Introduction

The NHS touches many aspects of our lives. This means that as society, our culture and the economy changes, the NHS must change as well so that it can continue to provide the services that patients need, and do so in a way that is clinically effective and financially sound.

The Government’s plans for the NHS mean big changes for the organisations that buy healthcare on behalf of the population. Hospitals will need to adapt to these changes while ensuring that the services provided remain safe, high quality, and are focused on the needs and wishes of patients. At the Oxford Radcliffe Hospitals (ORH), we are changing our leadership structure and revising our approach to the delivery of care within the wide range of clinical services we provide, so that we are better equipped to face the changes ahead. Education and research remain central to the ORH, and fundamental to the improvement in the quality of care, not only for the people of Oxfordshire, but across the UK. We are strengthening our partnership with the two Universities in Oxford as well as with the rest of the local NHS, local authorities and those other organisations with whom we collaborate. Effective partnerships between organisations that provide services is crucial if we are going to provide the most efficient and innovative healthcare available.

Making a difference – big and small

Despite our challenges, we have had our fair share of success in the last year.

In October 2009, the new Oxford Heart Centre opened on the John Radcliffe site – a regional centre of excellence for treatment, research and teaching. This new facility has 50 single rooms for patients, just part of our progress over the last 12 months to eliminate the majority of mixed sex accommodation across our three hospitals. The Trust also opened a new satellite department of the Oxford Kidney Unit at Stoke Mandeville Hospital, Aylesbury, which means patients receiving dialysis in that area receive their treatment closer to home, and their quality of life is improved.

The Trust worked in partnership with Community Health Oxfordshire to enable the opening of the new 20 bed Oxford City Community Hospital within the John Radcliffe Hospital – an excellent example of partnership working in the Oxfordshire NHS.

Staff deserve praise for work this year that has been both day-to-day and extraordinary at the same time. Whether it’s those who looked after patients trapped overnight by bad weather in our satellite renal unit in High Wycombe; or staff who walked miles to work through the January snow; the clinicians who enabled a young patient to hear for the first time last Christmas thanks to a newly available cochlear implant operation at the John Radcliffe; or the countless other examples of staff going beyond the call of duty. They are all to be commended, and serve as a reminder that behind every big change or significant achievement, it is the individual patient that we are all here for.

Front cover image:
Dr Lloyd McCann is a New Zealand trained doctor working at the John Radcliffe Hospital. Lloyd works clinically in the Emergency Department and with the service improvement team on projects to improve quality of care, patient experience and hospital efficiency.

Suzanne Cole is a research scientist at the Weatherall Institute of Molecular Medicine at the John Radcliffe Hospital. She has been researching people’s response to Swine Flu since December 2009. For the next three years Suzanne will be continuing her research into the immune response to influenza.
We must do all this in a period with leaner funding than the NHS has been used to over recent years. To keep pace with rising demand and to meet the published efficiency requirements, the NHS will have to save around £20 billion over the next four years. NHS Oxfordshire, the organisation that plans healthcare for the people of Oxfordshire, has announced likely savings in excess of £200 million by 2014. During 2010/11 the ORH needs to deliver a £47 million savings and efficiency programme, which is driven by imbalance between the Trust’s cost base and its income, national and local efficiency requirements, and the need to meet a reduction in Trust income and activity as more care is provided closer to patients’ homes.

Although it is impossible to guarantee that all services will remain unchanged as we address financial challenges, safe and efficient care can often be cheaper not more expensive to provide, because delays and inefficiency cost money, as well as cause frustration.

It must not be forgotten that the hospitals of the ORH are just one part of healthcare provision locally. To address the challenges across the system, we will work with other NHS organisations and GPs to examine all aspects of healthcare locally. This includes:

- looking at how we can better support patients to manage their own health, and how we support carers
- improving communication with, and service to, GPs and other community services, to help patients get some of the treatment usually provided in hospitals, nearer to their own homes
- improving the processes of referral to hospital, when appropriate, and shortening the time people need to spend in hospital once they are there
- making sure that all services and treatments that are provided are clinically effective.

During 2010/11 the ORH will refresh its strategy for the years ahead, and move to a new integrated clinical management structure.

Once the Trust is confident that it can demonstrate its ability to reliably deliver financial, operational and quality standards, it will then be in a position to progress broader goals. One of these is to achieve Foundation Trust status, and the Trust is restarting the application process.

