Briefing on Oxford University Hospitals

11 September 2013 – Issue 21

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 OUH Annual General Meeting
You are invited to attend Oxford University Hospitals NHS Trust’s Annual General Meeting on Monday, 30 September, 2013.

This will take place at the Assembly Room, Oxford Town Hall, St Aldates, Oxford from 5.30pm until 7.45pm.

Sir Jonathan Michael, Chief Executive, will present a Review of 2012/2013. This will be followed by a presentation by Dr Matthew Giles on Stroke, focusing in particular on how the Trust has pioneered a new approach to managing transient ischaemic attacks (TIA) or 'mini strokes'. A short video, highlighting clinical research into stroke treatment, will also be shown.

A full copy of the 2012/13 Annual Report can be viewed or downloaded from the Trust website here

2 Francis, Keogh Reviews and Berwick Reports
The publication of the first and second Francis Reports into events at Mid Staffs Hospital and the follow-up Keogh Review into the fourteen trusts with higher than average mortality rates and the Berwick Reports on patient safety have led Trusts up and down the country to review their processes and their culture to see what can be improved. OUH has been working since the publication of the first Francis Report to ensure that clinical quality is always the primary concern of all staff members; to enhance our systems to determine and monitor appropriate staffing levels in clinical areas in real time and to adopt a system of internal peer review for quality assurance and to improve our services. There are currently 21 different projects or changes that are being made or considered as a result of the work we have already done. One example of a new proposal is to invite staff who have been patients in our hospitals to give their feedback to colleagues. We already make good use of patient feedback more generally.

3 Nominate your hospital hero
Patients from Oxfordshire, and across the UK, have been nominating the Oxford University Hospitals staff who have made a huge difference to their lives for a new award. The Oxford Mail and Oxford University Hospitals NHS Trust have teamed up to identify 'Hospital Heroes', and since the launch in July there have been dozens of entries. As part of the campaign, the Oxford Mail is featuring inspirational stories from across our sites. Examples can be found on the Oxford Mail website: www.oxfordmail.co.uk/news/hospitalheroes

The new award was launched to coincide with the 65th anniversary of the creation of the NHS. For more than six decades, dedicated teams at Oxfordshire hospitals have played an important and unforgettable part in the lives of families across the county.

Anyone wishing to make a nomination has until 30 September 2013 to nominate the nurses, midwives, healthcare assistants, porters, hospital doctors or consultants who have made the difference. Nominations can be sent to hospitalheroes@ouh.nhs.uk
4 Our performance

Infection control
The Trust is expected to see no avoidable cases of MRSA this year and no more than 70 cases of *C Difficile*. So far this year the Trust has had one non avoidable case of MRSA and 16 cases of *C Difficile*. So far, the Trust is succeeding in reducing the number of cases in line with these targets.

Delayed Transfers of Care
Delayed transfers of care remain a major cause of concern for the Trust with delays currently at over 129 across the health system.

The Trust has had escalation beds open all year and has now permanently opened an additional 65 beds to meet the high levels of emergency activity and the delays in transferring patients to the most appropriate location for their on-going care needs. The Trust’s Supported Discharge Team providing care for patients at home for the first two weeks after their discharge and is now fully operational managing a caseload of up to 60 patients.

Good progress has been made in implementing the system wide discharge pathway and the teams across OUH, OH and OCC are working in partnership to improve the flow of patients across the various services provided by the partner organisations. However there are clearly some challenges, especially around assessment, that the teams are seeking to resolve.

Finance
The Trust’s financial position for the first part of this financial year shows we are on track to break even at the end of the financial year. In common with other NHS Trusts we face a number of risks to this position. The Trust is working hard to manage internal costs and to deliver our cost improvement programme and to manage activity in line with our plans and our contracts with our commissioners. Failure to meet service and operational standards can also result in penalties.

Operational performance

Access targets
The Trust is meeting its target to provide Venous Thromboembolisms (VTE) risk assessments on adult inpatients, with 95.62% of patients assessed against a standard of 95%.

Stroke patients in the Trust are spending more than 90% of their time on the Stroke Unit which is 7.7% above the target set for us.

So far this year, the Emergency Department target was achieved in May and June with 96.23% and 96.35% of patients respectively being seen and treated within four hours.

Areas of exception
The Trust has not met the cancer 62 day standard where performance was below the 85% expected standard at 83.5%.

Diagnostic waits for orthopaedic ultrasound and MRI have exceeded the six week waiting time limit.
The Trust continues to work hard to improve services in this area to ensure that patients will not be waiting so long in future.

