### Trust Board Meeting: Thursday 5 July 2012

**Title**: 6 Month Post-NOC Integration Update on Benefits Realisation

### Status
To update the Trust Board on the delivery of the agreed benefits of integrating the Nuffield Orthopaedic Centre and Oxford Radcliffe Hospitals NHS Trusts.

### History
Trust Public Board 28th February 2011

### Board Lead(s)
Andrew Stevens, Director of Planning and Information

### Key purpose
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<th>Strategy</th>
<th>Assurance</th>
<th>Policy</th>
<th>Performance</th>
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TB2012.60 NOC Integration Benefits Realisation
Post-Integration Update on Benefits Realisation

Summary and recommendations

1. Plans to bring together the Nuffield Orthopaedic Centre (NOC) and Oxford Radcliffe Hospitals NHS Trusts identified benefits to health care delivery for patients and a range of related benefits.

2. This paper gives an update on progress in Oxford University Hospitals (OUH) against an agreed benefits realisation plan, highlighting that:
   a. Several services have transferred between the Trust’s clinically-led Divisions.
   b. Agreement has been reached between the relevant Divisions on responsibilities for an Integrated Spinal Pathway.
   c. Unified Electronic Risk Management began across the whole OUH Trust, including the NOC Division, in May.
   d. Recruitment and staff induction are now run across OUH.
   e. 'Compassionate Excellence' values have been adopted by OUH to give a consistent ethos, with work under way on a 'Values into Action' programme.
   f. CRC-accredited clinical trials units at the NOC now operate under the ‘Oxford Clinical Trials’ consortium banner.
   g. Migration of NOC Division data to OUH’s Electronic Staff Record and e-rostering system will take place from February 2013.
   h. Planning is under way to develop the ambulatory paediatric pathway, a single electronic track and trigger system, and to harmonise policies.
   i. Work continues to identify best use of accommodation and site cover following the agreement in May to relocate Head and Neck Cancer services.
   j. Private patient activity at the NOC remains a responsibility of the NOC Division, with no overall Trust-wide approach.

3. The Board is asked to note progress and to expect to receive a more complete report on progress made one year from integration.
Post-Integration Update on Benefits Realisation

Introduction

1. The formation of Oxford University Hospitals NHS Trust through the integration of the former Nuffield Orthopaedic Centre and Oxford Radcliffe Hospitals NHS Trusts took place on 1 November 2011.

2. A list of integration benefits which indicated responsibility for their ongoing delivery was agreed by the Foundation Trust Programme Board on 21 November 2011. Based on these agreed benefits, this paper provides an update on progress.

3. This is an updated version of a paper presented to Trust Management Executive on 26 April 2012.

Progress

4. Those individuals with designated responsibility for the delivery of the agreed benefits, either as specific projects or part of ‘business as usual’, have been contacted for updates on progress in delivering them.

5. Significant progress has been made in a number of areas:

   a) **Service Transfers**
      Operational management of Radiology and Histopathology has transferred from the NOC Division to the CCTD&P Division and that of Paediatric Orthopaedic Outpatients, Paediatric Musculoskeletal Physiotherapy and Paediatric Rheumatology from the NOC Division to the Children’s & Women’s Division. These transfers are intended to improve patient safety, quality of care and governance arrangements but it is expected that a number of economies of scale will also be realised.

   b) **Integrated Spinal Pathway**
      A revised paper is currently being finalised to be presented at SPC on 12 July following agreement between the Children’s & Women’s Division; the Neurosciences, Trauma and Specialist Surgery Division; and the NOC Division on a way forward. The main elements of the agreement focus on:
      - The NOC Division being responsible for appropriate theatre, critical care and ward capacity on the JR site to support the workload;
      - Implementation of a single point of access for all spinal referrals whether neurosurgical or orthopaedic.

   c) **Unified Electronic Risk Management**
      The current ORH contract has been extended to the whole Trust from 1 May, with roll out having commenced during May.

   d) **Recruitment and Induction**
      Recruitment integration is complete with one recruitment process for all staff across OUH. One induction programme is also run which engenders a shared
sense of Trust identity and provides assurance that all new staff receive standard information.

e) ‘Delivering Compassionate Excellence’
‘Compassionate Excellence' values have now been adopted by the single Trust to give a consistent ethos with work currently under way on the 'Values into Action' programme.

f) Unified Clinical Trials Unit
CRC accredited units are now badged together under the ‘Oxford Clinical Trials’ consortium banner. A number of Clinical Trial Units previously associated with ORH have come together with the existing NOC clinical trials unit and the Centre for Statistics in Medicine to form the Oxford Clinical Trials Research Unit to be based in a new building on the NOC site.

g) Trustwide E-Rostering
The tendering process is now concluded and merged data will be accepted by the provider from Feb 2013, including the migration of NOC Division data to the OUH ESR and e-rostering system.

6. A number of other benefits have planning well developed. These include the ambulatory paediatric pathway, a single electronic track and trigger system, and policy harmonisation.

7. In two areas, further progress requires clarification of mechanisms for delivery or is dependent on other factors:

a) Service Reconfiguration / Site Cover
This programme will reconfigure services, optimising the use of estate to improve accommodation quality whilst increasing return on PFI estate and generating savings. This is linked to the re location of Head and Neck Cancer Services which was agreed at the May Board. In parallel, work is nearing completion on a business case to relocate Respiratory and Infectious Diseases services from the Churchill to the John Radcliffe.

b) Private Patients Strategy
Responsibility for private patient work at the NOC remains within the NOC Division and an approach needs to be agreed to the development of a Trust-wide approach.

Recommendations

8. The Board is asked to note progress and to expect to receive a more complete report on progress made one year from integration.

Neil Scotchmer, Programme Manager
Jonathan Horbury, Foundation Trust Manager
Andrew Stevens, Director of Planning and Information
June 2012