines delivered on time
- Innovation and technology to support better care
- Improving end of life care
- Delivering compassionate excellence in nursing care

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**Quality assurance**

The Trust uses a variety of nationally recognised indicators to ensure quality of care throughout the Trust. Commissioning for Quality and Innovation (CQUINS) indicators, as well as measures required by our contract with our local commissioner, NHS Oxfordshire, along with CQC registration and NHS Litigation Authority (NHSLA) standards, have all become important frameworks for measuring, achieving and ensuring quality within the organisation. Learning from adverse events has continued to be an important part of ensuring organisational cultural change.

**Quality inspection visits**

The Trust has established a rolling programme of unannounced compliance inspections on all clinical wards and departments. The internal multi-professional inspection teams are focusing on compliance with national standards covering: quality of care, competence and behaviour of staff and quality and cleanliness of the environment. Inspections will be followed by feedback and corrective actions where necessary. The inspections are undertaken by the Chief Nurse and the senior nursing team, Divisional Directors and clinical leads.

**Monitoring standards**

Work has also begun on the development of a new software system to strengthen quality and assurance information across the Trust. The system enables the Trust to combine different quality metrics and datasets into single dashboard views. This provides a strong visual reporting tool to aid monitoring organisational compliance against CQC essential standards and other regulatory frameworks and identifying areas for improvement.

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**Clinical effectiveness**

We constantly monitor the quality of our services by auditing our clinical practice. The Trust has participated in more than 40 national audits and other major studies including on cancers, heart disease, diabetes and dementia. In addition, during 2011/12 we have undertaken 301 local clinical audits to check we deliver patient care to the highest standard.

The Trust also participates in a Department of Health initiative known as Patient Recorded Outcome Measures (PROMs). Patients undergoing surgery for hip and knee joint replacement, and surgery for varicose veins or inguinal hernias, are asked to complete a questionnaire both immediately prior to, and some months after, their treatment. The purpose is to assess the success of the operation from the patient’s viewpoint. Surgical success is measured by the patient’s feedback on the impact the operation has had on their quality of life.

The data from this indicates that patients receiving these procedures at the OUH record a greater improvement in their quality of life and overall health when compared with other trusts in England and Wales.

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You can read about the activities we undertook over the past year to improve all aspects of quality in our Quality Account. This details our achievements in delivering patient safety, clinical effectiveness and improving the patient experience, and highlights our priorities and focus for 2012/13. The Trust’s Quality Account is available to read on our website at:

www.ouh.nhs.uk/about/publications

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**Junior doctors win award for clinical audit**

Four of our junior doctors have won a national award for a clinical audit project on VTE assessment delivered through a process of clinical audit. Their project won the Junior Doctor Clinical Audit of the Year for 2011 and was presented at the International forum for Quality and Safety in Healthcare held in Paris.
Meeting the National Institute for Health and Clinical Excellence (NICE) guidelines

The Trust requires that all NICE guidelines are implemented to ensure that our patients receive clinical care to the highest national standards. Each month, our clinicians take into account new guidance and benchmark their work to these standards. NICE calls for clinician input in the updating of current guidance and our Trust’s consultants also contribute to the shaping and development of new guidelines throughout the year.

In addition to the development of guidelines, NICE has taken on a number of new functions that will set national standards of healthcare that people can expect to receive. These new Quality Standards are a set of specific statements that act as markers for the commissioning of clinical care and the evaluation of patient outcomes in treatment and prevention of different diseases and conditions. Our consultants have been contributing to the development of these service parameters. Already five Quality Standards have been introduced, including Stroke, Dementia, Venous Thromboembolism (VTE) Prevention, Specialist Newborn Care and Chronic Kidney Disease.
Our operational performance

Meeting our access targets

18 week referral to treatment

The Trust successfully delivered against the 18 week standard ensuring that:

- 90% of patients admitted to hospital received their treatment or operation within 18 weeks, while 95% were seen within 28 weeks.
- 95% of patients who were referred to our hospitals but didn’t need to be admitted were seen within 18 weeks.

The 18 week rule does not apply to patients who choose to be treated outside 18 weeks or if there is an appropriate clinical decision made with the patient.

Cancer waiting times

The Trust also met the following national cancer targets:

- **Maximum wait of two weeks for breast symptomatic referral from GP to outpatient appointment** – against a target of 93%, the Trust achieved 97.26% of patients referred within two weeks.
- **Maximum wait of two weeks for all urgent cancer referrals from GP to first outpatient appointment** – against a target of 93%, the John Radcliffe, Churchill and Horton General hospitals achieved 96.73% with the NOC achieving 100% of patients referred within two weeks.
- **Maximum 31 day wait from diagnosis to start of treatment for all cancers** – against a target of 96%, the John Radcliffe, Churchill and Horton General hospitals achieved 97.6% with the NOC achieving 100% of patients receiving treatment within 31 days.
- **Maximum 62 day wait for all urgent cancer referrals from GP to treatment** – against a target of 85%, the John Radcliffe, Churchill and Horton General hospitals achieved 87.16% with the NOC achieving 90.24% of patients receiving treatment within 31 days.

Emergency access target

The Trust performed well up to the end of November 2011 with 95.6% of patients seen within four hours of arrival at one of our Emergency Departments against the national emergency access target of 95%. For the period between December and March 2012, we have continued to report the year-to-date average of 95.6% due to difficulties with reporting data following the introduction of the Trust’s electronic patient record system.

Leaving hospital and delayed transfers of care

One area where further progress is required is in reducing delayed transfers of care – a high number of our patients have been unable to leave hospital and move on to the next stage of their care. This has contributed to the increase in the number of patients remaining in hospital beyond 21 days. At the end of March 2012, the Trust reported 9.65% occupied bed days against a national target of 3.5%.

We have worked as part of a multi-agency group with our NHS partners and Oxfordshire County Council to tackle the problem of delayed transfers of care and introduced new services including:

Our clinical services are assessed against a wide range of targets and other performance measures. We continue to work hard to ensure we diagnose and treat all patients without delay and have achieved waiting times targets in most areas. There have been challenges around delayed transfers of care which has made it more difficult for the Trust to treat patients as quickly as it would like.
A ‘supported discharge’ scheme to provide ongoing support for patients at home to help people leave hospital and get home as soon as possible

The ‘hospital at home’ service that provides extra medical support in people’s homes, where appropriate

A ‘fast response’ service providing extra social care in people’s homes at times of crisis to avoid people being admitted to hospital.

The delays are occurring across the health and social care system as a whole and the emphasis going forward is on joint working across organisational boundaries. A working plan to review and re-design current processes and patient pathways is underway.

**Cancelled operations**

We understand that the cancellation of an operation is very disruptive for patients and their families. The Trust therefore tries very hard not to make last minute cancellations and to rearrange operations as soon as possible. Operations are cancelled for a number of reasons including: the clinical condition of a patient deteriorates so they become unfit for surgery; emergency cases present and must take priority; operations take longer than expected so the list of operations over-runs.

To put it in context, approximately 1% of operations, of which there are tens of thousands each year, are cancelled at the last minute for non-clinical reasons. One of the ways in which we are trying to reduce the number of cancellations is by having a flexible workforce to provide the necessary cover. We maintain the efficient use of our operating theatres and 95.7% of our elective patients come into hospital on the day of their operation rather than having to stay the night before. We work hard to ensure that patients who have their operation cancelled (for a non-clinical reason) immediately before or on the day of surgery are readmitted within 28 days.

We continually monitor our elective and emergency surgery to make the best use of our resources and to reduce the risk of cancelled operations. However, we recognise that there is always more that can be done and our theatre teams are looking at ways of improving our productivity and utilisation of the theatre resource. We have been working with the Institute of Innovation and Improvement on a programme of work across all our theatre suites which includes ensuring that the theatre lists are as productive as they possibly can be and that patients can be informed more readily of the time they are expected to go into theatre.

**Infection prevention and control**

Throughout 2011/12 the Infection Prevention and Control Team in partnership with staff has driven forward safer practices in order to minimise ‘preventable infections’. The table below indicates the number of cases over the past three years and shows that the Trust has met its national objectives for reducing the number of cases of MRSA and Clostridium difficile in the Horton General, John Radcliffe and Churchill hospitals.

The NOC is monitored separately until March 2012, and the table below shows the hospital has achieved its target for MRSA but has exceeded its annual limit of Clostridium difficile cases by one.

These are very challenging targets and it is a significant achievement to have reduced MRSA and Clostridium difficile infections to their current levels. Teamwork and a constant focus by staff on cleaning, disinfection of surfaces and equipment and hand hygiene audits and training have all contributed to reducing infection rates.

The Oxford Biomedical Research Centre continues with its infection theme within which there are four main areas of research. These are Staphylococcus aureus, Clostridium difficile, Norovirus (winter vomiting bug) and developing information technology to help analyse the data and feed back to staff. The work carried out on Clostridium difficile and Staphylococcus aureus has led to a greater understanding of these organisms and how they may be possibly transmitted within a hospital setting.
Patient activity

All NHS organisations must include in their annual reports details of incidents involving loss of confidential information. The Oxford University Hospitals NHS Trust reviews and maps its information flows to ensure that they are secure and all staff are instructed about their responsibilities and undertake regular training.