The Trust has also not lost sight of the vision of being part of one of the leading academic health science communities in the UK and beyond. We are looking at ways of moving this forward with our partners in the NHS and university sector to start building this into a reality that reflects the strength and reputation of Oxford in healthcare science, education and patient care.

Dame Fiona Caldicott
Chairman

Sir Jonathan Michael
Chief Executive
Becoming ‘clinically-led’: New structure strengthens role of clinicians in

**Trust Management Executive**

- **Division of Neurosciences, Trauma and Specialist Surgery**
  - Neurosciences
  - Specialist Surgery and Trauma

- **Division of Cardiac, Thoracic and Vascular**
  - Cardiac, Vascular and Thoracic Surgery
  - Cardiac Medicine

- **Division of Children’s and Women’s**
  - Paediatric Medicine, Surgery and Neonatology
  - Women’s Services

**Maureen Stocks** is a radiographer at the Breast Imaging Unit in the Oxford Cancer Centre at the Churchill Hospital and in the mobile clinic that screens women across Oxfordshire. As well as her clinical duties she is responsible for the Quality Assurance of all the radiography equipment.

**Dr Eleri Adams** has been a Consultant in Neonatology at the John Radcliffe Hospital for eight years. She is the Clinical Director of the Neonatal Unit that cares for babies from across the Thames Valley region, and the Clinical Lead for the Thames Valley Perinatal Network.
Becoming ‘clinically-led’:
New structure strengthens role of clinicians in hospital management

The diagram above demonstrates how our services fit into our new integrated clinical management structure. The new structure is one of the changes that will make sure that in the years ahead, the ORH can make decisions in the best interests of patients, and the long term success of our hospitals.

The new structure means a move from the current three divisions to six new divisions which bring together our specialties in a way that best reflects the way they work with each other, their geographical location and how their work is integrated with the clinical research done in our hospitals.

Each of these new divisions is led by a practicing clinician who will devote a significant part of their time to leadership and management and have accountability for the quality of the services provided. These clinicians will continue to be supported by professional NHS managers.

Many of our key leaders in the Trust are already doctors, nurses and other health professionals; our Chief Executive is a former renal consultant and clinicians are engaging more and more in leadership and management roles. The new structure reinforces the importance of these roles at the heart of the management of the Trust – granting greater local devolved authority to services, but also formalising responsibility and accountability.
The delivery of high quality and safe services is central to the NHS and the Trust. Delivering healthcare – particularly the type of advanced and complicated procedures now available – does carry risks. How effectively we manage these risks and learn from errors that do happen is a good measure of how safe services are. So, we work to reduce the risks, we learn through the reporting of untoward incidents in our hospitals, and we build patient feedback into the delivery of services and the training of staff.

This year the Trust has been undertaking a programme called Serious about Safety and Standards that looks at sharing best practice to improve safety, effectiveness and patient experience; developing clinical leadership; and helping us to define and promote excellence in all aspects of care. The programme has strong support from, and the involvement of, the Trust Board.

We also signed up to the national Patient Safety First campaign and we are promoting safety initiatives to staff. Trust Executive and Non-executive Directors continue to participate in ‘patient safety walk rounds’ to wards and departments to see first-hand the work being done, and to develop a better understanding of the issues facing clinical staff on a day-to-day basis.

The Trust Board continues to prioritise safety in its business plan, and since the beginning of last year the Trust has had a new ‘Care Quality Group’. This brings together clinical and operational leadership to review the quality of care delivered against measures such as infection rates, serious untoward incidents, patient-reported outcomes and other care quality measures.

Building on these new arrangements, in April 2010 we also started a wider review of clinical governance and risk management processes at the Trust to make sure governance and reporting systems are as clear and streamlined as possible. The Trust Board is considering the recommendations arising from the Strategic Health Authority report into paediatric cardiac surgery following the suspension of the service in March of this year. At the ORH we are committed to making sure that, as well as recognising success and best practice, we tackle problems and concerns in an open and transparent way.

Geoffrey Salt is a Non-executive Director at the ORH. Geoff is Chair of the Trust’s Governance Committee, which plays a key role in informing and assuring the Trust Board on quality and safety in the Trust. He is pictured with Staff Nurse Cara Heafey and patient Marie Drew on the Geratology ward of the John Radcliffe Hospital.
Our Digital Future

Healthcare is increasingly high-tech, but some of the information systems the NHS uses have not kept up with the advances in software development. This is now changing at the ORH. The Trust is moving from paper notes to an electronic patient record – and the aim is to ‘switch on’ the new system by the end of 2011.

