Briefing on Oxford University Hospitals

21 March 2012 – Issue 17

This briefing is a regular update for our partner organisations and key stakeholders within the wider community that we serve. It contains the latest news from the Oxford University Hospitals NHS Trust (OUH).

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1 Progress towards becoming a Foundation Trust

Work is continuing on the development of the Trust’s foundation trust application. A first draft of the Trust’s business plan and long term financial model was submitted to the Strategic Health Authority for review. The Trust has received constructive feedback and is working on the next version before we go out to formal consultation from June to September 2012 on our Foundation Trust proposals.

In preparation for the next stage of the process, programmes of work are being carried out by the Trust’s clinically led divisions with the involvement of GPs and other commissioners, as well as with a number of partner organisations, and a revised strategic approach to the Trust’s services is being developed. The second draft Integrated Business Plan and Long Term Financial Model, are currently being drafted and will be considered by the Trust Board in May before being submitted to the Strategic Health Authority. The Trust Board agreed the membership strategy in January and materials are being produced, and recruitment started. The aim is to achieve Foundation Trust status within 2013, with an application to the Department of Health planned for January 2013.

As a Foundation Trust we will be accountable to our local communities through a system of public membership and elected governors – the governors being elected by the members. Staff are automatically members unless they choose to opt out. University of Oxford Medical Sciences Division staff will be entitled to opt into our staff membership. This governance model gives patients and staff a greater say in how the Trust is run.

Members will elect governors to a Council of Governors who will work with the Trust Board to set the strategic direction of the Trust, generating plans to meet local needs. The Council of Governors will have a majority of publicly elected members and will also have governors elected by staff and some appointed governors from key partners such as the universities and our commissioners as well as a youth representative nominated by the Trust’s young people’s executive, YiPpEe.

If you are not already one of our members, then why not join us? More information and the opportunity to join can be found on our www.ouh.nhs.uk/ft

2 Trust Values

As part of its preparation towards becoming a Foundation Trust, in September, the Trust asked its staff to think about things that were important to them in their work, to shape the corporate values and behaviours of the Oxford University Hospitals NHS Trust. Following contributions from over 750 staff, patients and partner organisations, the Trust has developed a statement of values approved by the Trust Board. Overall, the values seek to capture the sentiment and principles that guide us and ensure the Trust is Delivering Compassionate Excellence – the kind of healthcare we would all expect for ourselves and our families.

Our values state that we aim to:

- Provide excellent care with compassion and respect
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This means we take pride in what we do; put patients at the heart of what we do and always go that extra mile to deliver support and respect to both our colleagues and patients.

- Deliver, learn and continuously improve
  This means we deliver high standards based on national and international standards; strive to improve through change and innovation; and work in partnership, learning from both successes and setbacks.

Over the next few months, the Trust is engaging with its staff about how we use these values and apply them in practice, and our future direction as a Foundation Trust. We will also be incorporating our values in to our recruitment and appraisal processes.

3 Academic Health Partnerships
A national NHS report *Innovation, Health and Wealth*, published in December 2011 proposed the establishment of Academic Health Science Networks across the country based on existing centres of excellence, Academic Health Science Centres (AHSCs) and comprehensive Biomedical Research Centres (BRCs). Guidance on the process and timescales for setting this up is expected in March 2012.

NHS and University partners met in February in Oxford and have agreed to set up a small working party to develop proposals for the establishment of the ‘Oxford Academic Health Partnership’.

The work would also fit into the development of wider networks but in the short term, the group will focus on a partnership approach as a means of delivering improvements in evidence-based care, research and all aspects of multi-professional education and training.

Participants in this work are Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford Learning Disabilities NHS Trust (or successor body), Oxford University Hospitals NHS Trust, Oxfordshire Clinical Commissioning Group, Oxfordshire PCT and the University of Oxford. Further more detailed proposals will be brought forward for consideration by the participating organisations.

4 Major Trauma Centre Network Launch
Commissioners across South Central carried out a review of stroke, major trauma and vascular services in 2011. This resulted in proposals for the development of networks for these specialities across the region as part of a national review.