During 2011/12 there was one Serious Incident Requiring Investigation (SIRI) relating to a breach of confidentiality. This concerned an error that occurred in the Patient Contact Centre, John Radcliffe Hospital where 33 patients were sent letters containing other patient details on the reverse so that in total up to 66 patients were involved. An investigation was held to determine the process that led to this incident. All patients involved were contacted to inform them of the incident, to apologise and to explain what had been done to prevent this happening again. The Information Commissioner’s Office was also informed and confirmed that as no sensitive information was disclosed they were satisfied with how the Trust had dealt with the incident and there would be no further action.

Preparing for an emergency

The Trust has a Major Incident Plan that details how the Trust will respond to an emergency or internal incident. The plan aims to bring co-ordination and professionalism to the often unpredictable and complicated events of a major incident such as an incident involving multiple casualties requiring extraordinary mobilisation of the emergency services.

The purpose of planning for emergencies is to ensure that we can provide an effective response to any major incident or emergency and to ensure the Trust returns to its normal services as quickly as possible.

Information governance

The Trust takes its responsibilities for maintaining patient and staff confidentiality seriously. Trust employees operate within a comprehensive information governance framework that covers data protection compliance, information security, data quality, confidentiality, records management, IT system security and Freedom of Information compliance. This framework includes procedures for the management of information risks and the reporting of information incidents. It is based on the requirements given in the NHS Information Governance Toolkit and national legislation, polices and directives.

The Trust is committed to observing the Caldicott Principles for patient confidentiality. Dr Christopher Bunch is the Trust’s Caldicott Guardian.

Freedom of Information

The Trust operates a transparent and open system of access to information about public service, whilst recognising and adhering to best practice on confidentiality of information.

During 2011/12 the Trust received 356 Freedom of Information requests. The sources of requests are broken down as follows:

- 24% journalists
- 31% individuals
- 30% businesses / marketing firms
- 18% MPs, agencies and other public bodies

The majority of requests contain multiple questions. The Trust endeavours to respond to all requests within 20 working days. However, on occasions, responses to the more complex requests do take longer. During 2011/12, most requests resulted in full disclosure and 66% were responded to within 20 working days.

In March 2012 the Trust was informed by a healthcare contractor that they had inadvertently collected items of personal patient information along with items of product performance data. The Trust was one of a number of NHS organisations where this process had inadvertently taken place and therefore the incident investigation and management was undertaken by the Department of Health (DoH).

The incident has been notified to the Information Commissioner’s Office (ICO) and the joint view of the DoH and ICO is that the risk of harm to patients is negligible. The data is held in a complex format and is not readily accessible and the contractor has given assurance, independently verified, that the data remains secure, has not been subject to loss, hacking, misuse or theft and will be destroyed on the completion of the investigation.

NOC patient activity

<table>
<thead>
<tr>
<th>NOC patient activity</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycases</td>
<td>9,779</td>
<td>9,434</td>
<td>9,447</td>
</tr>
<tr>
<td>First outpatient attendances (consultant led)</td>
<td>19,479</td>
<td>19,101</td>
<td>19,022</td>
</tr>
<tr>
<td>Follow-up outpatient attendances (consultant led)</td>
<td>39,973</td>
<td>40,221</td>
<td>38,884</td>
</tr>
</tbody>
</table>

John Radcliffe, Churchill and Horton patient activity

<table>
<thead>
<tr>
<th>Patient activity</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency inpatient admissions</td>
<td>72,040</td>
<td>71,990</td>
<td>76,144</td>
</tr>
<tr>
<td>Elective inpatient admissions</td>
<td>19,527</td>
<td>19,927</td>
<td>17,760</td>
</tr>
<tr>
<td>Daycase procedures</td>
<td>60,659</td>
<td>66,932</td>
<td>71,144</td>
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<tr>
<td>Outpatient attendances</td>
<td>620,847</td>
<td>650,331</td>
<td>669,542</td>
</tr>
</tbody>
</table>
Improving our environment

The NHS has pledged to become one of England’s leading sustainable and low carbon organisations. The NHS Carbon Reduction Strategy requires individual NHS organisations to seek to achieve a minimum target of 10% reduction in carbon emissions by April 2015 (compared to 2007 levels).

The NHS produces more CO2 than any other public sector organisation in Europe and is responsible for more than 3% of the total carbon emissions in the country. The NHS Carbon Reduction Strategy for England sets an ambition for the NHS to help drive change towards a low carbon society.

The Trust’s carbon reduction commitment aims to reduce emissions associated with the use and production of energy, waste, water, transport and the procurement of goods and services and includes:

- Further waste segregation and recycling
- Promoting the use of alternative modes of transport other than cars
- An investment strategy to increase energy efficiency across the Trust, such as replacing less efficient boiler plant and equipment
- Actively reviewing our energy policy

Current activity includes:

- **Monitoring:** we collect data monthly on energy consumption for our buildings.
- **Recycling:** in the last year we have recycled 748 tonnes of waste which represents 25% of the total waste we produce.
- **Energy efficiency:** we have made arrangements to purchase 10% of our total electricity from renewable, carbon efficient sources.

There are further challenges ahead to reduce our waste, water consumption and energy consumption. On our John Radcliffe, Churchill and Horton General hospital sites:

- Electricity consumption has been increased in 2011/12 by 1%
- Gas consumption has been reduced in 2011/12 by 8%
- Water consumption has been increased in 2011/12 by 3%

On the Nuffield Orthopaedic Centre site:

- Electricity consumption has been increased in 2011/12 by 0.8%
- Gas consumption has been reduced in 2011/12 by 6.7%
- Water consumption has been reduced in 2011/12 by 27.2%

Steps are being taken to address electricity consumption and the lighting in the Nuffield Orthopaedic Centre’s Tebbit Centre and in parts of the Oxford Centre for Enablement (OCE) has also been upgraded to LED, which has a 14 year life with no maintenance and uses a third of usual power requirements. Improvements to patient areas have been undertaken with the redecoration of the OCE, along with an additional 11 disabled parking spaces.

For a full report on our sustainability activities visit: [www.ouh.nhs.uk/publications](http://www.ouh.nhs.uk/publications)

Hospital environment

Each year, the Trust receives a Patient Environment Action Team (PEAT) inspection. The PEAT programme was set up in 2000 to assess NHS hospitals and has been overseen by the National Patient Safety Agency since 2006.

The inspections involve assessments of hospital cleanliness, food and food service, infection control, privacy and dignity and environmental standards, along with other related matters. The assessments are undertaken by a team made up of panel members from the Oxford University Hospitals Patient and Public Panel and accompanied by members of the estates and facilities, nursing and infection control teams.

There are five possible scores, ranging from excellent to unacceptable. In 2011/12, the Churchill Hospital achieved a ‘good’ score for food and privacy and dignity and a ‘good’ score for environment. The John Radcliffe Hospital also achieved ‘good’ for food and privacy and dignity and a score of ‘good’ for environment. The Horton General Hospital achieved ‘good’ in food and ‘good’ scores in privacy and dignity and environment. The NOC achieved ‘excellent’ for food, and ‘good’ scores for privacy and dignity and the environment.
Innovators

Novel gene therapy for blindness

The first patient to receive gene therapy for an incurable type of blindness was treated at the John Radcliffe Hospital as part of a trial in partnership with the University of Oxford. The operation was carried out by Professor Robert MacLaren, consultant at the John Radcliffe Hospital and Oxford Eye Hospital.

If the trial is successful, the advance could lead to the first ever treatment for choroideraemia, a progressive form of genetic blindness that first arises in childhood and is estimated to affect over 100,000 people worldwide. The patient from Bristol is one of 12 people in this initial trial to receive the gene therapy treatment. It is designed to provide the gene missing in people with choroideraemia to stop the deterioration that gradually leads to blindness. It uses a virus as a delivery vehicle that ferries DNA including the missing gene into the right part of the eye. The virus has been engineered to infect the light-sensitive cells in the retina known as photoreceptors. There the gene is switched on and becomes active.

This trial represents the world’s first ever attempt to treat this disease. The researchers estimate that it will take two years to know whether or not the degeneration has been stopped completely by the gene therapy.

Toy-sized MRI scanner helps young patients

Young patients needing an MRI scan in the Oxford Children’s Hospital are now shown what the scan will entail using a toy-sized scanner and a dolly. The idea originally came from a patient in the Children’s Hospital who felt that a doll’s house sized scanner would really help play specialists prepare young patients for a scan.

Play Specialist Sarah Browne approached the healthcare company Siemens with a request to create a miniature MRI scanner. Sarah explained: “We use toy figures to show children how it works and the model even makes all the right sounds. It means that the patient can ask lots of questions about what is going to happen to them and talk about their feelings. This helps us prepare them to undergo the scan and reduce their anxieties about the test.”

