Briefing on Oxford University Hospitals

21 December 2011 – Issue 16

This briefing is a regular update for our partner organisations and key stakeholders within the wider community that we serve. It contains the latest news from the Oxford University Hospitals NHS Trust (OUH).

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1 The new Oxford University Hospitals NHS Trust
The new Oxford University Hospitals NHS Trust was created on 1 November 2011, and the first Board meeting was held on 3 November 2011 following the integration of the Nuffield Orthopaedic Centre with the Oxford Radcliffe Hospitals.

The joint working agreement with the University of Oxford also formally came into effect at the point of merger. This agreement builds on existing working relationships between the two organisations. A Joint Executive Group and a Strategic Partnership Board has been established.

- The NOC is now a seventh division of the Trust – the Clinical Division of Musculoskeletal and Rehabilitation Services.
- Another 1,000 staff joined the Trust from the NOC, bringing the new total to about 11,000.
- Patients will benefit from closer collaboration across services and the streamlining of patient pathways.

2 Finance and performance

Finance
The aim at the start of the 2011/12 financial year was to achieve savings of £52.7m [7.6% of turnover] at the ORH, and £5.6m (7.1% of turnover) at the NOC, and to achieve a surplus of £7.15m for the year across the integrated organisation. The Trust is reporting about £2m below where it had expected to be at this stage in the year so there is some catching up to do to regain the forecast position.

Performance challenges
The financial, operational performance and quality demands on the Trust for next year and beyond remain considerable. Nonetheless, at the end of the second quarter, the Trust had achieved all its key performance targets in cancer services, and the 18 week and 4 hour waiting standards.

New initiatives to tackle delayed transfers of care
Measures are being taken across Oxfordshire to tackle the high number of patients experiencing delayed transfers of care (DTOC). These are patients who are ready to leave hospital but are unable to do so because of issues with health or social care provision within the community or at home. This is causing difficulties for the Trust both operationally and financially.

At the beginning of December, Oxfordshire had 176 patients who were ready to move onto their next stage of care. The delays are occurring across the health and social care system as a whole; there is no single cause of delay or organisation to blame.

Improvement in this situation is reliant on whole-system working and health and social care professionals are working together to prevent inappropriate admissions to hospital, as well as addressing the processes undertaken when people are in hospital and when they are ready to go home.
BRIEFING

NHS and Social Care representatives have now formed a joint programme – the **ACE (Appropriate Care for Everyone) Programme**, chaired by Dr Stephen Richards, GP lead of the Oxfordshire Clinical Commissioning Group. The Programme has membership from all four Oxfordshire organisations responsible for patient care: NHS Oxfordshire and Buckinghamshire PCT Cluster, Oxford Health, the OUH and Oxfordshire County Council.

Initiatives undertaken at the OUH to reduce delayed transfers include:

- **Post Acute Unit [PAU]** – a 36 bedded unit at the John Radcliffe for patients from gerontology and acute medicine wards assessed as clinically ready to discharge.
- **Supported Discharge Scheme** – introduced at the John Radcliffe on 28 November and at the Horton in December – to help people make the transition from hospital to home.
- **Home for Lunch** – talking to patients about their discharge to speed the process up.

3 Electronic Patient Record (EPR)

We are now three weeks into the implementation of the Electronic Patient Record at the Churchill, Horton and John Radcliffe Hospitals. This first phase introduces a new system for administration processes such as the booking of patient appointments and the generation of patient letters. More clinical functionality will come later.

This changeover to an electronic patient record is potentially the biggest operational change this Trust has ever seen. It has involved months of preparation and many hundreds of staff have gone the extra mile to prepare for the change. The new system is a local patient record that will replace paper patient records.

Overall, the implementation has gone well. As expected and planned for, initial inputting of data is initially a bit slower than usual, but staff are already becoming more familiar with the software and gaining speed and confidence. Staff are receiving ongoing training and there are a number of ‘super-users’ who are able to advise and help staff in their areas. We are extremely grateful for the patience and understanding people have shown.

**What does this mean for patients?**

The OUH is positive about the benefits that the new system will bring to the organisation. Once it is fully implemented there will be many benefits, not least the ability for clinicians to view a patient’s medical record when and where they need it. In addition we expect:

- Clinics to run more efficiently because patient records will be more readily available
- Patient clinical information to contain the most recent updates.