Sharing the benefits across all our departments will take several months but in the end, there will be one system for the requesting of all tests, with secure electronic access to all the results and correspondence needed to manage each patient’s care and their pathway through our hospitals. It will also mean that live patient and bed information will be available, meaning smarter scheduling and greater efficiency.

Moving from paper notes to an electronic patient record is a huge project. Current paper health records will be transferred to an electronic system that will provide secure and auditable access to all clinical information, wherever and whenever it is needed by medical staff for patients’ care.

This change, together with other digital advances in our hospitals, amounts to one of the largest transformation projects ever undertaken in the NHS. It will build on our existing uses of technology in healthcare, including our electronic X-ray imaging system PACS, increasingly automated laboratories, telemedicine in emergency care, and research into the use of mobile phone technology to help manage long term conditions. All these have directly benefited patients, making care faster, safer and more convenient.

Before the ORH system goes live, the Nuffield Orthopaedic Centre in Oxford, will also be upgrading to the latest version of the software. This will mean that there will be a unified electronic patient record across the acute NHS hospitals in Oxfordshire, so clinicians will always have access to the most accurate and up to date information on patients’ medical history at their fingertips.

Alan Nicklin has worked at all of the Trust’s hospitals over the last 30 years, and is now Chief Biomedical Scientist in Pathology at the Horton General Hospital. The Pathology laboratory (comprising Haematology, Blood Bank and Biochemistry) where he works processes over 2,000 specimens a day, with most results now sent electronically to the wards and GPs.
Our hospitals

The Oxford Radcliffe Hospitals NHS Trust 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 John Radcliffe Hospital** in Headington, Oxford is the largest of the Trust’s hospitals and home to many departments of the University of Oxford’s Medical Sciences Division, although medical students are trained throughout the Trust. It is the site of the county’s main emergency department and also provides acute medical and surgical services, trauma, intensive care and women’s services. The Oxford Children’s Hospital, the Oxford Eye Hospital and the new Oxford Heart Centre are also based at the John Radcliffe Hospital.

- **The Oxford Children’s Hospital** is devoted to the care of sick children and houses almost all the Trust’s paediatric services. Children are treated here for a range of conditions including heart disease, chest disease, childhood cancer, neurological disorders and those requiring general or specialist surgery.

- **The West Wing** adjoins the Children’s Hospital and houses neurosciences, adult specialist surgery (ear, nose and throat, plastic surgery, craniofacial surgery, ophthalmology), critical care facilities for specialist surgery and neurosurgery, a new day surgery unit, state-of-the-art operating theatres and University of Oxford facilities.

- **The Oxford Heart Centre** opened in October 2009, and provides new facilities for the Trust’s cardiac services, including additional single rooms, a cardiac intensive care unit, five catheter labs and teaching and conference facilities. This exciting development provides facilities for research and treatment for people with heart disease. Trust staff already work closely with those of the University of Oxford, and have contributed significantly to advances in the delivery of care to heart patients.

**The Churchill Hospital** is a centre for cancer services and other specialties, including renal services and transplant, clinical and medical oncology, dermatology, haemophilia, infectious diseases, chest medicine, medical genetics palliative care and sexual health. Together with the nearby John Radcliffe Hospital, it is a major centre for healthcare research, housing departments of the University of Oxford’s Medical Sciences Division and other major research centres such as Cancer Research UK.
• **The Oxford Cancer Centre** provides a comprehensive service for people with cancer and associated conditions; and a base for university research teams, enabling patients to have rapid access to new treatments and to take part in clinical trials. Staff from the Centre work collaboratively to organise treatment as close to home as possible, including at the Horton General Hospital, which provides cancer care for people in North Oxfordshire and surrounding areas.

**The Horton General Hospital** in Banbury provides services for the people of North Oxfordshire and surrounding counties. Services include an emergency department, acute general medicine and surgery, trauma, obstetrics and gynaecology, paediatrics, coronary care, and a cancer resource centre. The majority of these services have inpatient beds and outpatient clinics. Satellite outpatient clinics are provided in towns such as Chipping Norton in North Oxfordshire and Brackley in South Northamptonshire. There are also video-conference satellite links to Oxford and close integration of departments.