Children are often given general anaesthetics when they have an MRI scan to ensure they remain absolutely still. Play specialists hope they will reduce the need for anaesthetics by using the toy scanner to help children understand the importance of keeping still during a scan in order to get the best result.
UK’s first retina implant trial

Professor Robert MacLaren and his team have also delivered the first UK retina implant procedure at the John Radcliffe Hospital. The trial was performed on two patients from Wiltshire and Oxford. Both patients suffer from retinitis pigmentosa, a condition which has left them blind. The implant aims to restore a level of sight in one eye which will allow them to see shapes and a certain degree of colour.

Cancer Triage Assessment Team

More than 1,800 cancer patients have benefited over the past year from a new service that provides direct access to specialist cancer nurses. A telephone support line is being run by Triage Nurse Practitioner, John McKenna, and his team at the Triage Assessment Area (TAA) in the Cancer and Haematology Centre at the Churchill Hospital. One of the main benefits of the service is that the initial assessment takes place over the telephone helping reduce inappropriate admissions to hospital. The service supports patients when they need advice and has reduced workloads for GPs and emergency services.

Same day admission for heart surgery

Over the last year one of our cardiac surgeons at the Oxford Heart Centre has allowed selected patients due for heart surgery to be admitted on the day of the operation. This initiative was inspired by the aim to reduce the length of time patients spend away from their family and to diminish some of the anxiety they naturally have before a major operation.

It has enabled more efficient usage of beds, so more patients can have their operations and there are fewer cancellations. Day of surgery admission is not suitable for all patients, with around one in ten being admitted by this route. So far it has been very well received by patients, and all those who have been offered this option have taken it. We are currently asking patients who have been through the process for their feedback.

Targeting tumours with ultrasound

Doctors, surgeons and scientists from the High Intensity Frequency Ultrasound (HIFU) Unit celebrated a ten year collaboration with the Haifu Company of China in November for their loan of a £1.5m HIFU machine to the surgery and diagnostics unit at the Churchill Hospital. The HIFU machine uses an ultrasound beam at 10,000 times the strength of imaging ultrasound, passing harmlessly through living tissue, and at the focal point the temperature rises to kill the diseased tissue. This can be achieved to a high degree of accuracy, without damaging surrounding or overlying tissues. This ability to cause targeted cell death in tissue at a distance from the ultrasound source makes HIFU an extremely attractive option for development as a non-invasive surgical tool.

Mr David Cranston, Consultant Urological Surgeon, has been working for the last ten years with doctors, surgeons and scientists from the Oxford University Hospitals and the University of Oxford to evaluate the effectiveness of treating tumour types such as: liver (ablation of primaries and metastases), kidney tumours, prostate cancer, musculoskeletal (soft tissue and osteosarcoma), gynaecological (uterine fibroids), and pancreas (pain palliation). The obvious benefits of HIFU over existing forms of cancer treatment is that HIFU is non-invasive (there is no surgical incision with its associated risk of infection or long post-operative rehabilitation) and non-ionising (no limit to maximum dose, and can be repeated as often as necessary). The advantages for patients are that their life returns to normal much more quickly with none of the side effects of drug therapy and they have no unsightly scars.
Progress

Extended facilities for newborn babies

The Newborn Intensive Care Unit at the John Radcliffe Hospital in Oxford is to receive £2.8 million in Government funding to double the number of intensive care cots. Oxford University Hospitals NHS Trust is the designated centre for providing newborn intensive care support for the most severely ill or premature babies who need significant medical interventions, life support machines and/or surgery to survive, across the Thames Valley. The plan will include an extension built on to the existing unit to house 16 intensive care cots bringing the new total from 10 to 20.

It is hoped that with the expansion of intensive care in place, the unit will:

- care for all babies in the Thames Valley Region born before 27 weeks gestation;
- improve services for babies with complex needs;
- provide appropriate facilities for babies needing specialised care;
- improve care for local families and babies delivered at the John Radcliffe Hospital;
- improve privacy for families within the unit as a whole;
- maintain or further reduce the incidence of healthcare acquired infections and thus reduce average length of stay;
- lead to an overall reduction in the number of sick babies who require transfer for specialist care (as mothers will be transferred electively in-utero where possible) and to reduce the numbers of babies who have to be transferred to more distant specialist centres due to lack of intensive care cots in Oxford.

Investing in new information technology

The implementation of an electronic system to store and manage patient information is the biggest operational change that the Trust has ever seen. Known as the Electronic Patient Record (EPR) system, it promises to provide a modern and comprehensive set of tools to support the Trust in achieving its strategic goals to be a provider of high quality and efficient patient care and treatment.

The Nuffield Orthopaedic Centre was one of the first hospitals to go live with the new IT system, and in October 2011 the NHS Chief Executive David Nicholson came to see for himself how the NOC was getting on as an early implementer. Considerable progress has been made and it is hoped that by next year the hospital will introduce barcoded electronic wristbands for patients, electronic check-in for outpatient appointments, and ordering and recording of medication using a scanned barcode.

The initial implementation went ahead at the John Radcliffe, Churchill and Horton General hospital sites in early December 2011 to replace the Trust’s patient administration system and those used in the Emergency Department and in maternity services. This is being followed by a phased roll out across the Trust of additional clinical functionality, after a period of stabilisation.

As anticipated, with a project of this scale there were some issues and delays and our staff continue to work hard to manage and minimise these as the system beds in. Dr Paul Altmann, the chief clinical information officer for the Oxford University Hospitals said: “The benefits are huge, but can’t be achieved overnight. Our vision is that patient health records held electronically, which identify medical history and ongoing treatment and care requirements, can be easily shared between health professionals.”

Implementation of the EPR system has been a significant technical achievement with over 1.5 million patient records migrated so far.
Preventing Fractures

A newly commissioned Fracture Prevention Service opened its doors in January 2012 at the Nuffield Orthopaedic Centre. Consultant Rheumatologist, Dr Kassim Javaid, worked with Osteoporosis Specialist Nurse, Kerri Rance, and the National Osteoporosis Society to get the Fracture Prevention Service commissioned by NHS Oxfordshire. The nurse led team aims to see and assess all patients in Oxfordshire over the age of 50 who have fractured a bone, and offer them a bespoke bone health and falls prevention management plan.

Digital breast screening service

Digital mammography is being implemented across the breast screening programme in the UK and we are the first Trust in the region to introduce this service to our patients. Digital breast screening uses computer imaging techniques to produce a much clearer picture of the glandular tissue in the breast, which means that significantly more breast cancers can be diagnosed using this technology. In addition, the digital images are instantly available for doctors to view using a digital reader, and this enables faster diagnosis and treatment for those patients with breast cancer.

New renal dialysis unit in Banbury

A new renal dialysis unit has opened at the Horton General Hospital, enabling patients who currently travel to Oxford to be treated in Banbury. The new unit has five dialysis stations to treat up to 20 patients.

“It has long been our ambition to be able to develop a renal dialysis unit in the North of the county at the Horton. It is particularly hard for dialysis patients to be travelling, because the treatment itself is so tiring and time consuming and of course they have to have the treatment so regularly.” Allie Thornley, Matron of Dialysis units

Patients invited back to ‘school’

Physiotherapists at the Nuffield Orthopaedic Centre have set up a ‘hip and knee school’ for patients about to undergo joint replacement surgery. When a patient has been advised they will need a new hip or knee they are referred to the ‘school’ for further advice and information. During their visit they will meet members of a multidisciplinary team who will help them prepare for surgery.

The ‘school’ is part of the Enhanced Recovery (ER) programme at the NOC to improve the patient experience and wellbeing of patients undergoing surgery. For patients the benefits are that they are well informed, they can make decisions based on information given and can be active participants in planning for their recovery from surgery. Many patients who have been through the programme say that it makes hospital stays less stressful, knowing what to expect and what their role is in the recovery process.

It is also hoped the programme will reduce the physical trauma of surgery, reduce hospital readmissions and ensure fewer post-operative complications.

New gynaecology services

The Trust has expanded gynaecology services at the Horton General Hospital to provide more day surgery and diagnostic services during the week and to provide clinics for women with menstrual problems or problems during the early stages of pregnancy.

The new dedicated Gynaecology Day Surgery and Diagnostic Suite opened at the Horton in November 2011. This new service means that fewer women living in Banbury and surrounding areas will need to travel to the John Radcliffe Hospital in Oxford for treatment.
Progress offers hope to patients with shoulder pain

Clinicians at the Nuffield Orthopaedic Centre are getting closer to be able to use stem cells alongside engineered tissue patches in surgery to repair damaged or degenerating tendons in the shoulder. These exciting developments could ultimately help improve the surgical treatment of shoulder pain which causes problems for so many people.

Researchers at the Biomedical Research Unit based at the NOC are working with doctors and physiotherapists to unlock the mystery of painful shoulder conditions and how they can best be treated. Nearly a third of all adults suffer shoulder pain which is a key cause for impairment in quality of life.

Principal investigator Professor Andrew Carr (pictured above), who is Director of the Biomedical Research Unit, explains that the majority of shoulder conditions are caused by tendon inflammation and degeneration. Research is focusing on the effectiveness of treatments from physiotherapy to keyhole surgery and biological processes such as stem cell therapy.

Trauma Centre for Thames Valley

In April 2012, the John Radcliffe Hospital became a major trauma centre serving the Thames Valley region, providing treatment to the most seriously injured and complex patients.