This has obvious advantages in a fast paced environment such as the Emergency Department. Greater legibility of key clinical information and increased accuracy and immediacy of recording on an electronic system will also increase patient safety and lessen clinical risk.
4 Progress towards becoming a Foundation Trust

Work is continuing on the development of the Trust’s foundation trust application. A strategic review is taking place in preparation for this, within the context of the recent integration and the strengthening of the relationship with the University of Oxford. There will be consultation with our stakeholders and the public in due course on the Trust’s vision and strategic direction as part of the process to become a foundation trust. The aim is to achieve Foundation Trust status within 2013, with public consultations taking place from May 2012 and an application to the Department of Health planned for January 2013.

5 Regional and national service reconfigurations

A number of service configurations are being pursued across the region. These include safe and sustainable reviews undertaken by the Strategic Health Authority in:

- trauma
- vascular
- and stroke services.

In each of these reviews, the preferred model involves the OUH becoming a major hub within a wider service network.

A similar review has been undertaken of neonatal services with again the OUH identified as the provider of the highest level of neonatal intensive care linked into a clinical network with surrounding district general hospitals.

At a national level reviews are being undertaken of both paediatric cardiac surgery and paediatric neurosurgery. In the case of paediatric cardiac surgery the Trust is seeking to develop an integrated service with Southampton. A similar approach is being taken to paediatric neurosurgery services with Oxford serving as the lead surgical base.

6 Service developments, expansions and relocations

Newborn Intensive Care Unit

The Trust has submitted a planning application as part of expansion plans for the Newborn Intensive Care Unit. The plan involves building an extension next to the current unit at the Women’s Centre on the John Radcliffe Hospital site. The OUH has been asked by South Central SHA Board of Commissioners to expand the number of newborn intensive care cots at the John Radcliffe Hospital as there is a recognised shortage of cots in the region. The John Radcliffe Hospital is the only designated Neonatal Intensive Care Unit covering the Thames Valley (Oxfordshire, Berkshire and Buckinghamshire).

This expansion is planned to double the intensive care capacity from 10 to 20 cots. Sixteen of the intensive care cots are planned to be in the new extension. If approved, the new facilities will enable the Trust to provide more than twice as much space around each cot, creating an improved environment for baby, parents and staff. There will also be a new secure entrance into the area, a
new waiting area for families, a new reception and ward clerks’ office; and a couple of small rooms close by for parent waiting.

The provision of extra cots at Oxford will mean that parents and babies do not have to travel so far for care.

Expansion of the Kadoorie Centre
The University is also expanding the Kadoorie Centre at the John Radcliffe Hospital. The expansion will include some building work over the main front entrance of the John Radcliffe Hospital. The Kadoorie Centre is a purpose built research and education facility and its role is to improve the care of critically ill patients by staff training and targeted research and development.

Head and Neck Cancer Services
A review has been set up by the Neurosciences, Trauma and Specialist Surgery Division in order to consider the implications of moving Head and Neck Cancer services to the Churchill Hospital. The Review Group comprises clinicians, the clinical director, the general manager and representatives from estates and our PFI partner, Carillion.

The review will examine three options: **Option A** – the existing plan to move all Head and Neck cancer inpatient and outpatient services to the Churchill Hospital; **Option B** – an integrated Head and Neck inpatient and outpatient service in the new West Wing at the John Radcliffe Hospital; **Option C** – a split site model with outpatient services at the Churchill Hospital and inpatient surgery continuing at the John Radcliffe Hospital.

The review will include informal consultation with HOSC and the Cancer Network and meetings with interested parties including patients, patient support groups and charities who are closely linked to the service. Recommendations are to be brought to future Trust Management Executive and Board meetings.

7 Care Quality Commission
The Trust was visited by the Care Quality Commission on 29 November 2011 in an unannounced follow up visit to the Dignity and Nutrition inspection (DANI) that had taken place in May this year. The follow up visit was looking specifically at Outcome 5 (Nutrition) to ensure that necessary improvements in patient care were being delivered and that all the concerns raised in May had been addressed.

Improvements were noted in patient documentation and support for patients at meal times. The outcome of this review is expected in the New Year.

