AT A GLANCE...
WHO WE ARE AND WHAT WE DO

REAL PEOPLE. REMARKABLE CARE
Oxford University Hospitals NHS Foundation Trust

Oxford University Hospitals (OUH) is one of the largest NHS teaching trusts in the UK with a national and international reputation for the excellence of its services and its role in education and research. Clinical care is delivered by experienced specialists. Our Trust is made up of four hospitals, three in Oxford. They are the John Radcliffe Hospital (which also includes the Children’s Hospital and West Wing), Churchill Hospital and the Nuffield Orthopaedic Centre. The Horton General Hospital lies some 29 miles north of Oxford in Banbury.

The Trust sees around one million patients each year and, in addition to providing general hospital services draws patients from across the country for specialist services not routinely available elsewhere.

Four hospitals, one Trust, one vision

Our name, Oxford University Hospitals NHS Foundation Trust, represents our vision to integrate patient care, teaching and medical 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.

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.

Our hospitals

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

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

The Nuffield Orthopaedic Centre 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 Horton General Hospital in Banbury serves the people of North Oxfordshire and surrounding counties. The majority of its services have inpatient beds and outpatient clinics, with the outpatient department running 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. The acute general medicine service also includes a medical assessment unit, a day hospital as part of specialized elderly care rehabilitation services, and a cardiology service. Other clinical services include dietetics, occupational therapy, pathology, physiotherapy and radiology.

Our hospital sites play a major role in teaching and research and host many of the University of Oxford’s departments including those of the Medical Sciences Division and other major research centres.
TRUST BOARD MEMBERS

Our Board membership comprises:

Non-executive Directors
Dame Fiona Caldicott, Chairman
Professor Sir John Bell
Mr Alisdair Cameron
Mr Christopher Goard
Professor David Mant, OBE
Mr Geoffrey Salt (Vice Chairman)
Mrs Anne Tutt
Mr Peter Ward

Executive Directors
Dr Bruno Holthof, Chief Executive
Dr Tony Berendt, Medical Director
Mr Paul Brennan, Director of Clinical Services
Mr Jason Dorsett, Chief Finance Officer
Mr Peter Knight, Chief Information and Digital Officer
Mr Mark Power, Director of Organisational Development and Workforce
Ms Catherine Stoddart, Chief Nurse
Ms Eileen Walsh, Director of Assurance

Our values reflect what is important to staff and patients in terms 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 reflect the principles, values and pledges of the NHS Constitution and play a key part in describing how we deliver compassionate excellence.

The Trust Values:

Learning | Respect | Delivery | Excellence
Compassion | Improvement

These values underpin our drive for continuous improvement in delivering high quality services that exceed our patients’ expectations. We actively support the development of engaged and informed staff who understand how their efforts contribute to the success of the organisation. This helps us to deliver effective change, service improvements and innovative ways of delivering care.

The Trust’s strategic objectives are to deliver:

1. Compassionate excellence – the kind of healthcare we would all expect for ourselves and our families
2. A well-governed and adaptable organisation
3. Better value health care
4. Integrated local healthcare
5. Excellent secondary and specialist care through sustainable clinical networks
6. The benefits of research and innovation to patients

Strategic review

The Trust is undertaking a strategic review and the themes that are shaping this review are:

- Home Sweet Home – achieving local healthcare integration
- Focus on Excellence – prioritising investment in services
- Go Digital – achieving digital transformation to support excellent care
- The Master Plan – long term estates planning
- High Quality Costs Less – delivering continuous service improvement
- Building Capabilities – developing the organisation’s ability to deliver

THE WELLBEING OF EVERY PATIENT AND MEMBER OF STAFF IS CENTRAL TO OUR WORK
We offer a wide range of local and specialist services including:

- Accident and emergency
- Trauma and orthopaedic services
- Maternity, obstetrics and gynaecology
- Newborn care
- General and specialist surgery
- Cardiac services
- Critical care
- Cancer services
- Renal and transplant services
- Neurosurgery and maxillofacial surgery
- Infectious diseases and blood disorders

Most services are provided in our hospitals, but over six percent are delivered from 44 other locations across the region, and some in patients’ homes.