From 2 April 2012 the John Radcliffe Hospital in Oxford and Southampton General Hospital will be designated the region’s Major Trauma Centres, functioning as the hubs of networks of other hospitals. The John Radcliffe will provide treatment to the most seriously injured and complex patients in the Thames Valley Region, liaising with Royal Berkshire Hospital in Reading, Stoke Mandeville Hospital in Aylesbury and Wexham Park Hospital in Slough. Southampton will play a similar role for Hampshire and the Isle of Wight.
The major trauma centre at the John Radcliffe will provide direct access to specialist teams and state-of-the-art equipment to ensure that the most seriously injured 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 first, the patient would be taken to the nearest hospital with a local trauma unit for immediate treatment and stabilisation before being transferred on to the John Radcliffe’s major trauma centre. Equally, patients will be moved nearer home to their local trauma unit for on-going treatment and rehabilitation.

Although the national launch is on 2 April, the Trust is taking a phased approach to implementation and the centre will be fully operational over a period of six months.

5 Finance and performance
Finance
The aim at the start of the 2011/12 financial year was to achieve savings of £52.7m [7.6% of turnover] at the ORH, and £5.6m (7.1% of turnover) at the NOC, and to achieve a surplus of £7.15m for the year across the integrated organisation. The Trust continues to forecast that it will reach the required year end surplus of £7.15m.

At the end of month ten (January), the Trust’s financial position was £316,000 better than plan. The Trust has now found 95% of its planned year to date savings target. Although the Trust remains slightly behind on the delivery of its Cost Improvement Plans, it has agreed supplementary plans for reducing costs to ensure that the end of year surplus is achieved. Higher than expected activity levels, including delayed transfers of care, require additional bed capacity and this is impacting on some expenditure reduction plans.

Performance challenges
- Cancer figures for January are provisional, but show that the targets have been delivered, with the exception of the 62 day referral from treatment to screening which is currently 1% below the target level.

- A newer target that we are now measured on is ‘the unplanned Emergency Department re-attendance’ rate which is consistently below the national target figure of 5%, reflecting the quality of service provided.

- However, difficulties remain with diagnostic waits where the target is that patients should not wait more than 6 weeks.

New initiatives to tackle delayed transfers of care
Delayed Transfers of Care remain high with over 190 patients across the county waiting to move on to the next stage of their care at the end of February. The impact of this trend within our hospitals has contributed to the increase in the number of patients remaining in hospital beyond 21 days.
The recently introduced Supported Discharge Service to help people make the transition from hospital to home has started with a caseload of 20 patients in January with plans to increase this to 80 patients during 2012. This service supports patients requiring low to intermediate levels of home personal social care for a maximum of 14 days. After that, social services provide ongoing care if it is required.

Other services to tackle the delays are being rolled out as part of the Oxfordshire wide ACE (Appropriate Care for Everyone) programme that is jointly carried out by the NHS and Oxfordshire County Council. These include the ‘hospital at home’ service that provides extra medical support in people’s homes where appropriate. In February a new service was launched by the county council to provide a fast response to social care in people’s homes at times of crises, providing extra support and to avoid people being admitted into hospital.

Other initiatives undertaken at the OUH to reduce delayed transfers include:

- **Post Acute Unit [PAU]** – a 36 bedded unit at the John Radcliffe for patients from geratology and acute medicine wards assessed as clinically ready to discharge.
- **Home for Lunch** – talking to patients from admission about their discharge to speed the process up.

**6 Dame Fiona appointed to lead government review**
Trust Chairman, Dame Fiona Caldicott, will lead a Government review into confidentiality and the sharing of health and social care information. Dame Fiona has previously led work in this field and those responsible in local authorities and the NHS for making decisions about sharing patient identifiable information are known as ‘Caldicott Guardians’.

Her review will look again at the principles around the exchange of patient information. Dame Fiona’s appointment was made after the NHS Future Forum felt that a review was needed of the balance between protecting patient confidentiality and sharing information that would benefit the patient in terms of improving their care.