The Trust continues to maintain focus on all aspects of the care we provide. Each Division produces a monthly Quality report which provides a summary of compliance against the CQC outcomes.
8 New arrangements and services at the Horton General Hospital

New gynaecology suite opened 28 November 2011
The Trust has expanded gynaecology services at the Horton General Hospital to provide more day surgery and diagnostic services during the week and to provide clinics for women with menstrual problems or problems during the early stages of pregnancy. The new dedicated gynaecological Day Surgery and Diagnostic Suite opened at the Horton on 28 November. This new service means that fewer women living in Banbury and surrounding areas will need to travel to the John Radcliffe Hospital for treatment. The new service has expanded and improved the volume of services provided at the Horton General Hospital to include the creation of new outpatient clinics and more day case surgery. This means a reduced need for invasive surgery, fewer admissions to hospital and an improved quality of care for women needing treatment.

Gynaecology patients requiring admission have access to six dedicated gynaecology overnight beds on the women’s surgical ward.

New renal dialysis service at the Horton General Hospital
A new renal dialysis unit is planned to open at the Horton in April 2012. It has long been an aim of the Trust to provide a more local service for patients from the north of Oxfordshire and from south Northamptonshire who currently travel to the Churchill Hospital in Oxford for their treatment. This means that 20 patients who currently travel to Oxford should be able to be treated in Banbury.

The new unit will consist of five dialysis stations to treat up to 20 patients. Space for the new unit has been identified in the old Medical Assessment Unit at the Horton. This area has been empty since July 2011 and has been assessed as ideal for this purpose. The new service will require an additional two dialysis nurses who will be recruited soon.

9 Forthcoming events at the OUH

Charitable Funds Event

Oxford Mail OX5 Run, Blenheim Palace: Sunday 25 March 2012
This will be the 10th anniversary of the Oxford Mail OX5RUN! In ten years, the five-mile fun run around the grounds of Blenheim Palace has raised over £0.5 million and we’re hoping for a record turnout next year. More than 1,100 people took part in this year’s run, raising £60,000 for the Children’s Hospital and Fund for Children. Registration is now open at http://www.ox5run.co.uk

Oxford Biomedical Research Centre - Bringing research to life through public talks
What does public and patient involvement in research mean?: Monday 27 February 2012, 6.30-7.30pm, Lecture Theatre, Nuffield Orthopaedic Centre, Windmill Road, Oxford
Light refreshments served from 6pm.
BRC Ethics Fellow, Dr Mark Sheehan will provide a stimulating and thought provoking talk and will pose questions around ‘should you involve patients and the public in research?’ ‘is it important for society to ensure patients and the public are involved in research at all or some of the stages in the research process?’
Please rsvp to Cora Reilly on cora.reilly@ouh.nhs.uk. All are welcome to attend.
10 Oxford University Hospitals in the news
In a typical month, the OUH Press Office receives between 80 and 100 media enquiries. This translates to a similar number of print and website articles and broadcast media items. A few of the stories in the media since the last briefing are as follows.

Our clinicians
Pathologist Ian Roberts published a paper in the Lancet about the relative merits of non-invasive autopsy following several years of research that was covered widely from The Economist to news agencies. Reviving Autopsy, Routine imaging could reduce the need for standard autopsies, Scanners could reduce the number of autopsies - study, Getting the picture of how someone died

Our services in the media
The Churchill Hospital has the first digital scanners in the region for breast screening. Boost to beat breast cancer

Medical and research developments at the OUH
The Daily Mirror ran a story about the work being done by Professor Robert MacLaren and others on the artificial eye which returns vision to the blind that is being tested in the UK. It mimics the function of the eye to overcome the effects of retinitis pigmentosa. Bionic eye to be tested in the UK

The Children’s Hospital was presented with a miniature MRI scanner by Siemens. The mini scanner was commissioned by Play Specialist Sarah Browne from the Children’s Hospital and is a world first. The idea is to help children prepare for MRI scans and to encourage them to have the scans without general anaesthetic. Scanner, New MRI toy joy mini - scanner helps to calm nerves

Coverage in national and local media about the use of a new high intensity focused ultrasound (HIFU) machine being used at the Churchill Hospital as an alternative to surgery for cancer. The ultrasound beam is 10,000 times the strength of imaging ultrasound. Ultrasound machine to treat cancer at Oxford Hospital

Our amazing patients
National and local coverage including in the Daily Mail about a patient who had an unusually large cyst removed at the Churchill Hospital. She participated in It’s Not Just a Walk in the Park for Charitable Funds as a thank you. Grandma drops size 24 to 10 after 39lb tumour taken out

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