The five divisions comprise:

**Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division**

- **Neurosciences**: Neurology, Neurosurgery, Neuropathology, Neurophysiology, Neuro Intensive Care, Spinal Surgery
- **Specialist Surgery**: ENT, Ophthalmology, Oral and Maxillofacial Surgery, Plastic Surgery and Craniofacial, Vascular Surgery
- **Trauma**: John Radcliffe Trauma Unit, Horton Trauma Ward, Major Trauma Centre
- **Orthopaedic**: Orthopaedic Surgery, Rheumatology, Orthopaedic Theatres, Recovery and High Dependency Unit, Orthotics and Prosthetics

**Medicine, Rehabilitation and Cardiac Division**

- **Specialist Medicine**: Diabetes, Endocrine and Metabolism, Clinical Immunology, Dermatology, Clinical Genetics, Infectious Diseases and Genitourinary Medicine, Chest Medicine

**Surgery and Oncology Division**

- **Oncology and Haematology**: Clinical Oncology; Clinical Haematology, Haemophilia and Thrombosis, Medical Oncology, Medical Physics and Clinical Engineering, Palliative Medicine
- **Surgery**: Breast and Endocrine Surgery, Acute Surgery, Upper and Lower Gastrointestinal Surgery, Gynaec-Oncology, Hepatobiliary
- **Renal, Transplant and Urology**: Renal Dialysis, Transplant, Urology
- **Churchill Theatres, Endoscopy and Gastroenterology**

**Clinical Support Services Division**

- **Theatres, Anaesthetics and Sterile Services**: Anaesthetics, Resuscitation, Pre-operative Assessment, John Radcliffe and West Wing Theatres and Day Case Unit, Horton Theatres, Pain Service, Adult Critical Care.
- **Pathology and Laboratories**
- **Adult Critical Care, Pre-operative Assessment, Pain Services and Resuscitation**
- **Radiology and Imaging**
- **Pharmacy**

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**Clinical networks and specialised commissioning**

Clinical networks have an important input into specialist commissioning. The networks develop responses to the recommendations of national service improvement programmes with a common feature being recommendations to centralise specialist resources and expertise. In close collaboration with academic clinical research, the networks work reciprocally with providers across a region to ensure the best outcomes for patients by providing seamless access to specialist healthcare when needed.

**Clinical networks involving the Oxford University Hospitals are:**

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

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**OUR COMMISSIONERS**

- **39.7%** of the Trust’s income for the delivery of patient services comes from the Oxfordshire Clinical Commissioning Group.
- **45.9%** of income comes for specialist commissioners.
- **14.4%** comes from other commissioners outside Oxfordshire.
Reducing patient delays

For many years, Oxfordshire health and social care organisations have struggled to reduce the number of patients who are waiting to leave hospital for ongoing rehabilitation or care packages. This year we have worked together on an innovative project to enable patients to leave hospital sooner by transferring them to intermediate care in a nursing home, once they are medically fit for discharge.

The £2 million initiative funded by the Oxfordshire Clinical Commissioning Group has seen the number of delayed transfers of care fall by more than 45% – at its launch in December 2015 there were more than 130 patients delayed in our hospital beds.

This is good news for our patients who, while waiting for assessment and rehabilitation, have been able to receive their care in a more appropriate environment, rather than an acute or community hospital bed. Feedback from patients and their families has been very positive.

In addition to the scheme above we have expanded our discharge teams to help hasten the discharge process. OUH is a registered social care provider and we have recruited more care support staff to help our patients back in their own homes while social services finalise their ongoing packages of care.

