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### Summary

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Chief Executive’s Report

This report summarises matters of current interest.

1. Update on Oxfordshire joint patient transfer plan

In December, Oxfordshire health and social care providers came together to start delivering a joint plan so that patients who no longer needed hospital care would be transferred to a care home. This was an interim step which meant their needs were better met while they waited for transfer home with community-based support or to a care home.

Over the past two months, more than 220 patients waiting for rehabilitation and social care in either OUH or community hospital beds have been moved to intermediate care beds in one of 17 care homes across the county.

This project involved significant cross system working at all levels, was well implemented and delivered on time, with patients being transferred as agreed. After a promising start, when the number of patients delayed in OUH and Oxford Health beds fell from 159 to 83, in spite of significant effort and hard work in supporting flow along the urgent care pathway, the numbers of patients delayed patients rose to 168 in late January. However, there has been a downward trend in the number of patients who are delayed over the past four weeks and this now stands at 122 patients.

Those areas that have been identified as requiring more attention include capacity in domiciliary care and reablement and ensuring care home placements can be sourced quickly.

It is been identified that further steps can be taken system-wide to improve the effective allocation and use of resources for patients who are delayed. System leaders have agreed a new single approach to the management of patients who require support to leave hospital. A ‘Command and Control’ structure will be introduced and operate across OUHT, OHFT and OCC (Social Care and Commissioning). This approach is based on the framework used for emergency incidents and provides a tried and tested method to support decision making. This initiative was implemented on the 24 February.

The aims of the new structure are to:
- increase drive and focus on resolving capacity constraints,
- ensure that people are moved through as efficiently as possible by matching the available discharge resources to the needs of the individual patient to get the right care in the right place at the right time.

The goal is to ensure that patients reach their appropriate discharge destination as quickly as possible, both minimising time delays, improving patient experience and reducing the actual number of patients delayed.

2. OUHFT Strategic Workshops helps develop the OUH story

Two OUH strategic planning days were held in February to bring together the Trust Board with key clinical and non-clinical staff with a view to progressing plans to develop what the future strategy of the Trust will look like.
On 11 February, at Rhodes House in Oxford, discussions focused on the strategy to deliver clinical excellence at the Horton General Hospital. A vision to create a hospital fit for the 21st century and how this would fit with national policies and the five-year forward view, as well as the Oxfordshire Healthcare Transformation Boards objectives, was discussed. The workshop also focused on how quality improvements could be implemented to drive up performance and the more effective utilisation of resources, which in turn would help to secure financial sustainability.

On 24 February, key clinical and non-clinical Trust staff met at St Anne’s College, along with other invited Oxfordshire health providers and University of Oxford guests, to further discussions on the future plans of Oxford University Hospitals, developing the OUH story going forward.

This strategy building workshop developed a shared understanding of the role of OUH in future Oxfordshire healthcare provision, by setting the strategic scene in which plans are to be developed, promoted a wider sign up to strategic objectives from partner organisations and gained agreement on a methodological framework in which future strategic service provision decisions and planning for OUH strategy will be made.

The key themes of future strategic development of the Trust were discussed and outcomes from the meeting will be used to engage all Trust staff in future discussions to help develop the OUH story.

3. Oxford Biomedical Research Centre update

- The NIHR Oxford Biomedical Research Centre last month submitted its pre-qualifying questionnaire in the first phase of the Biomedical Research Centre competition for 2017 to 2022. The bid builds on nine years of supporting translational research through the Oxford BRC across a range of disease areas including cancer, diabetes and neurology, supported by more than £150m from the NIHR. The OUH BRC bid was developed in close partnership with a complementary BRC bid from Oxford Health NHS FT, in mental health. Feedback is expected from the NIHR in April and shortlisted bids will be eligible to compete in the full application phase, to be submitted in June with interviews in July. The successful BRCs will be announced in September.

- OUH retains its position as one of the NHS’s top-performing research Trusts. In 2015-16, OUH leads nationally in recruitment of patients to NIHR portfolio studies, and is top of the league table of large research-active NHS Trusts in the initiation of clinical trials within 70 days, with a 100% success rate now maintained over three successive reporting periods.

- The successful applications for the first Principal Fellow Competition for the NIHR Oxford BRC and BRU were announced in January. The competition will award a total of £675,000 over three years to 15 leading BRC researchers to support research costs, selected against an extremely high standard of research excellence. BRC/BRU Principal Fellows will also have the opportunity for senior leadership training with the Saïd Business School.

- The Oxford BRC will hold a public open day “Celebrating Medical Research in Oxford” on Thursday April 21 from midday to 5pm at Tingewick Hall at the JR. The event will include interactive stands, lectures and tours about the work of the BRC.
4. OUH emergency response to Didcot Major Incident

I would like to take this opportunity to thank all our exceptional OUH staff who rapidly responded to the recent tragic event of the collapse of Didcot Power Station A, on 23 February. The Trust’s Major Incident Plan was rapidly implemented to ensure that we were able to accept casualties as soon as the incident was called.

The John Radcliffe Hospital provided care to five injured persons.

A debrief session has been held so that lessons from the incident and the Trust’s response can be effectively learned.

Our thoughts and condolences are with the families affected by this event.

5. OUH consultants receive prestigious national NIHR award

Six consultants from our Trust have been nationally recognised for their significant contribution to commercial research in the NHS. The awards were presented by the National Institute for Health Research (NIHR) Clinical Research Network at the British Medical Association in London on 19 February.

The event recognised and celebrated the expertise of commercial principal investigators (PIs) who are responsible for NIHR supported research sites, ensuring that patients are appropriately recruited into research studies.

The OUHFT doctors whose expertise was recognised by the NIHR Clinical Research Network are:

- Dr Anna Schuh Consultant Haematologist
- Dr Jane Collier, Consultant Hepatologist
- Professor Mark Middleton, Consultant Oncologist
- Dr Satish Keshav, a Consultant Physician and Gastroenterologist
- Dr Tim Betts, Consultant Cardiologist and Electrophysiologist
- Dr Nicola Curry, Consultant Haematologist

6. Oxford Academic Health Science Network update

- The Oxford AHSN is holding a series of roadshows with partner organisations instead of a single annual general meeting this year. OUH will host the first of these on Monday 9 May at Tingewick Hall, John Radcliffe Hospital, from 4-6pm.

- There is a sizeable contingent from OUH on the inaugural ‘Practical innovating in healthcare settings’ course which started at Bucks New University in February. Thirty frontline NHS staff are on the current programme. Registration is open for the next running of the course this autumn. More details here: http://www.oxfordahsn.org/our-work/continuous-learning/practical-innovating-in-healthcare-settings/

• OUH staff are playing key roles in the forthcoming Oxford AHSN Patient Safety Collaborative conference on 21 April.

• The next meeting of the Oxford AHSN Partnership Board is on 30 March at Green Park, Reading.

7. Relocation of respiratory ward to John Radcliffe Hospital

The successful relocation of the Geoffrey Harris Ward, providing in-patient respiratory care, from the Churchill Hospital to the John Radcliffe Hospital took place in the last weekend of February.

The new ward will be called the Osler Chest Ward and located at Ward 7E, Level 7, at the JR. This new ward has been redesigned for the needs of respiratory patients, and sited to at the JR to improve each patient’s pathway of respiratory care.

A new facility for cystic fibrosis patients, the Oxford Adult Cystic Fibrosis Centre will open in March 2016 on Ward 5D, Level 5, JR. Both in-patients and out-patients will receive care there.

Thanks to all the staff who worked hard to ensure this relocation took place seamlessly.

Dr Bruno Holthof
Chief Executive
March, 2016