The review panel will comprise clinical, social care, research and other healthcare professionals, as well as patients and service users. The panel will determine the detailed scope and priorities of the review and is expected to publish its findings later this year.

Dame Fiona is also Chairman of the National Information Governance Board.

**7 International research prize awarded to Oxford scientist**
The Trust congratulates Professor Fiona Powrie who has been awarded the 2012 Louis-Jeantet Prize for Medicine. This internationally recognised prize is awarded annually for outstanding biological research with implications for the future of medicine and healthcare. Professor Powrie is the Sidney Truelove Professor of Gastroenterology at Oxford University and head of experimental medicine in the Nuffield Department of Medicine based at the John Radcliffe Hospital where she works closely with the Trust’s gastroenterology services.
8 Forthcoming events at the OUH

*Calling all rheumatoid arthritis sufferers and their carers*

Oxford NRAS (National Rheumatoid Arthritis Society) Group Meeting on 26 April 2012, 10am – 15.45pm in the OCE Conference Room at the Nuffield Orthopaedic Centre, Windmill Road, Oxford OX3 7LD. Buffet lunch included. For more details of the programme including speakers, and to register for the event, please contact NRAS on volunteers@nras.org.uk or 0845 458 3969.

*Charitable Funds Event*

**Oxford Mail OX5 Run, Blenheim Palace: Sunday 25 March 2012**

This will be the 10th anniversary of the Oxford Mail OX5RUN! In ten years, the five-mile fun run around the grounds of Blenheim Palace has raised over £0.5 million and we’re hoping for a record turnout next year. More than 1,100 people took part in this year’s run, raising £60,000 for the Children’s Hospital and Fund for Children. Registration is now open at www.ox5run.co.uk

**Oxford Biomedical Research Centre - Bringing research to life through public talks**

24 April from 6.30-7.30pm (light refreshments served from 6pm)

Andrew Price, Professor of Orthopaedic Surgery at the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences will be giving an update on the latest research being carried out at the Nuffield Orthopaedic Centre Biomedical Research Unit. The talk will be held at the Nuffield Orthopaedic Centre, Lecture theatre level 1 (via main entrance).

10 Oxford University Hospitals in the news

In a typical month, the OUH Press Office receives between 80 and 100 media enquiries. This translates to a similar number of print and website articles and broadcast media items. A few of the stories in the media since the last briefing are as follows.

**Our staff**


**Our amazing patients**

The *Oxford Mail* featured a story about a group of women who have generously donated knitted items to the Newborn Intensive Care Unit. Following an original article before Christmas, further knitting volunteers have come forward. [Pledge to knit items](#)

**Our services in the media**

The *Oxford Mail, BBC South TV* and *Heart FM* all ran stories on the proposed expansion of our Newborn Intensive Care Unit prompted by the submission and approval of a planning application. [£5.5m expansion of baby care unit to save newborns](#), [Oxford University Hospitals Trust to expand neonatal intensive care unit](#) [£5.5m expansion of baby care unit to save newborns](#)
Medical and research developments at the OUH

There was widespread media coverage of the first trial of a new hepatitis vaccine being carried out by the Oxford Biomedical Research Centre. First trial new hepatitis vaccine shows promise, Hep C Vaccine shows promise in first trial

The Oxford Mail ran a feature about a small local charity Action Medical Research who have contributed funding to two current research projects at the OUH on a vaccine for meningitis B and birth asphyxia. Sixty years of research

Dr Markus Groppe of the Nuffield Laboratory of Ophthalmology did interviews on the research into the development of an implant to restore sight to people with retinitis pigmentosa for BBC local radio stations. Naked Scientists (BBC iPlayer Radio) (The programme was broadcast on a number of BBC local radio stations including BBC Northamptonshire, BBC Radio Essex, BBC Radio Suffolk, and BBC Radio Cambridgeshire).

There was considerable press coverage on research led by Professor Derrick Crook into the genetics of bacteria. Genetics reveals pneumococcus bacteria evolve

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