

Board of Directors Meeting: Thursday 3 September 2009

BD2009.69

Subject	Acting Chief Executive's Report
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Purpose of paper	To briefly summarise Trust performance and matters of current interest
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Board Lead(s)	Mr Chris Hurst, Acting Chief Executive
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Background papers (if any)	-
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Action/decision required	The Board is asked to note the report			
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Key purpose	Strategy	Assurance	Policy	<u>Performance</u>
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Strategic Goals	All			
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Strategic Objectives	All			
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Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	-			
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Also considered by	-			
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Resource and financial impact	-			
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Consideration of legal/equality/diversity/engagement issues	-			
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Acronyms and abbreviations used	CEO: Chief Executive Officer HIEC: Health Innovation and Education Cluster NHS: National Health Service ORH: Oxford Radcliffe Hospitals PPQ - Pre-Qualification Questionnaire			
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This short report summarises Trust performance and matters of current interest.

1. I have assumed the role of Acting Chief Executive with effect from 1 August 2009 as Trevor Campbell Davis moves onto an international healthcare career. The Board wishes to acknowledge Trevor's achievements for the Trust since he was appointed in September 2003.
2. From 1 September Mr Jo Farrar joins the Trust as Interim Finance Director, during my tenure as Acting Chief Executive and pending the appointment of a new Finance Director. He is an experienced finance professional who spent the first twelve years of his career with KPMG and was subsequently seconded to Monitor (the Foundation Trust regulator) for two years as its Head of Compliance. For the last three years Jo has been Director of Regulatory Operations at the NHS London Provider Agency, fulfilling the role of Acting CEO for the last six months in the run up to its reorganisation.
3. In July, the Trust made a small surplus for the second consecutive month and is beginning to pull back the initial slippage it experienced on making its savings in April and May. However, the challenge faced by the Trust and by Oxfordshire PCT to reduce the volume of hospital based activity remains and this presents significant additional financial risk for the Trust in this year. Further details of the month's performance and these risks are set out in the Finance Director's report.
4. Work on the new Oxford Heart Centre is almost complete, and both staff and patients will be moving in later this month. The new facility will be a regional referral centre of excellence offering services including; a 24/7 heart attack centre, coronary intervention, heart surgery and arrhythmia treatment. The Centre will also be a base for teaching, for research and for innovation in treatments. The facilities include five catheter labs, for diagnosing and treating heart problems, and for monitoring patients undergoing cardiology treatment, a recovery unit including a paediatric recovery area for child heart patients, 50 single rooms for patients, 19 intensive care and high dependency beds and new facilities for staff. The Centre has resulted in positive publicity for the Trust, including an extensive feature article in the Oxford Times.
5. The Trust's cancer services have also been praised in the media recently, following the publication of a national report which showed evidence of age discrimination in the options available to women who face breast cancer. We were able to demonstrate that this was not the case in our hospitals and a number of our patients gave positive interviews to the local media about their care.
6. On 15 June Oxford Brookes, and on 22 June NHS South Central Strategic Health Authority, hosted events to give initial consideration to the submission of an application to form a Thames Valley Health Innovation and Education Cluster (HIEC). On 14 August, the Trust hosted a meeting and agreed to co-ordinate the completion of the first part of the application to become a HIEC, which involves the submission of a Pre-Qualification Questionnaire (PPQ). It was agreed at this meeting that the ORH would act as the lead organisation for the first phase of the process. We

have already received responses from a number partner organisations which have submitted information to enable the completion of the PPQ. A further meeting of the group has been arranged for 9 September 2009.

7. On 3 August, Dr William Moyes wrote to all NHS Foundation Trust Chairs and Chief Executives to confirm that he will be standing down as Executive Chairman of Monitor when his contract expires at the end of January 2010.
8. Mr Ashok Handa, consultant vascular surgeon at the Oxford Radcliffe Hospitals, has been shortlisted in the national NHS Leadership Awards under the "NHS Award for Inspiration" category. These awards are a new scheme to recognise examples of outstanding leadership at all levels of the NHS, and encourage future leaders from all backgrounds.

Mr Handa, who trained and worked in London, Reading, Bristol and Sussex moved to Oxford as Lecturer in Vascular and Transplant surgery in 1998. He has been a practising consultant surgeon at the ORH for eight years. Mr Handa was nominated in part because of his work to found the ORH Fellowship in Clinical management programme. This has created an innovative vehicle for doctors in training to gain experience in health services management, service improvement and clinical leadership.

9. Junior Doctors became subject to the European Working Time Directive, which imposes a limit of 48 hours per week and specific rest breaks, from 1 August 2009. All other staff have been covered since 1998.

Excellent progress has been made in achieving compliance across the Trust and all specialties now have rotas which are compliant. However, there are several specialties, currently Obstetrics and Gynaecology, Paediatrics, Trauma and Orthopaedics, Emergency Department (HGH), General Surgery (HGH) and Transplant and Urology where there are risks due to recruitment difficulties. The situation is being carefully monitored and a review of progress is due to be carried out at the end of September.

The Trust has not to date applied for derogation for any specialty (from 48 to 52 hours for up to three years). There will be a process for Trusts to seek derogation after August where it becomes necessary to maintain safe patient care. This is an action the Trust may need to consider.