5 Oxford Academic Health Science Network

Professor Gary Ford has been appointed Chief Executive of the Oxford Academic Health Science Network (AHSN) and will take up his appointment on 28 October. He joins the Network from the University of Newcastle where he is the holder of the Jacobson Chair of Clinical Pharmacology, the Director of the NIHR Stroke Research Network and the Associate Medical Director for Research and Development at the Newcastle Hospitals NHS Foundation Trust. In addition, he has maintained a clinical practice as a stroke physician and developed strong links with the life sciences sector.

Dr Paul Durrands has been appointed Chief Operating Officer and started on 27 August. Dr Durrands has worked in the life sciences industry and more recently for the Strategic Health Authority on a number of projects with a commercial focus. Other appointments are also being planned to support both the core activities and the programme and theme activities.

Professor Ford and Dr Durrands are planning a series of meetings with partners and stakeholders in the coming months and in addition, these will be accompanied by a number of road shows in the various localities for staff of partner organisations and the public.

The licence process with NHS England is nearing completion and a final draft has been issued. This includes four key objectives against which the five strategic goals of the Oxford AHSN can be mapped:

- Focus on the needs of patients and local populations
- Speed up the adoption of innovation
- Build a culture of partnership and collaboration
- Creation of wealth through co-development.

The Oxford University Hospitals NHS Trust is the hosting authority for the Oxford AHSN and will act as the employing authority.

The Oxford AHSN will also be working closely with the newly designated Thames Valley and South Midlands Clinical Research Network also to be hosted by the OUH.

Oxford Academic Health Science Centre (OxAHSC)

The Oxford bid submitted on 31 May 2013 resulted in shortlisting and feedback was received from the Designation Panel recognising the strengths of the proposal and the demonstration by the partnership of its excellent track record of translation, innovation and evidence-based practice, and provided many convincing examples of successful translation of results obtained in basic sciences into patient care.

Professor Sir John Bell has continued to lead the process working with Sir Jonathan Michael, Mr Stuart Bell, Professor Alastair Buchan and Mrs June Girvin. The final application document is
currently being drafted for submission at the end of September. The interview by the Designation Panel will take place on 29 October but the membership of the Panel has not yet been announced.

A total of six themes will be presented in the full application with their aims and objectives, expected contributions to the further integration of research, health education and/or patient care and how this will lead to improvements in patient care; and how each theme/work programme will involve and enhance multi-disciplinary and multi-professional working.

Support to this process continues to be provided by the University and the OUH.

6 Cotswold Maternity Unit reopened to births
On 1 July, the Cotswold Maternity Unit in Chipping Norton was reopened to births following a review of the unit earlier in the year. There have now been 15 babies born there since the unit reopened and bookings are increasing all the time. Saturday afternoon tours of the unit recommenced at the beginning of June, enabling pregnant women and their families to see the unit. Weekly drop-in breast feeding clinics will take place every Monday, Wednesday and Friday from 2.00pm until 3.30pm. Women are invited to come along to meet other breastfeeding mums and get friendly, expert advice on any issues they might have.

The unit can be contacted on chippingnortonmidwives@ouh.nhs.uk or Tel: 01608 648222. Further information can be found at www.ouh.nhs.uk/cmu

7 New intensive care cots open
The first phase of the extension to the Newborn Intensive Care Unit on the John Radcliffe Hospital opened in July. The £5.5m extension will double the number of intensive care cots available (from 10 to 20), 16 of which will be housed in the new unit, as well as increasing the number of high dependency cots.

The new 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 the 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 reduce the number of babies who have to be transferred to more distant centres owing to lack of intensive care cots in Oxford.

The unit is purpose-built for those babies who need the most intensive care. More information can be found here: http://www.ouh.nhs.uk/news/article.aspx?id=142
8 Foundation Trust Progress Report
Oxford University Hospitals has made good progress towards being able to operate as a Foundation Trust, with all milestones having been met so far. As part of the process, on 8 August, the NHS Trust Development Authority (TDA) visited the Horton General and Churchill Hospitals and met staff and patients. The TDA have given us very positive feedback on the quality of our care and our staff.

Recently the Care Quality Commission announced it was introducing a new inspection process for hospital trusts. This is expected to cause some delay to trusts who are applying to become Foundation Trusts, as there is a requirement to have a full CQC inspection before approval can be granted. The Trust is working with the TDA to agree what the next steps need to be. In the meantime, the Trust continues to work to deliver excellent care and effectively engage our patients, carers and staff.

9 Building the digital hospital – Electronic Patient Record
The Oxford University Hospitals NHS Trust is leading the way in health technology, and sees investment in IT systems and processes as key to improving the delivery of patient care.

The Trust is implementing an electronic system to store and manage patient information to have our patients' medical history and care requirements available online in real time and easily shared between health professionals.

