November 2014
This briefing is for GPs, practice staff and others in primary care, on changes and developments at the Oxford University Hospitals NHS Trust (OUH). It has been prepared by the OUH and will be circulated on a regular basis. You can also read it on http://www.ouh.nhs.uk/services/gp-bulletin/default.aspx

If you have any comments or suggestions, please contact alison.barnes@ouh.nhs.uk
Any feedback on web issues please email to web.editor@ouh.nhs.uk

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- Oxford Cardiology team selected for evaluation of specialist treatments
- £110m research centre in cancer medicine established at the University of Oxford

1. Key performance measures

Please see the latest summary of our performance against key standards and indicators

Healthcare associated infections
- MRSA and C.difficile: latest figures

2. Clinical articles and referral protocols
**Laboratory automation and method changes**

Following a major procurement exercise, the laboratories are now in the process of a transition to new automated equipment over the next six months. In many cases this project will not lead to any noticeable changes to methods/results for GP colleagues as well as hospital clinicians, but where it does these will be stated on the reports. Recent tests which have changed include Vitamin D.

The changes this month include Tumour Markers such as CEA, Ca-125, Ca-19-9, Ca-15-3 and AFP and for some of these the reference intervals, which are reported with these test results have been revised. The majority of other biochemistry tests will change during early January. Some specialist coagulation parameters will change in January with the more common tests changing in February.

The method changes will be phased and one important change relates to reporting units for haemoglobin (g/dL to g/L) to meet new national guidance. This will most likely happen in February 2015. We will also phase in new national guidance on appropriate use of Red Cell Folate.

**Bowel Scope Screening for 55 year olds**

From January 2015 the population of Oxfordshire will start to be invited to the new arm of the NHS Bowel Cancer Screening Programme, called ‘Bowel Scope’. This involves a one-off Flexible Sigmoidoscopy at 55 years of age, with individuals then invited into the current biennial FOBt programme from the age of 60.

The primary aim of Bowel Scope is to identify and remove adenomatous polyps in the left colon, with those with high risk polyps referred for a full colonoscopy to also remove any right colonic neoplasia. We anticipate that uptake will be around 50 percent initially, with strong evidence that the programme will reduce mortality from colorectal cancer by 31% in the invited population.

People who are aged between 56 and 59 years of age can request Bowel Scope screening if they wish. To ensure the stability and sustainability of the programme, it is being implemented in stages across Oxfordshire over a 2 year period. Those registered with GP surgeries in the Oxford City locality will be invited for a Bowel Scope test from January 2015, with the programme rolling out to the other Oxfordshire CCG locality groups later in 2015 and 2016. Full roll-out across the county will be achieved by January 2017.

For further information about any element of Bowel Scope screening, to request information packs or to book an educational presentation, please contact David Munday, Lead Nurse for Bowel Cancer Screening in Oxfordshire on 01865 220087 / david.munday@ouh.nhs.uk or visit http://cancerscreening.nhs.uk/bowel/bowel-scope-screening.html

**Oxford Breast Imaging Centre (OBIC)**

The Breast Imaging Team, based at the Churchill Hospital, has a new Programme Manager, Annemarie Leaks. Annemarie hopes to meet with the GP localities to work with them to increase the uptake of women attending for screening mammograms.

Currently the attendance figure in Oxfordshire is 75.8%, higher than many other areas of the country. The National Breast Screening Program now requires an 80% attendance so Annemarie and the team are looking at strategies to encourage women to keep their appointments.

Recently new clinics have been established by OBIC to enable women who have not attended their initial appointment to be sent another one automatically. We encourage women to contact us directly to rearrange appointments to fit in with their busy lives.

Further information and help is available if women have any concerns, questions or special needs that will assist in their decision to attend for their mammograms. Annemarie’s direct line is 01865 235620 and her email is annemarie.leaks@ouh.nhs.uk. OBIC’s main office number is 01865235621.

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3. Consultant appointments

- **Mr Sinclair Gore** MB, ChB, MD, FRCS (Plast).
  Consultant in Plastic and Reconstruction Surgery for Oxford and Royal Berkshire

- **Dr Deirdre O’Shea** M.B.B.S (Lond), MRCPCH, RSCN & RGN
  **Dr James Weitz** M.B.B.S, MRCPCH.
  Consultants in Paediatric Critical Care

- **Dr Ketan Shah** MBChB, MRCP (UK) FRCR.
  Consultant in Clinical Oncology – Head, Neck and Breast
Switchboard modernisation
Replacement software has been installed successfully at both the Horton General and John Radcliffe hospitals, with the Churchill due to go live in mid-December. The refurbishment of the JR switchboard began on 24 November, and is due to complete by early January 2015. In addition, the current bleep system will be replaced during January together with the roll out of Voice Recognition internally in the Trust.

The objective is to complete the merger to a centralised switchboard based at the JR by the end of January / early February. At this point, the Horton switchboard / reception will be maintained as a reception operational from 7.00am to 8.00pm seven days a week. Once established and proven the Trust will extend Voice Recognition to external users during late spring.

We recognise the temporary access difficulties that this work had caused for you and your patients. We are grateful for your forbearance and are confident that this project will secure more responsive and effective services for all external and internal customers of our switchboard services.

EPR update
The implementation of electronic prescribing and medicines administration is now underway as part of the Trust’s Electronic Patient Record (EPR) system. It accelerates the prescription process, enabling clinicians to send medication prescriptions directly to the Pharmacy robot to prepare, minimising data entry error or misinterpretation. Electronic prescribing in the JR has led to the first in UK ‘hands-free’ dispensing – from electronic ordering via the Pharmacy robot, reducing scope for error.

