

**Chief Executive Report**

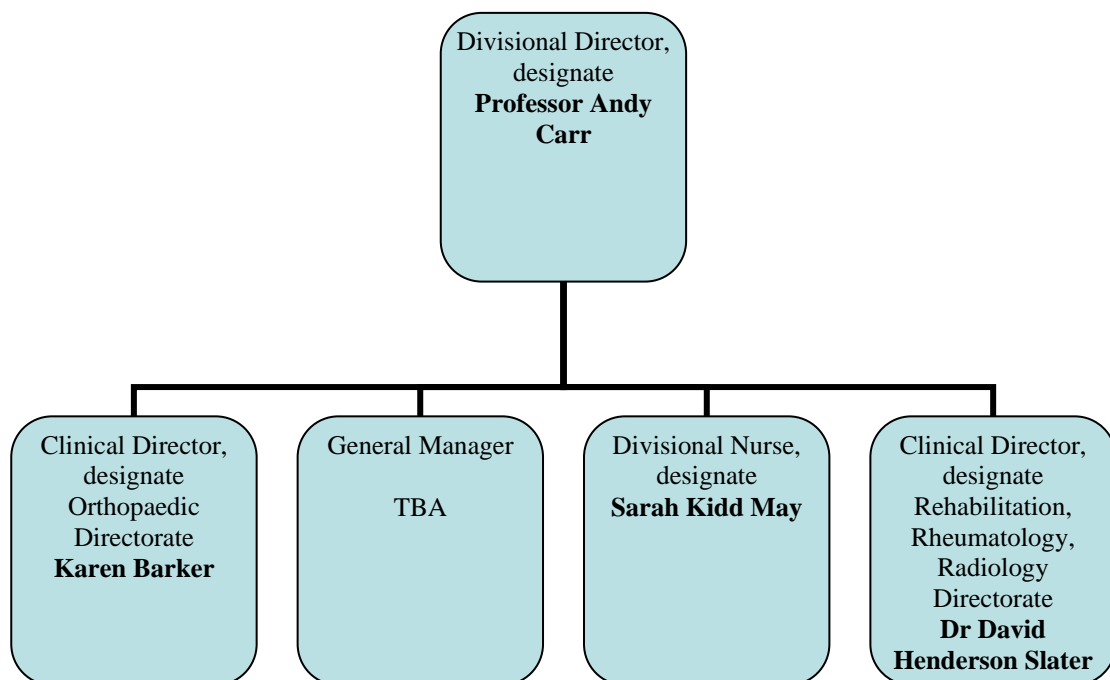
**June 2011**

**Key Internal Priorities**

- **NOC : ORH Integration**

The Collaboration and Competition Panel (CCP) have requested further information, as part of their review process which now means that the merger date of 1<sup>st</sup> July is unlikely to be met. To have met this date, the CCP would have to complete their review and present to panel on 10<sup>th</sup> June. This was always a tight timescale and both trusts have agreed with the CCP to pause the process whilst additional information is provided. It is now likely that the merger will take place in the early Autumn.

The Directorate re-structuring, to support a future divisional structure post merger, and its associated appointment process has now been completed. The table below sets out the structure and appointees designate



The consultation processes to develop integrated corporate services post merger, continue and are expected to be completed ahead of the finalisation of the merger to facilitate a smooth transition.

- **Compliance with CQC Core Standards**

The CQC undertook two unannounced visits to inspect the Trust against Outcome 8, cleanliness and infection control and Outcomes 1 and 5, privacy & dignity and nutrition (the NOC was one of 100 trusts randomly selected for this visit).

The reports of these visits have now been received, are included later in this Board agenda, both reports indicate full compliance with the outcomes specified.

- **Care Records Programme – LC1 enhanced upgrade**

A successful LC1 enhanced upgrade was completed to the Cerner Millennium system at the beginning of May. Post go live issues were minimal and the Trust is now effectively running on the new version of the system. Staff from the Trust, SPfIT, BT and Cerner are to be commended for the highly effective team work demonstrated. Training is now underway to enable the implementation of the clinical functionality of the system.

- **Clinical Trials Unit**

The new clinical trials unit, funded via the NIHR BRU capital funding, has been completed and handed over to the trust. This facility offers an excellent facility for clinical trials activity and will be vital in supporting the developing work of the BRU.

### Key External Priorities

- **PCT Clusters**

Clusters have been established primarily for business continuity purposes and to facilitate the transition to the new architecture of the NHS. They will have three principal functions:

- Delivery of the QIPP Reform Operational Plans and driving clinical service change for 2011/2013 and ensuring production and robustness of plans until 2014. Inherent in this is financial stability and a clean handover post 2013.
- Ensuring and supporting development of high competence GP commissioning (GPCC) organisations and transfer of other current cluster functions to the new organisations yet to be established ie NCB (National Commissioning Board), PHE (Public Health England), HEE (Health Education England), Health and Wellbeing Boards, public health to LAs (Local Authorities), etc.
- Creating the relevant commissioning support organisation for GPCC after post PCT abolition.

Appointments to the Oxfordshire and Buckinghamshire PCT Cluster have now been confirmed by the DH and are attached as appendix 1.

- **Creating a Healthy Oxfordshire (CAHO) – future arrangements**

The current CAHO Board is evolving to become a pan health / social care economy meeting. This forum will cover the following areas:

- In year performance using the major metrics that chart progress with plans (finance, workforce and activity)
- QIPP delivery
  - Provider led programmes: Acute, ICSP and Estates
  - Commissioner led programmes: Long Term Conditions/Self Care, Quick and responsive, Planned Care; Complex needs/Older People
- Implementing the new architecture
  - FT pipeline progress
  - GP Consortium development
  - Health and Well Being Board development

- Key Strategic projects, for example
  - Horton Strategy
  - Redevelopment of Bicester and Henley Community Hospitals
- Specialist Services and changes planned or possible
- Joint Management Group reports
- As required check and discuss Strategic Directions

Membership will include:

- Chief Executive, Director of Finance and Director of Operations from Providers (ORH, Oxford Health, Ridgeway and NOC)
- Chief Executive, Director of Finance and QIPP Director from PCT/Cluster
- Clinical Lead and Director of Partnerships and Transition from Oxfordshire GP Consortium
- Director of Adult Social Care
- Director of Children, Education and Families

#### Up-coming Issues

- **NIHR Biomedical Research Unit reaccréditation**

The BRU has been identified as one of 4 to be shortlisted for reaccréditation. NHS/University partnership is invited to attend an interview with the NIHR Biomedical Research Centres and Units International Selection Panel on Monday 18<sup>th</sup> July, 2011. A maximum of 5 senior staff from the trust and University department will present and respond to questions from the panel.

- **Botnar 2, Musculoskeletal Research Institute**

Full planning consent has been obtained for the development of Botnar 2, the second phase of the Botnar Musculoskeletal Research Institute, in the far west corner of the NOC site. The building is funded by the NOC Appeal and construction is due to commence during the late summer 2011.

**Jan Fowler**  
**Chief Executive**  
**June 2011**

