

Trust Board: Thursday 3 November 2011**TB2011.55**

Title	Chief Executive's Report
Purpose of paper	The report summarises current points of interest for the Board.
Board Lead(s)	Sir Jonathan Michael, Chief Executive

Chief Executive's Report

This report summarises matters of current interest.

1. Oxford University Hospitals NHS Trust (OUH) came into being on 1 November with the services of the Nuffield Orthopaedic Centre becoming the seventh division of the Trust – the Clinical Division of Musculoskeletal and Rehabilitation Services. NOC staff transferred to OUH on the date of its creation.

At the same time, a formal Joint Working Agreement between the Trust and the University of Oxford has come into effect. This agreement builds on existing working relationships between the two organisations. A Strategic Partnership Board and Joint Executive Group have been established.

The OUH will continue to develop services in collaboration with other health colleagues, including GP commissioning groups, and with other academic partners, in particular Oxford Brookes University which has a key role in the training and education of nurses and other healthcare professionals.

2. As reported to the last Board, 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 timetable for the review has been set out and will include informal consultation with HOSC and the Cancer Network in November and a series of stakeholder meetings will be offered in November and December with interested parties including patients, patient support groups and charities who are closely linked to the service. A new Board paper will then be prepared with recommendations and will be brought to future TME and Board meetings.

3. The Trust's plans to expand 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 are currently being implemented.

The Trust had a meeting with representatives from the Oxfordshire Health Overview and Scrutiny Committee to discuss the proposals for gynaecology at the

Horton. Members of HOSC understood that proposals from the Trust were about expanding and improving the services for gynaecology patients in the north of the county and ensuring better equality of services between Oxford and Banbury. They also recognised the work that the Trust had done to discuss the proposals with staff and inform the wider public.

4. For the influenza season 2011/12, the Trust has committed to an ambitious plan to deliver a step change in levels of vaccination uptake among frontline clinical and support workers. Approximately 7,000 vaccine doses have been procured for an immunisation programme which this year includes the medical student cohort.

A Flu Immunisation Taskforce (FIT) has been established with representatives from Occupational Health, the Divisions, HR and Communications teams. The campaign is supported by a team of trained nurse immunisers who are working with occupational health staff in offering vaccination clinics in key areas of the Trust and on the wards.

During the first two weeks of the immunisation campaign a total of 3,341 vaccines were given. This is higher than the uptake of the whole of last year's campaign.

The campaign is on-going and is focused on maintaining high visibility through the nurse immunisers and divisional leads, supported by regular communication and information on the intranet.

5. Planning and preparation for phase 1 of the Electronic Patient Record (EPR) implementation continues across the Trust, and we are on track for an initial 'go live' over the weekend of Saturday 18/Sunday 19 November 2011. This will see the Patient Administration System (PAS), Emergency Department (ED), and Maternity systems being turned on, followed by a three week 'bedding in' period, to evaluate the implementation and allow staff to familiarise themselves with the system.
6. NHS South of England officially came into effect on 3 October, made up of three former strategic health authorities - NHS South Central, NHS South East Coast and NHS South West.

The new "cluster" organisation has confirmed Dr Geoff Harris as Chair and Sir Ian Carruthers OBE as Chief Executive, with former NHS South Central Chief Executive Andrea Young appointed as Chief Operating Officer.

The new strategic health authority clusters are NHS South of England, NHS London, NHS North of England and NHS Midlands. They have been formed from the previous 10 SHAs in England. From 31 March 2013 the strategic health authorities will be succeeded by a new NHS Commissioning Board, working with local clinical commissioning groups, led by GPs.

Sir Jonathan Michael, Chief Executive