# Chief Executive's Report

## Trust Board Meeting in Public: Wednesday 12 July 2017

**TB2017.60**

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Chief Executive’s Report

This report summarises matters of current interest.

1. OUH operational performance and NHS Improvement outcome

The NHS Improvement review of Trust waiting times’ performance which commenced in November 2016, reached its conclusion in June. NHSI reviewed the Trust’s performance against the national 4-hour A&E, 62-day cancer and 18-week Referral to Treatment (RTT) elective surgery waiting times.

NHS Improvement found no formal action is required in relation to Trust’s performance against the 4-hour A&E waiting time standard, having been satisfied progress has been made, since a dip in performance in October 2016. It recognised our work to enable patients, when they no longer need an acute hospital bed, to move to a more appropriate care setting.

Similarly, the NHSI review of the Trust’s underperformance in 2016 against the national 62-day cancer treatment waiting time, found confidence in plans to ensure action on the key areas of cancer treatment where delays occurred. The Trust’s actions, including strengthening clinical leadership in oncology, mean more patients will experience shorter waiting times for cancer treatment, going forward.

As part of the same review, NHSI looked at the Trust’s 18-week referral-to-treatment (RTT) waiting time performance standard for elective treatments. NHSI requires us to take all reasonable steps to improve RTT performance in a manner which is financially sustainable for both the Trust and its commissioners. To achieve this, NHSI asked the Trust to develop a plan to increase the number of elective procedures in the short term and work with other providers and commissioners to develop a medium term plan in order to improve RTT waiting time performance.

The Trust submitted a short-term “Referral to Treatment Activity Plan”, covering three months from July to September 2017, to deliver more elective service capacity.

The Oxford Clinical Commissioning Group (OCCG), Oxford Health and Oxford University Hospitals have appointed a system-wide Improvement Director to be responsible for reducing elective demand and redesigning how elective care is delivered across the healthcare system. Dr Penny Dash has been appointed System Improvement Director, accountable to the Boards of OCCG, Oxford Health and Oxford University Hospitals. Penny has substantial expertise in redesigning healthcare services in order to ensure high-quality services and reduce cost.
2. OCCG Public Consultation next steps

Transformation Programme Phase One
Oxfordshire Clinical Commissioning Group (CCG) held the first of two Extraordinary Board Meetings to consider the results of the Big Health and Care Consultation on proposals to change some healthcare services in the county on 20 June. The CCG received and considered the Transformation consultation reports.

The consultation on phase one of the Oxfordshire Transformation Programme took place over 12 weeks at the beginning of the year and asked patients, public and NHS staff to consider proposals for hospital beds and stroke services across Oxfordshire, and maternity services, critical and planned care at the Horton General Hospital in Banbury. The CCG Board will make decisions at their second extraordinary Board meeting on 10 August.

Transformation Phase Two
Work is now beginning to look at potential options for phase two of the Transformation which will focus on acute hospital services in Oxfordshire including emergency departments and children’s services as well as community hospitals including Midwifery Led units. This second phase will also look in more detail at plans to develop primary care, which will underpin our other changes (primary care services include GPs, nurses, healthcare assistants, community nurses and other clinicians). There will be a process of engagement with local people prior to the formal consultation.

3. New Chief Nurse appointed

I am pleased to announce the appointment of Sam Foster to the post of Chief Nurse, who will join the Trust Board of Directors in early September. Sam is an experienced Chief Nurse who has worked at the Heart of England NHS Foundation Trust for eight years, where she has held the role of Chief Nurse for the past four years.

Sam has also worked in a number of other trusts, including Shrewsbury and Telford and Frimley Park. Sam has a strong focus on nursing and midwifery education, having worked in both Trust and University education roles in her earlier career.