The centre will be supported by and linked to a network of other hospitals providing smaller trauma units across the region. As a major trauma centre, the hospital will offer direct access to specialist teams and state-of-the-art equipment to ensure patients receive immediate treatment, 24 hours a day, seven days a week. When it is not possible to get to a major trauma centre within 45 minutes, or where the patient needs to be stabilised quickly, the patient would be taken to the nearest hospital with a trauma unit for immediate treatment and stabilisation before being transferred on to the major trauma centre. Once discharged from a major trauma centre, local trauma units will provide ongoing treatment and rehabilitation for patients.

This national improvement programme to consolidate trauma services into networks across the region is led by Oxford trauma surgeon Professor Keith Willett, who is the National Clinical Director for Trauma Care.

OUH trauma consultant John McMaster (pictured right) said: “This investment will benefit the wider population of patients we care for above and beyond trauma patients. This is an exciting opportunity to further develop the Trust’s reputation as a provider of specialist care.”
The patient’s experience

Learning from you

Patients’ views and stories are invaluable to help us improve our service delivery. Our staff recognise the importance of listening to patients and their families to ensure we provide responsive care. As well as involving people in decisions about their own care, we actively seek to learn from your experience of the care and treatment we provide.

We recognise the need to continually improve communication and information for patients and over the past year we have:

- Introduced a questionnaire ‘Let us know your views’ at the John Radcliffe, Churchill and Horton General Hospitals.
- Introduced observational visits by matrons to seek patient views.
- Improved our range of information leaflets on tests and procedures.
- Improved the way we communicate to our patients if surgery needs to be cancelled.
- Conducted public open meetings to hear what matters most to our patients and service users.

National patient surveys

There were two national surveys in 2011 of people using our outpatient and inpatient services. The results from both were very positive with 83% of patients surveyed rating their care as either excellent or very good. We do, however, recognise that there are always areas for improvement.

The Inpatient Survey for 2011 highlighted delays in discharge as an issue for patients, with 84% of patients surveyed saying their discharge was delayed by one hour or more. This key area is being addressed.

Almost 1,000 people (out of a sample number of discharged patients) responded to the survey giving the Trust a response rate of 59%.

The Outpatient Survey for 2011 showed that the Trust scored well on indicators relating to care and more than 94% of patients surveyed rated the care they received in the outpatient department as ‘excellent’ or ‘good’. Nearly 90% of patients said they were treated with respect and dignity. But 64% said they were not given information on how long they would have to wait in the outpatient clinics.

Patient Advice and Liaison Service (PALS)

PALS is a first stop service for patients, their families and carers who have a query or concern about the hospital or service. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible. Where PALS is unable to help, the enquirer is directed to a more appropriate person or organisation.

The majority of PALS contacts relate to requests for information about hospital processes or putting people in touch with the correct department or individual.
The service collates all the comments, suggestions and concerns made either directly to the service or by the patient experience feedback forms available throughout the hospitals. A monthly report is prepared for the Trust Board meeting on key themes for patient concerns and positive feedback.

During 2011/12, PALS dealt with 4,782 requests, compliments and concerns. The main categories related to patient care, communication issues and cancellations or delays in appointments. There were also compliments to various staff and departments.

PALS has been integrated with the Complaints Team. This is to ensure that complaints are processed in accordance with individual wishes and to provide support for complex complaints cases where liaison with other hospitals and social care organisations is required. The service can be contacted by telephone, via email, by letter to the hospital or through the ‘Let us know your views’ leaflets which can be found around the hospital buildings, or in person by visiting the PALS office. Visit our website for full contact details: www.ouh.nhs.uk/patient-guide/pals

How we handle your complaints

We aim to adhere to the ‘Principles of Remedy’ produced by the Parliamentary and Health Service Ombudsman in 2007 in order to produce reasonable, fair and proportionate resolutions as part of our complaints handling procedures. These include:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

In the financial year 2011/12 the Trust received 864 formal complaints. All complaints are dealt with individually with the complainant and in a manner best suited to resolve the particular concerns raised. The main areas for concern were patient care and a long wait for treatment; each Division reviews complaints and patient experience feedback on a monthly basis in order to improve the quality of the service and experience they offer to patients, carers and relatives.

Your privacy and dignity

The Trust is committed to delivering patient-centred care via our clinical teams who understand the principles of privacy, dignity and respect for everybody. Problems concerning privacy and dignity are taken very seriously and the Trust wants to ensure that patients feel confident, comfortable and supported when in hospital.

Initiatives include:

- **Red Pegs**
  To improve privacy and dignity, pegs are being used to securely close patients’ curtains. Following the success of the trial at the Nuffield Orthopaedic Centre, the pegs have now been rolled out across the John Radcliffe, Churchill and Horton General hospital sites. The large red pegs have the word ‘Engaged’ printed on them ensuring that they are clearly visible to staff and patients alike. The pegs are a sign that care is in progress and no-one should enter the curtained area while patients are receiving treatment requiring privacy.

- **Dignity Action Day**
  The Neuro Inpatient Ward (NIPS) and the Neuro Intensive Care Unit (NICU) at the John Radcliffe Hospital West Wing hosted a tea and cake drop-in afternoon involving patients and relatives as well as nurses, doctors, physiotherapists and occupational therapists and other members of the care team. Former patients were

Positive comments have continued to make up the majority of feedback from patients. In May 2011:

- 59.2% of feedback was positive
- 27% of feedback was neutral
- 13.8% of feedback was negative

In April 2012, 1,381 issues were raised by patients, of which 995 (71%) were positive.
invited to come back and tell the team about their experiences whilst they were inpatients on the wards. The day was also supported by a representative from the charity Headway, which works to improve people’s lives after brain injury.

“Dignity Action Day is about recognising how important it is to treat patients and colleagues with dignity and respect. Most of us do this without thinking but it doesn’t hurt to stop and think about how we behave and the impact it can have on others.”

Senior Staff Nurse Kat Cane

The Red Tray System
This project is used to ensure all patients at risk nutritionally are identified and supported. The aim is to focus attention on the patient’s food consumption, improving his/her nutritional status. A red tray is used to serve meals to patients who need assistance and encouragement with their meals.

On admittance to the ward, patients undergo a nutritional screen which looks at current weight, height and body mass index. Patients are also assessed on whether they may need practical help to eat due to physical or mental impairment or frailty. At the end of mealtimes, food service staff will not remove the red tray without first checking with a member of the nursing staff.

The hospital passport
The hospital passport was launched in 2011 with the aim of providing better support to patients with learning disabilities and to improve the communication between patients, carers and hospital staff. The focus for the use of the passport has been on planned admissions to hospital and to encourage forward planning and the identification of care needs between carers and the hospital team.

It also serves as a focal point for communication and agreement and can be seen as a ‘contract’ between the carer, the patient and the hospital team. In addition, alert stickers have been produced and are in use for patient notes where people with learning disabilities give consent to be identified as having particular needs.

Staff training has continued and has included partnership working with the ‘Power Up Theatre Group’ which is part of the My Life My Choice advocacy group for people with learning disabilities.

Our promise to patients

Our team of matrons has been working across the Trust on promoting a refreshed set of Nursing and Midwifery Standards. The standards are set out as a set of 12 statements together with the supporting Nursing Actions. The statements express the Trust’s commitment in delivering excellence to our patients. The standards have been printed on pocket-sized cards and given to all nursing, midwifery and support staff.

A corresponding set of promises has been agreed as ‘Our Promise to Patients’, aimed at providing reassurance to patients and public of our commitment to delivering excellence. Posters are displayed in appropriate areas across the Trust to highlight the Trust’s commitment, and ‘welcome’ boards displaying pictures of the staff teams have been introduced at the entrance to each ward.

“The nursing and midwifery standards and our Trust values allow staff to think about the way they enhance the patient’s experience in a positive, structured and measurable way.”

Rebecca Turner, Matron for Specialist Surgery
The Trust has an excellent reputation for research and teaching activities in partnership with the University of Oxford’s Medical Sciences Division and with Oxford Brookes University’s Faculty of Health and Life Sciences. We work closely with our university partners, bringing together academic research expertise with our clinical teams to translate medical science into better healthcare treatments. Our hospitals offer a range of integrated treatments and skills which would be impossible to deliver without research and teaching input. We are committed to bringing the benefits of world-leading research to patients as quickly and effectively as possible.

Research as a strategic priority

As one of the largest acute trusts in the country our main priority is to deliver excellent healthcare for all of our patients. We are also committed to a process of continual improvement and innovation. Underpinning and driving forward improvements in the way we diagnose and care for our patients is the myriad of translational research which takes place across our four hospital sites, funded by the National Institute for Health Research (NIHR).

In 2007 the Oxford Biomedical Research Centre was established as one of five comprehensive research centres funded with a grant from the NIHR of £57m over five years. Biomedical Research Centres are part of the Government’s initiative to improve the translation of basic scientific developments into clinical benefits for patients and to reinforce the position of the UK as a global leader in healthcare related research.