Invisible hearing aids changing lives

The ENT department at the John Radcliffe has begun offering middle ear implants to people suffering with severe hearing loss. The implants offer an alternative to conventional hearing aids and are suitable for people with recurring ear infections and ear canal problems. Only five patients in the UK have been given these implants. James Ramsden, an ENT Consultant at the hospital said: “These are completely invisible hearing aids which enable almost anyone to hear. It’s good to have an option for those we can’t help in any other way.”

Avoiding admission, helping patients receive care at home

A new role at the John Radcliffe Hospital has been established which sees a team of doctors, called interface physicians, working with staff in the Emergency Department to identify patients who could benefit from being treated with hospital-level care, but in their own homes.

Dr Dan Lasserson is a senior doctor who acts as a bridge between the hospitals, GPs and social care, working with a team of trained nurses who can visit patients at home and provide the care and treatment they need.

Dr Lasserson explained: “Sometimes we have patients who arrive in the Emergency Department because they need the advanced tests, scans and treatments which can only be provided in hospital. Many of these patients are older, living with frailty or dementia and a busy emergency department is not the best place for them. Research shows that patients who can be treated at home suffer less confusion, have better continence and may have better outcomes as a result.”
Celebrating innovation and progress…

New radiotherapy unit in Swindon given go-ahead

OUH has been given the go-ahead by NHS England to build a satellite radiotherapy unit based at the Great Western Hospital in Swindon.

The development will be funded by activity commissioned by NHS England and through support from Swindon Clinical Commissioning Group. The radiotherapy service at the Great Western Hospital site will be a satellite of the OUH Cancer Centre which is located at the Churchill Hospital in Oxford.

Swindon and most of Wiltshire are among the few parts of the country which do not currently have access to radiotherapy services within a 45-minute travel time. Around 700 patients a year currently make the 70+ mile round-trip to the Churchill Hospital in Oxford for radiotherapy. Treatment usually lasts for four to seven weeks, made of daily visits.

The planning stages of the project are well advanced and it is hoped that the service could be provided in Swindon by early 2018.

‘Track and trigger’ tablet computers replace bedside charts

The System for Electronic Notification and Documentation (SEND) allows information about patients to be shared around the Trust, saving crucial time that was previously spent looking for and transporting paper notes and charts.

The ‘early-warning’ tablet computers are used at the patient bedside by staff who input a patient’s vital signs such as heart rate and blood pressure. The tablet computer immediately provides advice on how to manage the patient’s care and displays any deterioration in their condition. The information can then be shared with other staff via the tablets and desktop computers. Since its launch more than two million vital signs have been recorded for more than 12,000 patients.

The system results from a successful collaboration between the Trust, the University of Oxford, and the NIHR Oxford Biomedical Research Centre.
Digital Trust of the Year award

The Trust is recognised as one of the most advanced in the NHS for implementing an electronic patient record (EPR) system. Every day, 5,000 staff trigger 1.2 million transactions via the EPR system, including diagnostic tests and results, prescribing, discharges and transfers. In recognition of its efforts to go paperless, it was named as Digital Trust of the Year at the national healthcare technology EHI Awards in 2015.

Improved end of life care at Oxford University Hospitals

Sobell House Charity is working to raise £4 million as part of a £9 million investment plan to significantly increase hospice care and meet the growing need for end of life care.

Over the next four years Sobell House Hospice is planning to expand its palliative care team and facilities. The first phase of the expansion will see the team extend their service over seven days from 8.30am to 6pm and will include:

- Additional doctors to deliver and extend palliative and end of life care for complex patients
- Specialist pharmacist to help with pain management
- Occupational therapists to offer emotional support to patients and families
- Additional nurses to increase available of weekend care.

The second phase will involve new hospice space at the Churchill Hospital and will give added clinical facilities, meeting the needs of frailer patients and those living with more complex illnesses.

