

Trust Board: Thursday 12 January 2012
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Title	Chief Executive's Report
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Status	The Report summarises current points of interest
History	Regular report to Board

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

Summary

The report covers the following items.

1	New year's Honours and new appointments
2	Launch of Supported Discharge Service
3	Progress towards becoming a Foundation Trust
4	Independent Sector Treatment Centre arrangements
5	Head and neck cancer services
6	New gynaecology suite at the Horton
7	Electronic Patient Record (EPR) implementation

Chief Executive's Report

This report summarises matters of current interest.

1. New Year's Honours and DH appointments

Professor **Lionel Tarassenko**, of the University of Oxford's Department of Engineering Science and director of the Institute for Biomedical Engineering, was made a **CBE** for services to engineering. His research is focused on the development of signal processing techniques and their application to diagnostic systems, especially in the context of health care delivery, for example using mobile phone technology to self-manage long term health conditions. He is the Bioengineering theme leader for the Oxford Biomedical Research Centre.

The Department of Health has appointed **Professor Viv Bennett** as the first Director of Nursing for Public Health. Viv trained as a nurse in Oxford in 1976 and worked in children's nursing before training as a health visitor in Oxford in the early 1980s. She worked as a research health visitor in Oxford whilst studying for a BA and then Masters degree in health and social policy.

Viv was previously the Deputy Chief Nursing Officer at the Department of Health. Her new post will complement the role of Chief Nursing Officer in the NHS Commissioning Board, which is to be recruited. Together these posts will enhance the role of nursing leadership and replace the current role of Chief Nursing Officer (CNO) in the Department of Health.

2. Launch of Supported Discharge Service

The Trust has introduced a new service to support those people 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 part of our joint work with our NHS partners and Oxfordshire County Council through the Appropriate Care for Everyone (ACE) programme to speed up the discharge process and to help reduce the number of patients experiencing delayed transfers of care (DToc) in the county.

There is evidence that dependency levels become higher the longer a patient remains in an acute hospital bed. The **Supported Discharge Service** aims to help those patients requiring low to intermediate levels of home personal social care to be discharged from hospital sooner.

The service commenced in late November 2011 with a small case load of five patients and this will increase to a caseload of 20 patients by late January 2012, 45 by late February 2012 and ultimately a caseload of 60 patients by the end of March 2012. The service is overseen by a team of senior therapists and nurses with doctor support and is provided by a core group of care workers employed by the Trust. The service operates seven days a week from 8am to 10pm each day.

Patients are cared for in their home by the team for a maximum period of 14 days. This approach enables patients to be discharged from hospital when they are ready. The care workers are managed by skilled and experienced hospital staff to ensure the patient is supported from a clinical as well as social care perspective. In the event that patients require on going care after the 14 day supported discharge period, Oxfordshire County Council social services teams will take responsibility and provide home-based social care from day 15.

3. Progress towards becoming a Foundation Trust

Work is continuing on the development of the Trust's application for Foundation Trust status. A review of the Trust's service strategy over the next few years is being undertaken in preparation for the FT Application. There will be consultation with stakeholders and the public during the course of the review. The aim is to achieve Foundation Trust status during 2013, with public consultation taking place from May 2012 and an application to the Department of Health planned for January 2013.

4. Independent Sector Treatment Centre arrangements

The Trust's arrangement with Ramsey Healthcare to second a number of our clinical staff to work at the Independent Sector Treatment Centre at the Horton Hospital ceased on 1 January 2012.

The initial five year contract between Ramsey Healthcare and the PCT terminated at the end of December 2011 and the Trust concluded, prior to the tendering process for a new contract, that it would not continue with the arrangements to second its staff to the ISTC provider.

The Trust's decision was based on the need to strengthen the consultant-led Trauma Service at the Horton Hospital which was necessary to support the A&E services. The revised arrangements would ensure greater input from consultants providing operating theatre sessions and fracture clinics 7 days a week and improved senior medical presence to support patient care at ward level. The revised arrangements for the Trauma Service have been the subject of consultation with staff.

5. Head and neck cancer services

It has been agreed that the Board will consider at its meeting in March 2012 the outcome of the options appraisal for the location of the inpatient and outpatient head and neck cancer services.

The three options are : **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 extended beyond the Christmas and New Year holiday period to allow full stakeholder engagement with interested parties.

6. New gynaecology suite at the Horton

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 2011. 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.

7. Electronic Patient Record (EPR) implementation

We are now several 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 digital 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 electronic patient record that will replace paper patient records. 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.

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 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.

Sir Jonathan Michael, Chief Executive

January 2012