The NIHR Oxford Biomedical Research Centre (OxBRC) is based at the Oxford University Hospitals NHS Trust and run in partnership with the University of Oxford. It is a partnership that brings together the research expertise of the University of Oxford and the clinical staff of the Oxford University Hospitals NHS Trust with the aim of supporting translational research and to improve healthcare for patients. Oxford has long been at the forefront of clinical research, whether it is the genetic and molecular basis of disease, the latest advances in neuroscience, or clinical studies in cancer, diabetes, heart disease, stroke and others. Oxford also has one of the largest clinical trial portfolios in the UK and considerable expertise in taking discoveries from the lab into the clinic.

Established in April 2008, with a grant of £4million over four years, the NIHR Biomedical Research Unit in Musculoskeletal Disease is a partnership of clinicians and researchers based at the Nuffield Orthopaedic Centre. It is one of three such units in the UK looking at musculoskeletal disease.

Recognition for outstanding research

In August 2011 the Oxford Biomedical Research Centre researchers were recognised for their outstanding contribution to healthcare research by the NIHR by being awarded £95m, an increase of 50%, to support translational research for a further five years. The Biomedical Research Unit at the Nuffield Orthopaedic Centre was awarded a further £10m to continue its musculoskeletal research and a new grant of £2.5m was given to support a new programme examining the effect of exercise and cognitive stimulation on brain function in dementia.
The research team from the University departments of Psychiatry, Clinical Neuroscience and Experimental Psychology, including the Oxford Centre for Human Brain Activity and the Oxford Centre for Functional MRI of the Brain, will work in collaboration with Oxford Health NHS Foundation Trust, which provides mental health services in Oxfordshire and Buckinghamshire.

Research themes of particular strength in Oxford are: cancer; cardiovascular science; diabetes, endocrinology and metabolism; infection and immunology; musculoskeletal science; neuroscience and reproduction and development.

**Research and development in the NHS**

Research Support Services are now based in the Joint Research Office (JRO) at the Churchill Hospital. The JRO was established in partnership with the University of Oxford. Six teams are now co-located within offices at the Churchill Hospital site, and are working to integrate their functions, with the aim of streamlining the research process, to enable the optimal efficiency in trial set-up.

In November, the integration of the Nuffield Orthopaedic Centre into the Oxford University Hospitals enabled integration of the R&D functions and expansion of the Trust research capability.

Oxford’s membership of the two current NHS, NIHR funded Translational Research Partnerships (TRP), will facilitate an increase in industry-partnered, early phase clinical research in respiratory and joint disease. The NIHR has provided £160,000 funding to support Oxford in delivering on this initiative.

**Current clinical research activity**

The clinical research activity within the Trust continues to increase, year on year, reflecting the Trust’s commitment to this important aspect of its business.

**Total activity**

![Total activity chart](image)
Research collaborations and events making the headlines... 2011/12

**MAY**
- The Churchill Hospital in Oxford has been named as a centre in a unique new clinical trial network with access to millions of pounds worth of life-saving drugs for blood cancer patients, led by Dr Paresh Vyas (pictured right).
- New Clinical Trials Unit opened, to extend the work of the Biomedical Research Unit at the Nuffield Orthopaedic Centre.

**JUNE**
- Fighting blindness – a retinitis pigmentosa open day was held with Professor Robert MacLaren.
- Professor Russell Foster wowed the crowds at Cheltenham Science Festival with his talk on The Rhythm of Life and how sleep patterns can affect all aspects of our lives including our mental health.

**AUGUST**
- The John Radcliffe Hospital becomes home to the UK’s most powerful scanner – 7 Tesla magnet delivered to Oxford University’s Centre for Functional MRI of the Brain (FMRIB).
- Oxford’s Biomedical Research Centre and Research Unit secure £105 million of funding to support translational research.

**SEPTEMBER**
- The Multiple Sclerosis Society and the Oxford Biomedical Research Centre (BRC) joined forces to fund a three-year clinical research fellow post.
- BRC funds information about stroke on the website Healthtalkonline which records patient experiences of their illness and treatment.

- Doctoral student at the Jenner Institute is commended by Chief Medical Officer, Professor Dame Sally Davies, for his presentation.
- A Cancer Research UK-funded trial of a new drug for patients with advanced breast or ovarian cancer due to inherited gene faults launched at the Oxford Experimental Cancer Medicine Centre (Prof Mark Middleton).
The Trust and the University of Oxford sign joint working agreement and the Nuffield Orthopaedic Centre integrates to form the Oxford University Hospitals NHS Trust.

10 years of collaboration with industry on HIFU – celebration with David Cranston and Chinese guests.

New treatment for lung, liver and renal tumours using ablation (Fergus Gleeson).

Oxford research sheds new light on C. Difficile infection in hospitals. Professor Derrick Crook (pictured right) publishes his study.

BRC Ethics Fellow, Dr Mark Sheehan, gave a public talk on whether researchers should involve patients and the public in research and what the ethical implications are if you do or don’t.

New research shows that treating the brain with tiny electric currents may aid stroke recovery (Prof Heidi Johansen-Berg).

OUH rated in top five for research activity.

Oxford study of schizophrenia patients has found profound disruptions in their sleep patterns, with half also having irregular body clocks that are out of sync with the pattern of night and day.

First trial of new Hepatitis C vaccine shows promise (Prof Paul Klenerman).

Research study (Scarlet RoAD) seeks people with memory loss (OPTIMA).

Research team at the Nuffield Orthopaedic Centre, led by Professors David Beard and Andrew Carr, began clinical trial to compare effectiveness of operations to treat shoulder pain.

Third annual BRC open day at the Churchill Hospital attracted hundreds of visitors keen to find out more about Oxford research for patient benefit.

£3.7m in new funding to OUH for research in areas such as communication impairments in children, social anxiety disorder, post traumatic stress disorder, depression, schizophrenia, and stroke (John Geddes).
Our people

We are one of the largest employers in the Oxfordshire area and have a workforce of more than 10,000. In 2011/12 during a period of transition and integration as we merged two hospital trusts, our staff met the challenge of change while continuing to deliver high quality patient care. Our human resources and organisational development teams have worked to create the conditions for our people to succeed.

Our workforce

Nurses and midwives are the largest staff group and make up approximately 33% of the workforce. As can be seen in the table below, which sets out a snapshot of the workforce as at 31 March 2012, over three-quarters of the workforce is female and over 39% of staff work flexibly – part time.

In addition to the numbers included in the table, we have approximately 550 medical staff who hold honorary contracts with the Trust. These include university medical staff who provide clinical services in our hospitals, and doctors from other UK trusts and from overseas who wish to expand their knowledge and experience.

Staff turnover

A number of employees left under the Mutually Agreed Resignation Scheme (MARS) in 2011/12 and planned turnover was expected to increase. At the end of March 2012, staff turnover was 12.8%, however, if MARS is excluded the underlying rate of turnover is around 11%.

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Headcount | Total WTE | MALES | FEMALES | TOTAL | TOTAL |
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**Sickness absence rates**

The graph shows year to date sickness absence rates and demonstrates the usual seasonal effect of sickness, with higher absences during winter months. Sickness rates were 3.4% at year end, which was the same as the previous year.

![Graph showing sickness absence rates](image)

**Engaging with our staff**

Each year our staff are given the opportunity to tell us what they think through an annual survey. The staff survey in 2011 was the first following the merger of the Oxford Radcliffe Hospitals and the Nuffield Orthopaedic Centre NHS Trusts to create the Oxford University Hospitals NHS Trust. We asked as many staff as possible to complete the questionnaire and our response rate was 52% which places us in the top 20% of hospitals in the UK.

The results showed improvements in our overall staff engagement indicator. Staff felt valued by their work colleagues and that their role made a difference to patients. Staff also felt that the incident reporting procedures were fair and effective and that a low number of staff had experienced physical violence.

However, the survey indicated that we need to continue ongoing work around access to appraisal, training, work life balance and aspects of health and wellbeing. Local and organisational plans have been developed to focus on issues arising from the staff survey.

The results of the survey are circulated to all clinical Divisions and corporate directorates where areas for improvement are identified and where best practice can be shared across teams. Key management actions which support the findings from the 2011 survey include a new framework for statutory and mandatory training.

**Employee reward**

The Trust recognises the contribution of staff to the success of the organisation, and endeavours to provide a reward package which is appropriate or suitable to all staff.

There is an acknowledgment for the need of flexibility and work life balance. As a result, the Trust has a number of flexible working options to suit varying lifestyles including term-time-only working, job shares and flexi-time.

The Trust offers a range of benefits designed to have broad appeal to our wide and diverse workforce. As well as the standard NHS benefits, other benefits on offer include recognition and long service awards, retirement vouchers, health and wellbeing incentives such as gym membership and health services, on-site shops and cash machines, subsidised restaurants, League of Friends cafeterias, a free shuttle between three Trust sites, discounts from local and national retailers, staff lottery, on-site accommodation, on-site staff hotel rooms and support of the Key Worker Living Scheme.

For staff with children, in addition to the opportunity for flexible working, there are enhanced leave options for parents, childcare vouchers, reduced cost on-site nurseries and discounts for breakfast, after school and holiday clubs.
Learning, education and workforce development

The Trust has a strong commitment to developing the capabilities and skills of all its staff, to deliver the best patient experience. In 2011/12, there have been a number of significant developments.