**The Better Healthcare Programme for Banbury and surrounding areas.**

The Trust is implementing proposals put forward by NHS Oxfordshire for the delivery of paediatric and maternity services at the Horton General Hospital in Banbury, developing a new vision and strategic plan for the Horton.

For more information about the Better Healthcare Programme, please see: www.oxfordshirepct.nhs.uk/bhp/

**New facilities**

**Oxford City Community Hospital**

Oxford’s community hospital relocated to the John Radcliffe Hospital in October 2009, after previously being based on the Churchill Hospital site. The new 26-bed City Community Hospital is run by Community Health Oxfordshire, the healthcare provider arm of NHS Oxfordshire, with medical staffing provided by the clinical gerontology team at the ORH.

**Stoke Mandeville Renal Unit**

Stoke Mandeville Hospital is now home to a satellite renal unit opened by the Trust’s Oxford Kidney Unit in May 2009. It serves 24 patients from Aylesbury and the surrounding area and is one of four satellite units – the others are in Swindon, High Wycombe and Milton Keynes. The Oxford Kidney Unit has been providing renal replacement therapy and transplantation to patients with kidney failure for over 40 years.

**Alison Maisey is a Diet Cook at the main kitchens in the John Radcliffe Hospital, ensuring patients get the specialist meals they need. She has worked in the hospital kitchens for 31 years.**
Balancing the triangle: quality, performance and finance

Quality, operational performance (i.e. how swiftly we see patients) and finance are all closely linked. If we do not ensure we have a stable financial base we cannot afford to maintain our services. So, we must make sure our hospitals are efficient and provide good value for money. Increasingly, the money the Trust receives is dependent on achieving quality and performance standards and our performance data is published for all to see.

The NHS is seeing a shift to the measuring of ‘outcomes’ rather than targets – in other words not just how swiftly a patient is seen, but how effective their care has been and how they felt about their experience.

Last year the ORH did not meet some of the key NHS access targets. In November 2009, we called in support from a nationally available pool of experts – the NHS Intensive Support Team – to work with our clinical and support teams to help us identify the best strategies for improvement.

Operational performance has been improving in the current financial year, and the experience has underlined the need for a ‘whole-systems’ approach to operational delivery to ensure that patient treatment is as streamlined as possible. This is reflected in the approach the Trust is taking this year to ensure financial stability as it delivers a challenging £47 million savings and efficiency programme. The Trust finished the last financial year with a balanced position.

The aim is to reduce the length of time patients need to remain in hospital, improve the efficiency of operating theatre utilisation and use outpatient departments more efficiently. For instance, whilst in the past a patient might come on three separate occasions which might include an overnight stay, these days more and more patients are able to be treated without staying in hospital overnight. There are also increasing examples of ‘one-stop’ clinics where patients can have all their tests and treatments in one go. There are good examples of achieving these measures, but overall performance is still variable.

A longstanding issue in the health and social care system across Oxfordshire has been one of delayed transfers for patients who are medically

Unity Tobin (right) is a nurse and Team Leader at the Day Surgery Unit at the Horton General Hospital. Unity has worked all over the UK, and says that her current role is the most enjoyable so far. In the 12 years she has been at the Horton, she has seen more and more types of operations being done as day surgery. Unity enjoys being able to get to know her patients, and see them all the way through their treatment. Pictured with nurse Racquel Manzanares.
fit for discharge, but are unable to leave hospital for lack of appropriate care facilities at home or in the community. The Trust is working closely with its partners in the NHS and local authority to address this problem which results in inefficient use of expensive hospital beds.

The ORH has some excellent new buildings and some of the best facilities in the NHS, but the Trust needs to make better use of these and take the opportunity to move patients and staff out of out-dated facilities. The Trust continues to seek to reduce prices on products and medicines and services that we buy in, to ensure standardisation across the Trust where possible, and improve the management of our stocks and supply chain.

With the cost of the workforce representing 65% of the Trust’s cost base, it is inevitable that a significant reduction in the amount spent on staffing is essential to the savings programme. This means looking at all aspects of our workforce, particularly the use of expensive temporary staff.

As the Trust moves to a new clinical management structure, it is also an opportunity to develop leadership and management skills so that we have a workforce that is confident in delivering the best healthcare possible for patients. In making decisions on staffing, the Trust’s responsibility to deliver safe care to patients is always carefully reviewed.