Also, a new neurology intensive care documentation (iNet) system has also gone live, providing the adult neurology ICU department with improved access to patient information and data entry. The new functionalities provide a safer prescribing and data capture process.

This is a further exciting step in the implementation of our IT strategy, which is designed to support the implementation of safer and more streamlined models of care for our patients as well as more effective communication with partners in primary care and across the health and social care system.

Public Health Strategy update
The Trust Board approved the Public Health Strategy for OUH in March 2014, together with a 2014/15 Action Plan. The strategy sets out the approach OUH is taking to maintain and improve good health in the entire population it serves, and is jointly held with Oxfordshire County Council, the responsible body for public health in Oxfordshire. The report describes progress made against the action plan in the 6 months to 30 September 2014, in the three priority themes:

- Building capacity to promote healthy lifestyles to all patients, visitors, and staff
- Developing a health promoting environment
- Embedding population health approaches within OUH

CQC action plans
After the Care Quality Commission inspection in February 2014, the Trust developed an action plan in relation to the ‘must do’ compliance actions and a ‘should do’ action plan related to issues raised in the CQC’s Chief Inspector of Hospitals reports, on 12 June. A copy of an update on the action plans was
presented to the Board at its meeting on 12 November.

**Foundation Trust update**

OUH’s Board agreed an [updated five-year business plan](http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx) in October. This sets out the Trust’s latest plans for services, staffing and finance and can be found on our website.

Monitor will decide whether OUH is ready to operate as an NHS Foundation Trust and is conducting its assessment of the Trust. It has reviewed quality governance arrangements and made some recommendations on actions OUH can take soon on arrangements such as the escalation of issues to the Board and an update of the organisation’s Quality Strategy. The Board will be asked in January to agree a refreshed Quality Strategy and to check progress made.

A meeting with Monitor in mid-January is expected to review progress on quality governance, on meeting national access standards and on maintaining financial control. The challenge faced in delivering below-4 hour waits in A&E, seeing patients within 62 days of urgent GP referral with suspected cancer and admitting the required number of patients for elective surgery within 18 weeks is replicated in many parts of England. OUH continues to do all it can to shorten waits for patients.

In readiness for operating as a Foundation Trust, OUH has begun the process to elect public and staff representatives to its Council of Governors. Anyone aged over 16 and living in England or Wales can join the Trust as public members and vote for Governors to speak for people in their constituency. Elections happen in January-February 2015.

As an NHS Foundation Trust we will have a Council of Governors, made up of people elected by public members and by staff members, plus appointed representatives from local organisations. The Trust will be accountable through our membership and Council of Governors to our local communities.

Governors hold the Trust’s Board of Directors to account and speak at Council meetings from the perspective of the people in their constituency or the organisation they represent. Of the 29 members of the councillor of governors there will be a representative from the Oxfordshire LMC and the Oxfordshire CCG.

Members who have joined before 12 January can vote or can stand as candidate Governors by that date. OUH has 8,500 public members and everyone in primary care is asked to encourage patients and colleagues to join to have a say in the future direction of this part of the local NHS.

Details are on the OUH website at [www.ouh.nhs.uk/ft](http://www.ouh.nhs.uk/ft) and if any practice would like to know more, please contact ouhmembers@ouh.nhs.uk

**Trust strategies and progress reports**

A number of Trust Strategies and reports were presented and approved by the Board on 12 November and may be of interest to you:

The Trust’s [dementia strategy](http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx) which is aligned with the national strategy as well as with Oxfordshire’s Joint Health and Wellbeing Strategy 2012-16.

*The key elements of the strategy are:*

- Early assessment using the modified FAIR model (Find, Assess, Investigate & Refer)
- Implementation of personalised care
- Leadership
- Education
- Information, support and environment
- Data Evaluation and Research

The [Safeguarding Children and Adults Annual Report](http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx)

The Trust’s [six-month business plan](http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx) update

**Safer staffing levels**

The Trust reviews staffing levels via the ward monitoring system which is reported and scrutinised daily. A ‘red, amber, green’ rating (RAG) is applied and reviewed twice daily on each hospital site. The Trust then submits figures to NHS Choices via the Unify platform.

This report includes the actual hours worked against the planned roster hours for nursing and midwifery staff. The report also separates registered nurses and unregistered care support workers.

More information at [http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx](http://www.ouh.nhs.uk/about/saferstaffinglevels.aspx)
New Medical Director

We are pleased to announce the appointment of Dr Tony Berendt as the Trust’s substantive Medical Director.

Tony has been our Interim Medical Director since April, during which time he has made a significant contribution across the full range of his responsibilities. Tony was Deputy Medical Director for the Trust from November 2011, prior to which he was Medical Director of the Nuffield Orthopaedic Centre NHS Trust.

New Associate Medical Director

Dr Ivor Byren has been appointed as Associate Medical Director for Medical Workforce. Ivor is well-known in the Trust for his clinical work in Infectious Diseases (on John Warin Ward, the Bone Infection Unit, and in the Microbiology consult service) and in Acute General Medicine.

In addition he is currently Clinical Director of the Ambulatory Directorate within the MRC Division, where he also has a Division-wide role in leading medical appraisal.

As the Associate Medical Director for Medical Workforce Ivor takes on particular responsibilities for the smooth running and quality control of the medical appraisal and revalidation systems, and for other aspects of the working lives of senior doctors in the Trust.

He joins existing members of the Medical Director’s team, Professors Keith Channon and Peter Sullivan, Directors of Research and Development, and of Medical Education, respectively.