We launched the Health Care Support Worker Academy to centralise health care support worker (HCSW) recruitment, selection, induction, and on-going learning and development. It provides a rigorous and comprehensive recruitment and development pathway for health care support workers and a co-ordinated approach that oversees their development from the moment they enter the Trust. The Academy also supports existing HCSWs through apprenticeship frameworks, portfolios of competence and also signposting to existing bespoke programmes run by in-house teams, and short courses.

We also concluded a comprehensive review of how statutory and mandatory training is delivered and reported. This will set the foundations for the introduction of a competence based approach to training delivery for 2012/13. The benefits of this new approach include:

- Measuring competence rather than attendance, focusing on the outcomes of the training to enhance the patient’s experience and the capabilities of our staff
- Giving staff the opportunity to demonstrate they are currently competent thereby negating the need to be re-trained. This reduces the time required for refresher training and enables more time to be spent delivering front line services to patients
- Giving increased access for staff to training and competency assessment through new programmes and wider access by staff using PCs and the internet recognising that the organisation is a 24 hour service
- The Trust has continued to work closely with Oxford Brookes University to deliver foundation degree programmes for trainee Assistant Practitioners as well as developing additional programmes to support continual professional development and further education for staff.

Equality and diversity commitment

The Trust employs a diverse workforce and provides services to a diverse population.

In March 2012 two panel meetings were held to evaluate the performance of the Trust for equality and diversity. Panel members were able to represent the views and interests of patients and staff across all the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) as defined in the Equality Act 2010. The panels used the NHS Equality Delivery System (EDS) to undertake the assessment. Overall the Trust was graded as “Developing” (Amber). The assessment will be undertaken on an annual basis and over the next 12 months we expect to make significant improvements and aim to be graded “Achieving” (Green) in the majority of areas being assessed in March 2013.

Following the panel’s assessment and feedback, our equality and diversity objectives have been amended and agreed as follows:

1. To provide more accessible communication to patients who have specific communication needs including:
   - Increase the use of interpreting services for language, including sign language, by 2015.
   - Frequently used patient information documents to be in ‘Easy Read’ format by 2016.
2. To improve the patient experience, year on year, for patients across all the nine protected characteristics (under the Equality Act 2010) and additional marginalised groups, through feedback obtained from patients and outreach activities.

3. To increase awareness of equality and diversity across the Trust by:
   – reviewing and improving the equality and diversity training programme to ensure staff competence is assessed
   – ensuring that at least 90% of staff have completed equality and diversity training by 2013.

4. To reduce, year on year, the amount of bullying, harassment or abuse at work, experienced by staff from other co-working colleagues (as reported in the staff survey).

5. We aim to improve the capture and analysis of workforce and patient information by protected characteristic, by 2013 as:
   – 95% of patients’ records to include age, sex and race
   – 95% of staff records to include data on disability, religion and sexual orientation. (Note, data on age, sex and race is already over 95%. Race data is currently being sought to ensure accuracy of the data held).

6. To support the University of Oxford Medical Sciences Division in achieving the Athena SWAN Silver Award, by 2015. This award recognises good employment practice for women working in science in higher education and research.

The Trust has been successful in renewing its commitment to using the ‘two tick’ disability symbol, having committed to support staff with disability. More information on the use of the disability symbol and other aspects of equality and diversity at the Trust can be found on the Trust’s website, www.ouh.nhs.uk

**Occupational Health Service**

The Occupational Health Department (OHD) has scored some notable successes in 2011/12. These include:

- Delivery of over 5,000 doses of the Influenza vaccine to health care staff achieving one of the highest uptake rates for trusts of comparable size in England
- Active case management and collaborative working with workforce colleagues in dealing with complex cases. This has included increasing numbers of case conferences from 58 in 2010/11 to 79 in 2011/12
- The OHD is on track to achieve accreditation under SEQOHS (Safe Effective Quality Occupational Health Service), the national scheme for ensuring that Occupational Health service providers meet agreed quality standards.

The OHD has had significant input into all the Trust Safety Action Groups including the introduction of more needlesafe devices to reduce needlestick injuries and ongoing elimination of non-sterile latex gloves. The Back Care team has played an important role in the campaign to increase the delivery of statutory and mandatory training to staff over the past few months.

The OHD has continued to be part of the national Health for Health Practitioner scheme with a growing interest and expertise in looking after doctors in difficulty. It is also delighted to have obtained funding from the Deanery to reinstate a specialty registrar in Occupational Medicine and resume training status.

Priorities for the coming year include enhancing service provision from improved premises by developing a ‘paper-light’ records system and adapting patterns of working to the needs of our customers both within and external to the Trust.
We recognise that delivering excellence for our patients, our staff, the NHS and its partners can best be achieved by full engagement and participation in the way we shape and deliver our services. We involve service users and seek the views of our Patient and Public Panel on a range of issues. We also work in partnership with other NHS, social care and charitable organisations to support community engagement and to share knowledge and expertise.

Be part of our future

As we prepare to become a Foundation Trust, we hope that more than 7,000 patients and public will join our 11,000 staff as members to help us shape the way we operate and deliver your health services. Foundation Trusts are different from other NHS Trusts in that they have a membership, like a building society or co-operative, drawn from the communities they serve and the staff who work for them. This membership is involved in setting the future direction for the Trust.

Anyone living in our catchment area can become a member and get involved in the Trust. Those aged over 16 can become a member, eligible to elect and be elected to our Council of Governors. Children and young people can get involved through our Young People’s Executive (YiPPEe).

Members receive regular information about our activities and are involved wherever possible in designing services and providing feedback on how things could be improved. We also stage regular events including public talks on research which provide a fascinating ‘behind the scenes’ look at what drives developments in new treatments and clinical care. We have launched a campaign to recruit more than 7,000 public members. Anyone over the age of 16 can become a member; it doesn’t cost you anything – not even the price of a stamp – look out for our Freepost application forms in our hospital reception areas or visit our website at www.ouh.nhs.uk/ft. Alternatively, call the Foundation Trust office on 01865 743491 or email ouhmembers@ouh.nhs.uk.
Your support makes a real difference

Thanks to the generosity of our hospital supporters and staff we have been able to continue to fund much-needed additional medical equipment, innovative medical research and a more comfortable environment for patients across all our hospitals.

In 2011/12 Charitable Funds’ income was £6.7 million; much of this was raised through the efforts of local people making donations and taking part in fundraising events throughout the year.

Our Charitable Funds team works with the local community to organise all kinds of fundraising and engagement events and activities, including our ever-popular abseils which raise large sums for causes across the Trust.

The support of the business community is also important. Public services provider, Amey, completed their pledge to donate £100,000 to the Oxford Cancer and Haematology Centre, whilst Oxfordshire-based recruitment firm, Champion, gave £120,000 to our heart and cancer funds.

The Heartfelt Appeal for the Oxford Heart Centre continues to move forward. A successful open day in October 2011 was attended by 400 interested individuals. Across the year over £430,000 was added to the appeal. Having funded an innovative scanner used by heart surgeons to view the heart in 3D and a videoconferencing and outreach education centre, the appeal is now focused on raising a further £650,000 to create new echocardiography facilities for patients.

The breast cancer screening appeal has helped to achieve £100,000 towards creating a fully digital breast screening unit; while events for the Children’s Hospital included the Oxford Mail OX5RUN, an annual golf day, and an evening of song at Broughton Castle. This together with other support has helped to fund a mobile intensive care unit, a chill-out area for teenage cancer patients and innovative art en-route to the operating theatres, and a Play Specialist in the Children’s Emergency Department.

Legacies continue to be very important and, in this year alone, £840,000 was left to causes, including the radiotherapy department at the Churchill, the Renal Medical Ward, the Horton General Hospital and the John Radcliffe General Fund.

To find out how you can get involved with fundraising for Oxford University Hospitals, visit www.ouh.nhs.uk/charity email: charity@ouh.nhs.uk, or telephone 01865 743444.

Making an ‘Olympic’ effort!

In 2012, we are delighted six supporters were chosen for the honour of carrying the Olympic torch this summer. They are all longstanding supporters of our hospitals’ charity. But you don’t have to be running marathons or cycling hundreds of miles to contribute to the future of your local hospitals. These ‘Olympic’ Torchbearers are also supporting the Trust’s drive to encourage people to register as Foundation Trust members – and be a part of the hospitals’ future.

“Our supporters always go that extra mile for their local hospitals and we very much appreciate all that they do. We hope that by signing up to be members of the planned Oxford University Hospitals NHS Foundation Trust, many more people in our local communities will show their support and have a greater say and involvement in their local health services.” Trust Chief Executive Sir Jonathan Michael.
Working with our patient groups

The Trust’s Patient and Public Panel, comprising around 40 members of the public, provides views on a range of issues such as Trust policies, letter formats to patients and service facilities. Currently 17 steering and project groups have been established in addition to service specific user groups such as the Cancer Services Panel.

Service user groups at the Nuffield Orthopaedic Centre include the NOC Network which works to reflect patient and public interests in the hospital’s developments and its specialties such as rheumatoid arthritis, where a support group works closely with specialist nurses. The Patient Liaison Group at the NOC works on independent patient experience surveys and provides the hospital with valuable feedback on aspects of patient care including cleanliness and tidiness, mealtime arrangements and facilities for visitors.

