

Trust Board meeting: Thursday 1 March 2012
 TB2012.12

Title	Chief Executive's Report
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Status	The report summarised current points of interest locally and nationally.
History	Regular report to Board

Board Lead(s)	Sir Jonathan Michael, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	Dame Fiona appointed to lead Government review
2	International prize for Oxford scientist
3	CQC - review of compliance
4	Major Trauma Centre Network launch
5	OUH patient engagement event
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7	Academic Health Partnerships
8	Performance and Capability Review of the Care Quality Commission
9	Patient Experience Framework
10	Local Education and Training Boards (LETBs)
11	Head and Neck Cancer Services

Chief Executive's Report

This report summarises matters of current interest.

1. Trust Chairman to lead review into sharing of health information

Dame Fiona Caldicott will lead a Government review into confidentiality and the sharing of health and social care information. Dame Fiona is known as the originator of 'Caldicott Guardians' - those responsible in the NHS and local authorities for making decisions about sharing patient identifiable information. Her review will reconsider the principles around the exchange of patient information.

Her appointment follows a recommendation by the NHS Future Forum of a review of the balance between protecting patient confidentiality and sharing information that would benefit the patient in terms of improving care. A panel of clinical, social care, research and other healthcare professionals, as well as patients and service users will determine the detailed scope and priorities for the review, which is expected to publish its findings later this year.

Dame Fiona is also Chairman of the National Information Governance Board.

2. International research prize for Oxford scientist

I would like to congratulate Professor Fiona Powrie who has been awarded the 2012 Louis-Jeantet Prize for Medicine. This internationally recognised prize is awarded annually for outstanding biological research with implications for the future of medicine and healthcare. Prof Powrie is the Sidney Truelove Professor of Gastroenterology at Oxford University and head of experimental medicine in the Nuffield Department of Medicine based at the John Radcliffe Hospital where she works closely with the Trust's gastroenterology services.

3. Care Quality Commission - review of compliance

Following a review to look at how the Trust is meeting patients' nutritional needs, the CQC has confirmed that the John Radcliffe Hospital is now meeting all the essential standards of quality and safety. An unannounced visit to the hospital on 29 November 2011 focused specifically on Outcome 5 (Nutrition) to ensure that necessary improvements in patient care were being delivered and that concerns raised at the Dignity and Nutrition inspection (DANI) in May 2011 had been addressed.

The review focused on the acute medical ward and the stroke ward. Improvements were noted at mealtimes, with meals being served quickly and all patients who required support receiving help. The 'red tray' system was seen to be working effectively. On the stroke ward there is now a robust system for recording dietary and fluid intake. The inspectors found that improvements had been made in assessing patients' nutritional risk and additional training had been provided to staff on the assessment process. Patients reported that they had plenty of food choice and that the quality was good. The inspectors found that mealtimes were quieter and patients were not interrupted by non-essential tasks while eating their meals.

4. Major Trauma Centre Network launch

During 2011 a review undertaken by commissioners across South Central resulted in proposals for the consolidation of stroke, major trauma and vascular surgery services into

networks across the region. The Trust has been progressing plans to implement the major trauma networks for the Region from April.

The John Radcliffe Hospital and Southampton General Hospital will be the region's Major Trauma Centres, functioning as the hubs of networks of other hospitals providing. Both hospitals will provide treatment to the most seriously injured and complex patients, supported by and linked to trauma units at other hospitals across the region:

Southern Network

- Basingstoke and North Hampshire Hospital
- Queen Alexandra Hospital, Portsmouth
- St Mary's Hospital, Isle of Wight

Northern Network:

- Royal Berkshire Hospital, Reading
- Stoke Mandeville Hospital, Aylesbury
- Wexham Park Hospital, Slough

The designated major trauma centres will provide direct access to specialist teams and state-of-the-art equipment to ensure that the most seriously injured patients receive immediate treatment, 24 hours a day, seven days a week. When it is not possible to get to a major trauma centre within 45 minutes, or where the patient needs to be stabilised quickly, the patient would be taken to the nearest hospital with a local trauma unit for immediate treatment and stabilisation before being transferred on to the major trauma centre. Once discharged from a major trauma centre, local trauma units will provide on-going treatment and rehabilitation for patients.

The John Radcliffe Hospital will be designated as a major trauma centre from 2 April, 2012, the date of the national launch of the new system. The Trust is taking a phased approach to implementation and the centre will become fully operational over a period of six months. Discussions continue with commissioners and the DH about the necessary adjustments to tariff required to make these specialist services financially viable.