Fertility hope for the future

In December 2015 a nine-year old boy became the first prepubescent UK boy to have testicular tissue frozen by doctors. The young patient had a brain tumour, and had to undergo treatment which could have affected his ability to have children later in life. In a ground-breaking procedure Miss Kokila Lakhoo, Paediatric Surgeon, at the John Radcliffe Hospital removed a wedge of tissue from the patient, enabling it to be cryopreserved for future implantation.

Dr Sheila Lane, the Trust’s Clinical Lead for the cryopreservation service said: “To be able to give young people and their families real hope at the beginning of their cancer treatment is invaluable.”

RESEARCH COLLABORATIONS

Bionic eye success

Surgeons at the Oxford Eye Hospital implanted a tiny electronic chip at the back of the retina in a patient’s right eye as part on ongoing NHS-funded research of the technology.

The patient became the first in the UK to receive the world’s most advanced ‘bionic eye’ and was able to read for the time for the first time in more than five years.

HIV treatment targets ‘last hiding place’

A joint research study has confirmed that a treatment developed in the UK can remove the HIV virus from ‘its last hiding place’. Whilst anti-retroviral therapy (ART) stops the virus spreading, it is not able to eliminate cells which harbour dormant HIV. This collaborative research was carried out in the laboratory – doctors now need to prove that the results can be replicated in people.
Our ambition and future priorities

Our mission is the improvement of health and the alleviation of suffering and sickness for the people we serve.

We will achieve this through providing high quality, cost-effective and integrated healthcare.

Our quality priorities for 2016/17

There are four high level Trust-wide quality priorities with a number of underlying workstreams to ensure we deliver high quality care to all our patients.

- Preventing harm and deterioration
  An example: an iPad-based ‘track and trigger’ system to help our staff recognise when a patient’s condition deteriorates. See story on the following page for more information.

- Patient safety and systems for shared learning
  An example: training healthcare teams using the medical simulator at The Oxford Simulation Teaching and Research (OxSTaR) centre.

- Better patient experience
  We will continue to take forward programmes in End of Life Care; Dementia Care and Compassionate Care.

- Stakeholder engagement and partnership working
  One of the strands of this work is to improve our interface with general practice by continuing to work on rapid electronic distribution of discharge summaries.

Oxfordshire’s Vision

A Transformation Board made up of senior leaders from health and social care organisations (including Oxford’s universities) has been set up to accelerate system changes in Oxfordshire over the next five years. The vision is that a joint plan for Oxfordshire will strengthen the range of services available in community-based centres supported by specialist skills from our hospital clinicians.

Rewriting the OUH story

As part of the new vision, we have begun a review of our overall strategy. This involves seeking the views of our staff, our many partners, and talking to our patients and the public about the opportunities we have for doing things differently. Our focus is on how quality improvements can be made to drive up performance and use resources more effectively which in turn will help to secure financial sustainability.

We began in March 2016 by inviting staff to contribute to ideas around five key themes involving discussions around providing the best care outside hospital so that inpatient care is available for those who need it; making decisions about investment in specialised services in a way that supports general hospital care; using technology to transform experience of the care we provide; planning facilities and transport and delivering continuous service improvement.

Developing the Horton General Hospital

The Trust is developing a specific vision for the Horton General Hospital aimed at providing healthcare facilities and services fit for the 21st century. Our review includes exploring proposals for a major rebuild of parts of the hospital and developing an innovative campus at the Horton to include health and social care facilities.

During 2015/16 we provided:

- 1.3 million patient contacts
- 108,000 planning admissions
- 90,000 unplanned and emergency admissions
- 145,000 emergency department attendances
- 1.75 million meals for inpatients

Ours 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.
FOUR HOSPITALS, ONE TRUST, ONE VISION

John Radcliffe Hospital
Headley Way, Headington
Oxford OX3 9DU

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Oxford OX3 7HE

Horton General Hospital
Oxford Road
Banbury OX16 9AL

Churchill Hospital
Old Road, Headington
Oxford OX3 7LE

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For our full annual report, visit www.ouh.nhs.uk

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