You tell us what matters to you…

We held two successful patient engagement events in 2011/12 aimed at better understanding patients’ priorities in terms of their hospital experience and to gather views on areas to focus on going forward. The events form part of the Trust’s patient and public involvement agenda and are a core part of our engagement strategy, to improve the way we work with key partners and deliver better services through working on common goals. Those attending were asked to tell us what matters to them on issues ranging from clinic appointments to privacy and dignity. The feedback is used to shape our activities to improve care and service delivery.

Community Partnership Network for Banbury and surrounding areas

For the last few years the Trust has worked closely with NHS Oxfordshire and the local community in Banbury to develop sustainable services in paediatrics and obstetrics and gynaecology at the Horton General Hospital. The programme set up to implement necessary changes to maintain and develop services in partnership with community and clinical input was successfully completed in early 2011. We have continued with the Community Partnership Network to maintain the relationships with the local community and to ensure regular communication and involvement.

The Trust is expanding gynaecology services at the Horton General Hospital to provide more day surgery and diagnostic services during the week and, in partnership with GPs, to provide clinics for women with menstrual problems or problems during the early stages of pregnancy. This allows for a dedicated gynaecology day surgery and diagnostic service during the week, while six inpatient beds have also been established on the surgical ward for gynaecology patients who need an overnight stay or are admitted as emergency cases.

The plans to expand some services at the Horton are part of the Trust’s vision to improve services at the Horton General Hospital and to bring them more closely in line with those in Oxford. There are further plans for more specialist diagnostic clinics, meaning that women in the north of the county will not have to travel to Oxford for these services.

Children’s congenital heart services

We are continuing to work with Southampton University Hospitals NHS Trust as part of a strategic partnership to develop the South of England Children’s Congenital Heart Network. The children’s heart surgery centre in Southampton has been rated as providing the country’s highest quality service outside London. Since Oxford stopped providing children’s heart surgery in March 2010, patients who would have had their surgery or interventional cardiology procedure at the John Radcliffe Hospital in Oxford have had this part of their treatment in Southampton. This has been working well for our patients with treatment often carried out by clinical teams travelling from Oxford to the Southampton hospital.

The partnership with Southampton University Hospitals NHS Trust has increased the number of operations being carried out and puts Southampton within easy reach of the new requirements being introduced for centres that perform children’s heart surgery in England.

The national Safe and Sustainable review of children’s heart surgery services recommends that children’s heart surgery should only be provided in a smaller number of larger centres to achieve the best outcomes for children. The Government review has suggested the number of centres undertaking children’s heart surgery is reduced from 11 to five larger specialist centres each carrying out at least 300 operations a year in order to ensure quality of care.
Our volunteers and supporters

Volunteers play an invaluable part in allowing staff to offer an enhanced service to patients. The Trust has a Voluntary Services Department that manages volunteers, other volunteer organisations and the work experience programme. Volunteers help in various departments, talking to patients, helping at mealtimes on wards, taking the library trolley around wards, providing a friendly welcome and giving directions on help desks, working with the Chaplaincy, and supporting staff with administrative duties.

The Trust continues to work closely with the hospital-based Leagues of Friends, Radio Cherwell and Radio Horton and charities such as the British Red Cross and SSNAP (Support for the Sick Newborn and their Parents).

Our friends are in a league of their own!

The Leagues of Friends are voluntary organisations that support the Trust by donating equipment and the small extras that enhance the environment for patients, through fundraising and income raised running cafeterias and tea bars in our Oxford hospitals, and a small shop at the Horton General Hospital and Nuffield Orthopaedic Centre.

The Trust has over 200 hundred Leagues of Friends volunteers, some of whom have been supporting us for over 20 years. They provide invaluable support and services to our patients and our staff. Every day, the five Leagues of Friends groups working across the Trust serve over 1,500 people and raise around £350,000 annually for the Trust. They are managed by Trustees, who meet every month to make decisions about how best to spend the money they raise.

Buns for beds!

The West Wing’s League of Friends has given an extra special donation of funding to the Neurosciences Intensive Care Unit for the provision of special pressure-relieving mattresses.

Patients in Neuro ICU often have to be kept very still as they recover. However, this can sometimes cause problems. The Nimbus 3 mattresses ensure that patients are moved regularly to ease pressure points. This helps patients who have to stay in bed for days, weeks and months without disrupting their treatment.

The Trustees’ Committee decided that the mattresses would provide an outstanding benefit to neuroscience patients and agreed to fund eleven mattresses.

In 2011/12, the West Wing League of Friends increased its gifting to the hospital to over £104,000 enabling a range of equipment to be provided to our teams and departments from hair dryers for the parents of children in hospital, to an ultrasound machine for the paediatric anaesthetics team.

The Trust is part of the Oxfordshire Children’s Participation Network. This brings together all the key organisations in Oxfordshire from schools and children’s services to health providers and young offenders’ centres. The aims of the network are to improve and develop the involvement of young people across all these services and to co-ordinate involvement more effectively.

Heritage mural unveiled

Local school children were invited to unveil the Nuffield Orthopaedic Centre’s heritage mural which spans a central curved wall in the hospital’s main atrium.

The hospital received funding from the Heritage Lottery Fund to create the mural and over a period of two years pupils from local primary and secondary schools were involved in researching the history of the hospital to create the centre-piece which charts the origins of the NOC as the Wingfield Convalescent Home in 1871 right up to the current state-of-the-art building which was opened in 2007.

“It’s great for the children to be part of such a project which is part of a living history,” Headteacher Lynn Knapp from Windmill Primary School in Headington said.

Involving children and our young patients

New menu makes a splash!

The Young People’s Executive (YiPpEe) is a group of children and young people who work and meet with staff in the Children’s Hospital to discuss improving services for young patients in hospital. The group is facilitated and supported by the Trust’s Children’s Rights Lead Nurse, the Play Specialist team, and the Hospital School staff.

Our young patients recently helped to develop a new menu for the Children’s Hospital, and provided feedback and input on all aspects from meal choices to the cooking methods employed.

YiPpEe members have also supported the children’s services team by reviewing and commenting on policy development, providing challenging and constructive feedback that has influenced service development and professional practice.
Trust Board

The Board is responsible for the management of the Trust and ensuring proper standards of corporate governance are maintained. It attaches great importance to making sure the Trust adheres to the principles set out in the NHS Constitution and Monitor NHS Foundation Trust Code of Governance as an aspiring Foundation Trust, and other related publications such as Quality Governance in the NHS, and works hard to ensure it operates to high ethical and compliance standards.

Board membership comprises:

**Non-executive Directors (NED)**
Dame Fiona Caldicott, Chairman*
Professor Sir John Bell*
Mr Alisdair Cameron*
Mr Christopher Goard (from 1 November 2011)*
Professor David Mant
Mr Geoffrey Salt (Deputy Chairman)*
Mrs Anne Tutt*
Mr Peter Ward*

**Executive Directors**
Sir Jonathan Michael, Chief Executive*
Professor Edward Baker, Medical Director*
Mr Paul Brennan, Director of Clinical Services
Ms Sue Donaldson, Director of Workforce
Mr Mark Mansfield, Director of Finance and Procurement*
Mr Andrew Stevens, Director of Planning and Information*
Mrs Elaine Strachan-Hall, Chief Nurse*
Mr Mark Trumper, Director of Development and the Estate (from 1 May 2011)
Ms Eileen Walsh, Director of Assurance (from 1 May 2011)

*The asterisk* indicates those members holding voting positions, in line with The Health Service Trusts (Membership and Procedure) Regulations 1990.

The Board met six times in public during the year:

### Board Committee Membership 2011/12

#### AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is responsible for providing assurance to the Board on the Trust’s system of internal control by means of independent and objective review of financial and corporate governance, and risk management arrangements, including compliance with laws, guidance and regulations governing the NHS.

The Audit and Finance Committee consists exclusively of independent, Non-executive Directors with the following as core members:

- Mr Alisdair Cameron (Chairman)
- Mrs Anne Tutt
- Mr Geoffrey Salt (to 31 October 2011)
- Mr Christopher Goard (from 1 November 2011)

The Committee operates in two distinct but related parts:

**Part A** (Audit) deals with:
- obtaining assurance from independent internal audit and external audit activities
- ensuring standards are set and compliance with them is monitored, in non-financial, non-clinical areas that fall within the remit of the Committee
- monitoring corporate governance issues (not addressed by the Quality Committee) such as compliance with NHS regulations, codes of conduct, maintenance of register of interests

**Part B** deals with:
- specific financial issues, in particular the development of medium and long term financial strategy for the Trust
- financial policy
- financial controls and performance against targets

The Chief Executive, Director of Finance and Procurement, and Director of Assurance normally attend the meetings of the Committee, both part A and B. The Chairman of the Board, and any other Board member or senior executive may attend these meetings, at the invitation of the Audit Committee Chairman.

Representatives from Internal Audit and External Audit and Counter Fraud Services attend Part A of the meeting dealing with audit issues but are normally excluded from Part B (finance).