The ORH is rightly renowned for examples of excellence in clinical service, research and teaching. The Trust’s intention is that this notion of excellence encompasses everything we do; excellence in efficiency, in systems, in management, and in team work and staff relations. If we get this right then achieving our quality, performance and finance goals should follow naturally.

Mr Jayaratnam Jayamohan is a Consultant paediatric neurosurgeon. He treats children with brain and spine abnormalities such as tumours, bleeding and trauma, and is a member of the craniofacial team – one of four such specialist units in the country.
Financial summary

The Trust's position in relation to break-even duty for the year 2009/10 was a surplus of £0.1m. Whilst
the Trust's accounts record a deficit of £48.1m for the year, this was considered technical in nature. Of
this sum, £46.6m arose from reductions in the valuations attributed to the Trust's land and buildings
and £1.6m was due to the revenue impact of accounting for Private Finance Initiative schemes in
accordance with new International Financial Recording standards. Both these items are excluded by
the Department of Health in calculating the Trust's performance against its statutory break-even duty.

Statement of Comprehensive Income for the year ended 31 March 2010

<table>
<thead>
<tr>
<th></th>
<th>2009/10 £000</th>
<th>2008/09 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from patient care activities</td>
<td>513,569</td>
<td>499,533</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>122,324</td>
<td>115,273</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(657,788)</td>
<td>(623,669)</td>
</tr>
<tr>
<td>Operating surplus (deficit)</td>
<td>(21,895)</td>
<td>(8,863)</td>
</tr>
<tr>
<td>Finance costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment revenue</td>
<td>61</td>
<td>1,134</td>
</tr>
<tr>
<td>Other gains (and losses)</td>
<td>(253)</td>
<td>(223)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(18,333)</td>
<td>(11,466)</td>
</tr>
<tr>
<td>Surplus/(deficit) for the financial year</td>
<td>(40,420)</td>
<td>(19,418)</td>
</tr>
<tr>
<td>Public dividend capital dividends payable</td>
<td>(7,680)</td>
<td>(13,194)</td>
</tr>
<tr>
<td>Retained surplus/(deficit) for the year</td>
<td>(48,100)</td>
<td>(32,612)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impairments and reversals</td>
<td>(48,619)</td>
<td>(63,474)</td>
</tr>
<tr>
<td>Gains on revaluations</td>
<td>8,828</td>
<td>18,459</td>
</tr>
<tr>
<td>Receipt of donated/government granted assets</td>
<td>903</td>
<td>2,155</td>
</tr>
<tr>
<td>Reclassification adjustments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Transfers from donated and government grant reserves</td>
<td>(3,081)</td>
<td>(3,435)</td>
</tr>
<tr>
<td>– On disposal of available for sale financial assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>(90,069)</td>
<td>(78,907)</td>
</tr>
</tbody>
</table>

Hospital treatment in numbers 2009/10

- outpatient appointments: 614,056
- inpatient admissions: 19,688
- emergency department attendances: 123,592
- emergency department admissions: 87,275
- day case admissions: 62,062
- babies delivered: 8,077
How the ORH spends its money

The ORH provides general hospital services to people in Oxfordshire and neighbouring counties, and specialist services on a regional and national basis.

Our workforce

With a workforce of 10,136 staff (equivalent to 7,924 full time posts), the ORH is one of the largest employers within the Oxfordshire area. It is through the contribution, effort and support of its staff that the Trust is able to provide the excellence in service and quality of patient care that it has become renowned for.
As well as Sir Jonathan Michael joining us in April 2010, a number of other appointments have been made to the Board of the ORH in the last year, bringing a range of new experience and skills to the top team. Non-executive appointments include Geoffrey Salt, former Director of Selling for Waitrose; Alisdair Cameron, Finance Director of British Gas; Professor Sir John Bell, Regius Professor of Medicine at Oxford University; Anne Tutt, a Chartered Accountant with 25 years of experience as an Executive and Non-executive Director; and Peter Ward, who is responsible for business development in the healthcare and emergency services sector for John Laing plc. Professor David Mant, head of the Oxford University Department of Primary Health Care, has also been appointed as an Associate Non-executive Director. Our executive team has been joined by Mark Mansfield as Finance Director and in September, Professor Edward Baker joined the Trust as the new Medical Director.
Non-executive Directors

Professor Sir John Bell*
Sir John attended Oxford University as a Rhodes Scholar, returning as a Wellcome Trust Senior Clinical Fellow in 1987. He was elected to the Nuffield Professorship of Clinical Medicine in 1992. In 2002 he became the Regius Professor of Medicine at Oxford University. He is also President of the Academy of Medical Sciences and founded the Wellcome Trust Centre for Human Genetics in Oxford. He is Chairman of the Office for the Strategic Coordination of Health Research.