5. OUH Patient Engagement event

A patient engagement event is being held on Monday 12 March 2012 at 6.00pm. The aim of the event, which is being attended by Board members, clinicians and staff from across the Division, is to follow up from the meeting in April 2011 and to report on the actions taken in response to points raised. In particular, the 2011 event tested the proposed quality goals for the Quality Account and the 2012 event will feed back on progress and also help define the goals for 2012/13. All are welcome and those wishing to attend should email gaynor.parsons@ouh.nhs.uk.

6. Local HealthWatch

The results of a consultation on the vision for Local HealthWatch in Oxfordshire were published on 31 January 2012. HealthWatch is being created as part of the Health and Social Care Bill, and will exist locally as Local HealthWatch, and nationally as HealthWatch England.

Oxfordshire County Council has a responsibility to ensure that Oxfordshire has its own Local HealthWatch and it is expected this will be set up in October 2012.

Local HealthWatch will take over the work of the Oxfordshire Local Involvement Network (LINK) and will seek to ensure that the views and experiences of patients, service users and carers are taken into account when service developments are planned. It will also support people if they want to make a complaint about health services (from April 2013).

7. Academic Health Partnerships

The NHS report “Innovation, Health and Wealth¹” published in December 2011 proposed the establishment of Academic Health Science Networks across the country based on existing centres of excellence, AHSCs and comprehensive Biomedical Research Centres (BRCs). Guidance on the process and timescales for these networks is expected in March 2012.

A very positive meeting was held on 21 February between NHS and University partners within Oxfordshire and it was agreed to set up a small working party to develop proposals for the establishment of the “Oxford Academic Health Partnership”. The work would also feed into the development of wider networks but the group agreed that this partnership approach should be developed now as a means of delivering improvements in evidence-based care, research and all aspects of multi-professional education and training. It was agreed that the proposed partnership would not cut across established bilateral relationships but would be aimed to strengthen collaboration across the whole health economy.

The participants in this work are Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford Learning Disabilities NHS Trust (or successor body), Oxford University Hospitals NHS Trust, Oxfordshire Clinical Commissioning Group, Oxfordshire PCT and the University of Oxford. Further more detailed proposals will be brought forward for consideration by the participating organisations.

8. Performance and Capability Review of the Care Quality Commission² (CQC).

The Department of Health published its review of the CQC on 23 February which is intended to provide robust assurance to the public, the Department and Parliament that CQC is improving its performance and that action will be taken to build and sustain its capability for the future.

The review ran from October 2011 to February 2012, chaired by the Permanent Secretary to the Department of Health. It gathered evidence from a range of external stakeholders and CQC staff. It also considered findings of the recent reports from the Health Select Committee and the National Audit Office.

The review sets out recommendations to challenge CQC and support its continuing improvement by providing clearer strategic direction, strengthening the CQC board and developing and delivering the regulatory model. These recommendations will be important to ensure that CQC builds and sustains its capability for the future. The review also recognises that the Department has more to do as a sponsor and work is underway to strengthen accountability arrangements across all the Department’s arm’s length bodies.

9. Patient experience framework

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132790

The Department has also published 'A Framework for NHS Patient Experience' which outlines the areas most important to patients' experience of NHS services. This framework is significant for healthcare organisations because it provides a common evidence-based list of what matters to patients, and can be used to direct efforts to improve services. For example it can be used to help define what questions to ask patients in surveys and in real time feedback.

The Framework will be used to inform the Trust's patient experience framework now being developed by the Chief Nurse.

10. Local Education and Training Boards (LETBs)

Local Education and Training Boards (LETBs) are the bodies that the NHS Future Forum recommended should take local responsibility for developing the workforce for the NHS and commission multi-professional education from educational providers. A recent DH paper on designing and delivering the future arrangements for workforce development across the NHS details the roles and responsibilities of LETBs which will be accountable to Health Education England (HEE) which formally takes responsibility from April 2013. The LETBs remain accountable to the SHA until then

Recent discussions at the South Central Shadow LETB resulted in a recommendation to NHS South of England that there should be two separate LETBs covering the natural communities of Wessex and the Thames Valley respectively, rather than a single body covering the former SHA. It is anticipated that these educational and training networks will become co-terminus with academic health networks covering research and innovation as well as clinical service collaboration and improvement.

11. Head and Neck Cancer Services

It had been planned to bring a paper to this month's Board meeting containing recommendations following the review of Head and Neck Cancer services. Unfortunately it has not been possible to obtain a firm position from our commissioners on the additional costs associated with the potential changes, outside the overall contract negotiations for 2012/13. The delay means that it is not possible to present the Board with properly costed options at the present. The results of the review and the associated recommendations will be brought to the Board at the earliest opportunity once all the necessary information from third parties has been received.

Sir Jonathan Michael, Chief Executive

March 2012