This is the biggest operational change that the Trust has ever undertaken and is being delivered in phases over a number of years. 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.

More than 1.5 million patient records have so far been migrated from paper to the new electronic system. We have implemented the system for patient administration and we are improving the mechanisms used within the system to record data. We are also working to improve access to the system so that all clinical staff are able to routinely use it.

The new systems will enable real time information to radically improve patient care, and enable the Trust to operate in a 'paper light' way, with information available to clinical teams whenever and wherever they need it, with built-in safeguards to protect patient confidentiality. Electronic Patient Record systems enable the deployment of ePrescribing and automatic dispensing using robots to improve patient safety.

To find out more, please watch our video here: [http://www.ouh.nhs.uk/about/building-the-digital-hospital.aspx](http://www.ouh.nhs.uk/about/building-the-digital-hospital.aspx)
10 GP Engagement
The Trust has worked with GPs for many years to understand their needs and communicate changes that occur in our hospitals in a timely manner. The new structures in the health system have given the Trust opportunities for working more closely with our GP colleagues. To that end, Trust directors and leading clinicians have met with each of the Oxfordshire Clinical Commissioning Group (OCCG) Localities to discuss issues of common interest and agree a way forward for future engagement. Key topics identified to work on so far include outpatient appointments; sharing information about patients; meeting patients’ needs following appointment/discharge; GP access to information and advice and making the best use of information supplied on Datix by GPs.

The Trust is at the early stages of planning an event for GPs in December, and also plans to further survey GPs on how we can improve the information exchange between the Trust and GPs.

11 Wallingford Midwifery Led Unit to get upgrade
Wallingford MLU will close for 8 weeks for refurbishment from Monday 9 September. The unit has benefitted from £340,000 of government funding which will be used to upgrade facilities in the unit. The unit is one of more than 100 across the country to benefit from the funding. Mothers wanting a low intervention birth from the Wallingford area are being referred to the Midwifery Led Units at Wantage or the Spires in Oxford or offered a home birth.

12 Report into gall bladder surgery at the Horton
On 27 August the Trust published a review by the Royal College of Surgeons (RCS) into gall bladder surgery at the Horton General Hospital. The review was commissioned by the Trust following concerns raised by local GPs about complication rates. An earlier internal audit that followed those concerns being raised found that there seemed to be a higher complication rate than expected for emergency operations for gall bladder disease at the Horton. The RCS report endorsed the Trust’s decision to cease undertaking emergency gall bladder surgery at HGH and identified a number of other issues, which the Trust is addressing. The report is available on the Trust website in a redacted form with a briefing and an explanation of the redactions. The Trust has aimed to minimise the level of redactions and to publish as full a version as possible, but the original report contained some names and patient confidential information which could not be published.

13 Dates for your diary
Oxford Biomedical Research Centre - Bringing research to life through public talks
All talks are at the Nuffield Orthopaedic Centre and start at 6.30pm. Light refreshments are served from 6.00pm. Please let us know if you are planning to attend, as places are limited. Please register with Caroline Rouse by contacting her on ouhmembers@ouh.nhs.uk or on 01865 743491.
Chronic Kidney Disease – Dr Nathan Hill, Monday September 19
Senior Research Fellow Dr Nathan Hill talks about OxRen – a new UK study that will determine how many people have Chronic Kidney Disease and monitor the progression of people with the disease over the course of a decade. CKD affects one in ten people in the UK and OxRen hopes to improve screening and treatment through better understanding of the disease, its prevalence and progression.

Charitable Funds Events

Saturday 14 September 2013 - Charity Art Auction
Church Barn, Thenford
Ticket-only evening drinks party and auction in aid of the Heartfelt Appeal. Tickets £35 per person. For more details please visit: www.awpictures.co.uk

Sunday 22 September - THE Abseil 2
The second of our annual abseils, this time in support of the Fund for Children and Children’s Hospital, Oxford BRA Group (Breast Reconstruction Awareness) and the Oxford Transplant Centre. For more details about our hospital charity, visit our website

Sunday 3 November 3.00pm - Kennington and District United Church Choir performs Handel’s Messiah
Holywell Music Room, Holywell Street, Oxford
Director: Trevor Cowlett
In aid of Department of Urology Oxford (DUO) Charitable Trust.

Saturday 16 November - The I.M.P.S. Ball
Hawkwell House, Iffley.
A table of ten costs £500, to include a drink, three course meal and dancing to Boogie Me.
Email: imps@ouh.nhs.uk

Saturday 7 December - Carols and Canapés at Ditchley Park
In support of the Cancer Care Fund and Urology at the Churchill Hospital

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