Mr Geoffrey Salt*
Geoffrey was Director of Supply for Waitrose, responsible for 188 shops and 37,000 staff, and a member of the Waitrose Board. He joined Waitrose as a trainee after graduation and moved to the Head Office in 1988. He was an Area Manager and joined the Board in 1999.

Mr Alisdair Cameron*
Alisdair is the Finance Director of British Gas. British Gas is part of Centrica, a FTSE 100 company. Alisdair joined Centrica in 2002, initially as Head of Internal Audit and Risk Management and then as Group Financial Controller. Alisdair is a Chartered Accountant and was previously a partner with Arthur Andersen. He is also a trustee of the e-Learning Foundation.

Professor David Mant
(Associate Non-executive Director)
David is head of the Oxford University Department of Primary Health Care and works as a General Practitioner in the NHS. He is also responsible for the clinical teaching of Oxford University medical students in general practice.

Mrs Anne Tutt*
Anne is a Chartered Accountant with 25 years of experience as an Executive and Non-executive Director. Her current roles include acting as a Non-executive Director of the Adventure Capital Fund Ltd, Futurebuilders England Fund Management Ltd and the Identity and Passport Service, an Executive Agency of the Home Office.

Mr Peter Ward*
Peter is responsible for business development in the healthcare and emergency services sector for John Laing plc. He managed a number of hospital developments, including the Children’s Hospital and West Wing developments in the John Radcliffe Hospital, before joining John Laing in January 2006. He is a Chartered Engineer and Member of the Institution of Civil Engineers.

Executive Directors

Professor Edward Baker*
Medical Director
Edward was appointed Medical Director on 2 Sept 2010. He was previously Executive Medical Director of Guy’s and St Thomas’ NHS Foundation Trust, for seven years. He has been a Consultant Paediatric Cardiologist at Guy’s and St Thomas’ since 1987 and appointed to a Chair in Paediatric Cardiology at Kings College, London in 2010.

Mr Mark Mansfield*
Director of Finance and Procurement
Mark joined the Trust in June 2010. He is a qualified accountant and has worked as a Board member in a number of NHS organisations, including Nottingham University Hospitals, and University Hospitals of North Staffordshire, as well as a strategic health authority, a primary care trust, and a non-acute NHS Trust.

Mr Paul Brennan
Director of Clinical Services
Paul joined the Trust in November 2009 from the Dudley Group of Hospitals NHS Foundation Trust where he held the post of Director of Operations/Deputy Chief Executive. He has 26 years experience in operational, planning and quality management in the healthcare sector.

Dr James Morris*
Medical Director (until 31 August 2010)
James is a Consultant Neuropathologist and has been Medical Director since 2001. He was the Medical Director at the Radcliffe Infirmary and acting Chief Executive during the period leading up to the merger of the Trust with the ORH in June 1999. He spent 15 years living in Boston, USA, working at the Brigham Women’s Hospital.

Andrew Stevens*
Director of Planning and Information
Andrew joined the NHS in 1982 as a national general management trainee. He has worked in North Wales, Manchester, Swindon and Hampstead Health Authority. He project-managed the Royal Free’s first wave NHS Trust application before becoming Director of Business Planning. He became Director of Planning and Information at the ORH in 1999.

Ms Sue Donaldson
Director of Human Resources and Organisational Development
Sue joined the Trust in November 2008, having previously held similar Board member positions at Poole Hospital NHS Foundation Trust and Cotswold and Vale Primary Care Trust. Prior to this Sue spent over 20 years working for the Post Office in a variety of senior roles.

Mrs Elaine Strachan-Hall*
Director of Nursing and Clinical Leadership
Elaine has 12 years experience as a nurse director and was appointed to the Trust in February 2007. She is a cardiothoracic nurse with general management experience in medicine. She has a masters degree in nursing and in business administration, and was awarded a leadership scholarship from the Florence Nightingale Foundation in 2007.

* Voting member of the Trust Board
Large print versions of this summary annual report and copies of the full annual report are available on the Trust website (www.oxfordradcliffe.nhs.uk) or from the Media and Communications Office, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU. Tel 01865 231471.