I hope you will all welcome Sam, who will visit our hospitals a number of times over the coming weeks, in preparation to start formally at the beginning of September. In the meantime, I would like to thank Andrew MacCallum for supporting the Trust as Interim Chief Nurse over the past few months, and would like to wish him well as he moves to his new role at the Oxford School of Nursing and Midwifery.
4. New leadership model for NHS in the South

I have been informed by NHS England and NHS Improvement that they are piloting a new way of working here in the South. In line with the collaboration expected from the entire NHS, the two bodies have agreed to test a more joined up model of working. This is intended to help the NHS work better together to deliver the priorities set out in the NHS Five Year Forward View for the benefit of our patients and communities. With effect from 1st September 2017, Anne Eden will assume the joint responsibilities of both the Regional Director for NHS England and the Executive Regional Managing Director for NHS Improvement for the NHS in the South East covering Oxfordshire, Buckinghamshire and Berkshire West.

5. Council of Governors nominations open

Our Council of Governors, established when the Trust achieved Foundation Trust status in 2015 is made up of members of the public, our staff and partners, who help guide and advise us on how to meet the future health needs of the community we serve.

The Council was set up with an election cycle of alternate years so not all the governors are up for election at once, in order to maintain continuity and experience on the Council.

This is our first complete set of elections involving half the elected seats on the Council. Every Trust staff member in the clinical and non-clinical constituency has a right to vote and stand for the role of staff governor. I would also like the Board’s support to encourage members of the public in areas up for election to consider standing.

The elections are conducted independently of the Trust by UK Engage, a company with expertise in running local government elections and elections for other Foundation Trusts.

Nomination forms are now available for those interested in standing for election. They must be completed and returned to UK Engage by 5pm on Friday 21 July 2017 for details visit [www.ouh.nhs.uk/about/governors/elections.aspx](http://www.ouh.nhs.uk/about/governors/elections.aspx)

6. OUH carries out fire safety audit

Under a national directive from NHS Improvement to all NHS providers in England, OUH was asked to carry out a fire safety audit and urgent fire safety checks following the Grenfell Tower fire. The Trust’s Estates and Facilities team has acted swiftly to comply with the requirements outlined and seeks to assure our patients that their safety is paramount.
As patient and staff safety is our highest priority, we have also proactively engaged the services of a specialist independent fire safety consultancy, Trenton Fire, to advise us on our current arrangements and make any necessary recommendations for improvements.

7. Oxford Biomedical Research Centre technology showcase

On 27 June, NIHR Oxford BRC organised a successful annual Technology Showcase at the Said Business School, focusing on precision medicine and digital health. The event which brought together around 300 prominent scientists, business leaders and healthcare professionals, celebrated the huge amount of new healthcare technologies and research initiatives being developed in and around Oxford, and explored their commercial potential. Among the themes covered during the event were how digital advances have paved the way for wearable technology and monitoring devices, and helped to reconfigure patient pathways; and precision medicine, which has improved in vitro diagnostics for personalised medicine, and enabled more targeted therapeutics.

The Annual Report, the last report for BRC 2 (2012-17), was submitted to NIHR in May 2017. NIHR funding, through the Oxford BRC, has transformed the capacity and culture for translational research across our Hospital-University partnership, with OUH now hosting 1,800 active clinical studies. Nationally, it is at the forefront of patient recruitment to NIHR studies and for initiating clinical trials. OUH has the most highly-cited publications of any NHS Trust (RAND Europe, 2004-13).

8. Oxford Academic Health Science Network impact report

AHSN Network published its 2017 Impact Report in June: www.ahsnnetwork.com/report-highlights-impact-academic-health-science-networks/ It includes a case study from the Oxford AHSN on the gestational diabetes remote monitoring innovation which started life at the John Radcliffe and has now found an industry partner in Drayson Technologies.


On the same day the AHSN also supported the Oxford Genomic Medicine Centre launch event. www.oxfordahsn.org/news-and-events/events/genomic-medicine-centre-launch/

The Trust and Oxford AHSN co-hosted an ‘Innovation and impact’ event at the John Radcliffe Hospital in May. Topics covered included sepsis recognition (Andrew Brent),
fragility fractures (Kassim Javaid), clinical outcome measures in inflammatory bowel disease (Simon Travis) and a precision medicine approach to asthma (Ian Pavord).

The Oxford AHSN continues to support The Hill, Oxford’s digital health hub, particularly its new monthly expert-in-residence sessions and linked seminars at the JR.

Dr Bruno Holthof
Chief Executive
July, 2017