The Committee met a total of six times in the year:

#### QUALITY COMMITTEE

The Quality Committee is responsible for providing the Trust Board with assurance on all aspects of quality of clinical care, governance systems, including the management of risk for clinical, corporate, human resources, information and research and development issues and regulatory standards of quality and safety.

The Committee core membership comprises Non-executive Directors:
Mr Geoffrey Salt (Chairman)
Mr Peter Ward
Dame Fiona Caldicott
Mr Christopher Goard (from 1 November 2011 and to provide cross membership with the Audit and Finance Committee)
Professor David Mant

with the following Executive Directors as members:
Professor Edward Baker, Medical Director
Mr Paul Brennan, Director of Clinical Services
Ms Sue Donaldson, Director of Workforce
Sir Jonathan Michael, Chief Executive
Mrs Elaine Strachan-Hall, Chief Nurse
Ms Eileen Walsh, Director of Assurance (from 1 May 2011)

Mr Andrew Stevens, Director of Planning and Information is invited to attend the Quality Committee as requested to do so by the Chairman.

The Committee met a total of four times during the year.

**BOARD IN COMMITTEE**

This Committee was in place 1 January 2011 to 1 March 2012 and provided the Board with an opportunity to consider specific aspects of strategy to develop and maintain the Board’s education and development, gain greater knowledge and understanding of patients’ experiences through sharing information on good and poor practice in the context of overall services, and facilitate informal exchange of Non-executive Directors’ experiences.

The membership for the Board in Committee comprised all Board members. The Committee met a total of ten times during the year:

*The Board agreed at its meeting on 1 March 2012 that the Board in Committee should be disbanded with immediate effect as the less formal discussions on strategy, Board development, patient experience and wider engagement with the Trust’s services and patients are being delivered through Board seminars, rather than meetings of a formally minuted Board sub-committee.*

**REMUNERATION AND APPOINTMENTS COMMITTEE**

The Remuneration Committee comprises all Non-executive Directors and was chaired by Dame Fiona Caldicott until November 2011. It is now chaired by Professor Sir John Bell. The Committee is established in accordance with good practice and with the requirements of NHS Codes and the Monitor Code of Governance (as an aspiring Foundation Trust). The Board delegates to the Committee the responsibility for determining the organisation of their appraisal for the Chief Executive and Executive Directors; all aspects of salary (including any performance-related elements or bonuses); provisions for other benefits (including pensions and cars); and the arrangements for terminating employment and other contractual terms.

The Remuneration Committee met a total of three times during the year. Full details of the senior managers’ remuneration can be found in the Annual Accounts.

**Members:**
Dame Fiona Caldicott (Chairman to November 2011)
Professor Sir John Bell (Chairman from December 2011)
Mr Alisdair Cameron
Mr Christopher Goard (from 1 November 2011)
Mr Geoffrey Salt (Vice Chairman)
Mrs Anne Tutt
Mr Peter Ward

**In Attendance**
The Chief Executive and the Director of Workforce may be asked to attend meetings (or parts of meetings) at which the appointment, remuneration and terms of service of Executive Directors, other than the Chief Executive and the Director of Workforce, are under consideration.

**Declaration of Interests and Register of Interests of members of the Trust Board for the year 2011/12**

Declarations of interests by members of the Trust Board are sought at each meeting of the Board and its Committees, and recorded in the minutes of the relevant meetings. The Register of Interests of Board Members is published each year in the Annual Report, and includes those interests recorded during the preceding twelve months for Directors whose appointments have terminated in-year.

The interests for the year 2011/12 are given below. Guidance to the codes defines ‘relevant and material’ interests as:

a) Directorships, including Non-executive Directorships held in private companies or PLCs (with the exception of those for dormant companies);

b) ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

c) majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

d) a position of authority in a charity or voluntary organisation in the field of health and social care;

e) any connection with a voluntary or other organisation contracting for NHS services;

f) research funding/grants that may be received by an individual or department;

g) interests in pooled funds that are under separate management.

<table>
<thead>
<tr>
<th>Declarer</th>
<th>Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dame Fiona Caldicott</td>
<td>Director of a private company</td>
</tr>
<tr>
<td>Professor Sir John Bell</td>
<td>Director of a voluntary organisation</td>
</tr>
<tr>
<td>Mr Alisdair Cameron</td>
<td>Director of a private company</td>
</tr>
<tr>
<td>Mr Christopher Goard</td>
<td>Director of a voluntary organisation</td>
</tr>
<tr>
<td>Mr Geoffrey Salt</td>
<td>Director of a private company</td>
</tr>
<tr>
<td>Mrs Anne Tutt</td>
<td>Director of a voluntary organisation</td>
</tr>
<tr>
<td>Mr Peter Ward</td>
<td>Director of a private company</td>
</tr>
</tbody>
</table>

*Declaration of interests as at 31 March 2011.*

*The Board agreed at its meeting on 1 March 2012 that the Board in Committee should be disbanded with immediate effect as the less formal discussions on strategy, Board development, patient experience and wider engagement with the Trust’s services and patients are being delivered through Board seminars, rather than meetings of a formally minuted Board sub-committee.*
<table>
<thead>
<tr>
<th>BOARD MEMBER</th>
<th>Directorships, including Non-executive Directorships</th>
<th>Business, partnership or consultancies</th>
<th>Majority or controlling share holdings</th>
<th>Charity or voluntary organisation</th>
<th>Voluntary or other organisation</th>
<th>Pooled Funds</th>
<th>Research funding/grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dame Fiona Caldicott Chairman</td>
<td>Non-executive Director and Company Secretary Waters 1802 Ltd</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Professor Sir John Bell Regius Professor of Medicine, NED</td>
<td>Non-executive Director Roche AG, Grenetech and Oxagen</td>
<td>None</td>
<td>None</td>
<td>Trustee, Rhodes Trust and Ewelme Almshouse Charity UK Life Sciences Champion (Department of Health)</td>
<td>Chairman, Office for Strategic Coordination of Health Research, Department of Health Genome Strategy Group, and Oxford Health Alliance</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Professor Edward Baker Medical Director</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mr Paul Brennan Director of Clinical Services</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mr Alisdair Cameron NED</td>
<td>Non-executive Director of the E-Learning Foundation; executive Director/Trustee of various British Gas/Centrica companies</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Mrs Cameron, member of Fundraising Committee for Children’s Hospital</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Ms Sue Donaldson Director of Workforce</td>
<td>Governor of Oxford and Cherwell Valley College with effect from 14 December 2010 to 13 December 2012</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mr Chris Goard, NED (from 1 November 2011)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Trustee of the Genetic Alliance UK, we do cooperate with and lobby both the NHS and the Government here</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mr Mark Mansfield Director of Finance &amp; Procurement</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Professor David Mant, NED</td>
<td>Member of the Oxford University Department of Primary Health Care Honorary Consultant with Oxfordshire Primary Care Trust</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Research grant holder from medical charities, EU, Department of Health and NIHR</td>
<td>None</td>
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</tr>
<tr>
<td>Sir Jonathan Michael Chief Executive</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mr Geoffrey Salt NED &amp; Deputy Chairman</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Trustee – Nuffield Medical Trust – Oxford Kidney Unit Fund</td>
<td>Trust</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mrs Elaine Strachan-Hall Chief Nurse</td>
<td>Director, Olilooowedji Ltd</td>
<td>Step’mr to Ms Hall contractor language and translation services</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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</tr>
</tbody>
</table>
# Trust Board Members Register of Interests 2011-2012

<table>
<thead>
<tr>
<th>BOARD MEMBER</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Andrew Stevens</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Director of Planning and Information</td>
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<tr>
<td>Mr Mark Trumper</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Director of Development and the Estate (from 1 May 2011)</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mrs Anne Tutt, NED</td>
<td>Section 11 Trustee Oxford Radcliffe Hospitals Charitable Funds and Chairman Audit Committee NED of the Adventure Capital Fund Ltd; NED of the Social Investment Business Ltd*; NED of Bamboo Innovations Ltd; NED of Identity and Passport Service, Member of Audit Committee of Home Office, member of DEFRA Audit Committee</td>
<td>Ownership of private business A Tutt Associates Ltd</td>
<td>None</td>
<td>Consultant to the Cochrane Collaboration</td>
<td>Section 11 Trustee Oxford Radcliffe Hospitals Charitable Fund</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Ms Eileen Walsh</td>
<td>None</td>
<td>Partner in Health Governance Consulting</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Director of Assurance (from 1 May 2011)</td>
<td></td>
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<tr>
<td>Mr Peter Ward, NED</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>(from 1 May 2011)</td>
<td></td>
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<tr>
<td>Mr Mike Fleming</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Director Horton General Hospital to 31 March 2012</td>
<td></td>
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<tr>
<td>Mr Ian Humphries</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Director of Estates and Facilities, to May 2011</td>
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</tr>
</tbody>
</table>

* The Adventure Capital Fund Ltd and the Social Investment Business Ltd are companies in a group that makes grants and loans to third sector organisations who may contract for NHS services. They also manage the following funds: Future Builders England, Community Builders and SEIF (on behalf of the Department of Health)
Our vision is to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.