Trust Board meeting: Wednesday, 8 May, 2013
TB2013.55

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| Status | The report summarises current points of interest locally and nationally. |
| History | Regular report to Board |

<p>| Board Lead(s) | Sir Jonathan Michael, Chief Executive |
| Key purpose | Strategy | Assurance | Policy | Performance |</p>
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Chief Executive's Report

This report summarises matters of current interest.

1. Strategic Partnerships

The Trust has put in place strengthened arrangements with its new, key commissioning partners as part of the 2013/14 commissioning round. The Trust has sought to help manage the uncertainties around the new commissioning systems and funding flows by initiating a structured and transparent approach, based on a detailed audit trial. This has helped to ensure that commissioning discussions around data issues have been minimised and have instead been focused on the substantive commissioning issues of quality, volume and cost. After visiting the six localities of the Oxfordshire Clinical Commissioning Group (CCG), a programme of work has been drawn up to address the joint strategic and operational issues raised through this process and to strengthen the links between the Trust and its GP colleagues in their roles as both commissioners and providers. The plan will be agreed at the regular Executive to Executive meetings with the CCG.

The Trust has had the first of its formal monthly meetings with the Trust Development Authority (TDA). The Trust continues to develop both its formal and informal links with the TDA, which has published an Accountability Framework to govern the relationship between the TDA and NHS trusts.

A new competition for designation as an Academic Health Science Centre (AHSC) from 1 April 2014 has been launched with a two-part process. The first part requires completion of a pre-qualifying questionnaire by 31 May. Shortlisted candidates will then be asked to submit a full application prior to interview by an International Panel in the late Autumn of 2013.

The Oxford University Hospitals will be working with Oxford Health NHS FT, Oxford Brookes University, University of Oxford and Primary care providers to develop an application for the Oxford Academic Health Science Centre, building on the collaborative partnerships already in place through the establishment of the Oxford Academic Health Consortium.

The role of the new AHSCs will be to:

- Increase strategic alignment of NHS providers and their university partners, specifically in world-class research, health education and patient care
- Improve health and healthcare delivery including through increased translation of discoveries from basic science into benefits for patients and,
- Realise their potential as drivers of economic growth.
2. CQC inspection report

A recently published report (25.4.13) shows that the John Radcliffe Hospital has met the standards required in relation to the four outcomes reviewed during a routine, unannounced inspection by the Care Quality Commission (CQC).

When the CQC visited the hospital in February of this year they looked at the following four outcomes:

- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing
- Supporting workers

Inspectors visited one surgical and one medical ward in the main hospital as well as the Women’s Centre. They looked at treatment records, observed how people were being cared for, spoke to 29 inpatients, spoke to relatives and a range of staff including doctors, nurses, midwives and managers. In all four of the above areas reviewed the hospital met the required standards.

Patients were complimentary about the care they received and in all areas inspected patients said the environment was very clean. The inspectors also found some areas that required improvement. For example, on one ward it was noted that early consideration and development of discharge plans was not in place for all patients.

The full report can be found at: http://www.cqc.org.uk/directory/rth08

3. Leadership Events

During April we hosted two events in Tingewick Hall for our leadership community; colleagues who manage teams or those who have significant influencing roles. We talked about the key challenges and opportunities facing the Trust in the context of the changing NHS landscape. We had a conversation about the importance of good leadership and staff engagement, building on our new Trust values, and also discussed the importance of having a line of sight between individual and team objectives with those of the Trust. Around 250 leaders participated in the events and the feedback has been very positive.

4. NICU update

The original completion date for the NICU expansion scheme was set at February 2013. However, due to a number of internal redesign changes by the Children’s and Women’s Division, a new programme was agreed. The revised programme has a completion date of August 2013 and, at this stage, remains on track to complete in August.
5. NHS Reforms and guidance

NHS Trust Development Authority Directions 2013
These directions enable the NHS Trust Development Authority (NHS TDA) to assume certain functions currently or previously managed by the Department of Health, strategic health authorities and the Appointments Commission. The full directions can be accessed through this link: https://www.gov.uk/government/publications/nhs-trust-development-authority-directions-2013.

NICE publishes its first joint health and social care quality standards
The NICE joint standards cover care of people with dementia and health and wellbeing of looked-after children. The Department of Health referred these 2 topics to NICE in 2011 and NICE has used them as a pilot before taking on its social care remit from 1 April 2013. The full report can be found at: https://www.gov.uk/government/news/nice-publishes-first-joint-health-and-social-care-quality-standards

Health Education England Directions 2013
Newly published guidance sets out Health Education England’s full operational duties and functions. The paper is aimed at stakeholders with an interest in planning and commissioning education and training for the healthcare workforce. The full report can be viewed at: https://www.gov.uk/government/publications/health-education-england-directions-2013

Attributing the costs of health and social care research and development (ACoRD)
This guidance provides a framework for the NHS and its partners to identify, recover and attribute the costs of health and social care R&D (ACoRD), in a transparent, and consistent manner. It clarifies the distinction between the 3 costs of research:

- research costs
- NHS support costs
- treatment costs

The full report can be viewed at: https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research

Transfer of assets to NHS Property Services Limited
This letter sets out details of the responsibilities of the Secretary of State in relation to NHS Property Services (NHSPS). It is addressed to landlords, sponsors and/or funders of NHS property schemes where the NHS counter-party after 1 April 2013 is NHS Property Services Limited. An attached paper also outlines how NHSPS will receive its funding from the NHS Commissioning Board (now NHS England). For more information refer to: https://www.gov.uk/government/publications/transfer-of-assets-to-nhs-property-services-limited
6. NICE to assess value of medicines from 2014

NICE will take responsibility for assessing the full value of medicines when new pricing arrangements are introduced in 2014. The change will give NICE a crucial role in the future value-based pricing arrangements for branded medicines. It will allow the body to build on its current drug evaluation processes by giving it broader scope to assess a medicine’s benefits and costs.

7. Recognising staff achievements

Senior thromboprophylaxis nurse Penny Clarke, haematology consultant Dr David Keeling and anticoagulant pharmacist Scott Harrison from the Churchill Hospital have developed an award-winning mobile phone application which could help prevent potentially fatal venous thromboembolisms (VTE).

The application won first prize for ‘the Best VTE Patient Information Structure’ in the charity Lifebloods’ national VTE awards for 2012 for developing the best VTE patient information in content, presentation and delivery.

8. Biomedical Research Centre – public open day

The Oxford Biomedical Research Centre is holding its annual public research open day on Wednesday, 15 May from 12.30-4.30 in the West Wing atrium. Please encourage your staff to attend.

9. Information Governance review paper

Dame Fiona recently headed the Caldicott Review into information governance in health and social care. The Secretary of State has responded initially to the report and has promised a full Government response in the summer. More information available at: https://www.gov.uk/government/news/health-secretary-to-strengthen-patient-privacy-on-confidential-data-use

10. OUH signs up to Mencap Charter

The OUH has signed up to Mencap’s ‘Getting it right’ charter to show our commitment to improving healthcare and treatment for people with a learning disability. Mencap will work with the Trust to develop practical guidance to ensure we can provide the best possible healthcare for people with a learning disability. For more information on the campaign and charter; www.mencap.org.uk/gettingitright.

Sir Jonathan Michael, Chief Executive
May 2013