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Executive Summary

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| 1. | Remembering Dame Fiona Caldicott |
| 2. | Our OneTeamOneOUH response to a hugely challenging winter |
| 3. | Cancer care maintained throughout the COVID-19 pandemic |
| 4. | Improvements to our Emergency Departments in Banbury and Oxford |
| 5. | Work on new Oxford Haemophilia and Thrombosis Centre (OHTC) begins |
| 6. | OUH signs the Oxford Zero Carbon Charter |
| 7. | New role to support the wellbeing of our BAME staff |
| 8. | <i>Your Wellness Matters</i> campaign supports staff wellbeing this winter |
| 9. | Oxford Biomedical Research Centre (BRC) news |
| 10. | Oxford Academic Health Science Network (AHSN) and Oxford Academic Health Partners (OAHP) news |

Chief Executive Officer's Report

1. Remembering Dame Fiona Caldicott

- 1.1. Professor Sir Jonathan Montgomery, our current Trust Chair, paid tribute to Dame Fiona Caldicott, his predecessor as Trust Chairman from 2009 to 2019, who passed away on Monday 15 February.
- 1.2. He sent a personal message to all staff on behalf of the Trust Board to pay tribute to her.
- 1.3. Jonathan said: "Dame Fiona's achievements and accomplishments were many and varied – for example, she was the first ever female President of the Royal College of Psychiatrists and received a Lifetime Achievement Award from the College in November 2018.
- 1.4. "She was previously Principal of Somerville College at the University of Oxford and Chairman of the Academy of Medical Royal Colleges, and she continued to influence national health policy after stepping down from her role at OUH as the National Data Guardian for Health and Social Care.
- 1.5. "Dame Fiona brought a wealth of experience and expertise to her role as Chairman of our Trust. Her judgement, passion for the NHS, and commitment to our aim of providing compassionate and excellent care for patients all guided her leadership of the Board.
- 1.6. "At this very sad time our thoughts are with Dame Fiona's family, friends and the many former colleagues here at OUH and throughout the NHS by whom she will be greatly missed."

2. Our OneTeamOneOUH response to a hugely challenging winter

- 2.1. I would like to personally thank all staff for ensuring that our patients have continued to receive the best possible care during what has been the most challenging winter which the NHS has ever faced.
- 2.2. The rapid increase in the number of COVID positive patients being cared for at OUH, which we saw over the Christmas and New Year period, continued in January.
- 2.3. By 18 January, our staff were caring for 327 COVID positive patients – more than twice the number at the peak of the first wave in Spring 2020 – and we postponed all non-urgent, elective surgery in order to focus on this situation.

- 2.4. I would like to thank all staff who pulled together and showed great flexibility as once again clinical areas were converted for use with COVID positive patients and many staff were redeployed – the OneTeamOneOUH approach which has enabled us to rise to so many challenges over the past 12 months has been very much in evidence again.
- 2.5. By the end of February, the number of COVID positive patients in our hospitals had reduced to just over 50 patients and coronavirus infection rates in Oxfordshire have also reduced – statistics for week ending Friday 12 February showed that the county’s weekly rate was below 100 cases per 100,000 for the first time since early December.
- 2.6. However, there is no room for complacency and we continue to urge everyone to continue to be vigilant, working closely with our public health colleagues at Oxfordshire County Council and other health and care partners.
- 2.7. We are maintaining tight restrictions on visiting our hospitals, and all staff working on our hospital sites must wear facemasks, practise safe distancing, and maintain hand hygiene at all times. We continue to encourage staff to use our symptomatic and asymptomatic COVID-19 testing programmes.

3. Cancer care maintained throughout the COVID-19 pandemic

- 3.1. We have worked closely with Oxfordshire health and care system partners and colleagues across the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) on the Help Us Help You campaign to encourage people to access care when they need it.
- 3.2. We have reassured our populations that, despite the demands placed on the NHS during the COVID-19 pandemic over the last 12 months, help and support is still available including cancer treatment which our clinical teams have maintained throughout the pandemic.
- 3.3. Steve Schmalenbach, a leukaemia patient who has been cared for at OUH, filmed a video to thank Trust staff after his care involved a combination of more than 40 treatments.
- 3.4. Steve, who has received treatment at both the Brodey Cancer Centre at the Horton General Hospital in Banbury and the Churchill Hospital in Oxford, has had 11 biopsies, 19 blood transfusions, 2 plasma transfusions and a bone marrow transplant.
- 3.5. He told his story to reassure others about the high quality care available from their local NHS and to encourage anyone who might be concerned about potential symptoms of cancer to come forward.
- 3.6. Steve and Chris Cunningham, Divisional Director for Surgery, Women’s and Oncology at OUH, were both interviewed by ITV Meridian – [you can read](#)

[more about Steve's incredible story and watch clips from his video on the ITV Meridian website.](#)

4. Improvements to our Emergency Departments in Banbury and Oxford

- 4.1. [Works to improve our Emergency Departments at both the Horton General Hospital in Banbury and the John Radcliffe Hospital in Oxford have been completed.](#)
- 4.2. Work continued throughout the COVID-19 pandemic to ensure these new facilities were available for our patients as soon as possible.
- 4.3. The Majors area at the Horton General Hospital has been expanded with separate areas for adults and children. Four additional patient cubicles have also been added, including a dedicated infection control bay.
- 4.4. The newly refurbished Majors area at the John Radcliffe Hospital, where patients who are seriously ill but not in a life-threatening condition are treated, includes five upgraded assessment bays and a new assessment room.

5. Work on new Oxford Haemophilia and Thrombosis Centre (OHTC) begins

- 5.1. I am delighted that a dedicated new centre to care for patients with bleeding and clotting disorders will be based at the Nuffield Orthopaedic Centre (NOC). The service is currently provided at the Churchill Hospital.
- 5.2. Work on the new Oxford Haemophilia and Thrombosis Centre (OHTC) started at the end of January and is due to be completed by the end of 2021.
- 5.3. The OHTC is the second largest comprehensive care centre in the UK, and is internationally renowned for its award-winning services and innovative research.
- 5.4. Its new home at the NOC will help us continue to deliver high quality care to patients with bleeding and clotting disorders in an improved and more modern setting

6. OUH signs the Oxford Zero Carbon Charter

- 6.1. OUH, alongside 20 other major organisations and businesses in Oxford, has given support to the aspiration of achieving net zero carbon emissions in Oxford by 2040.
- 6.2. By signing the Zero Carbon Oxford Charter on 4 February, the Trust is committed to working collaboratively with our partners to apply carbon reduction measures. A detailed roadmap to net zero emissions for Oxford will be published in Summer 2021.

- 6.3. As a local, large organisation we recognise our responsibility for the sustainability of our environment. Like others, we have a long way to go with some unique challenges.
- 6.4. We are already making big changes at OUH – for example, by switching to low energy LED lighting, and undertaking more than 100,000 video consultations and 300,000 telephone appointments with patients since March 2020 as part of our OneTeamOneOUH response to COVID-19.
- 6.5. Another example is a cycle courier service delivering medication to our hospitals which has halved delivery times of products such as chemotherapy and antibiotics, to the John Radcliffe and Churchill hospitals in Oxford.
- 6.6. Around 25,000 products have been delivered since the first delivery was made at the start of August 2020, improving patient care and delivering sustainability benefits.
- 6.7. [More information is available on our website.](#)

7. New role to support the wellbeing of our BAME staff

- 7.1. A brand new role has been created for Black, Asian and Minority Ethnic (BAME) staff working at OUH – thanks to the support of NHS Charities Together.
- 7.2. Francesca Ridley joined our OneTeamOneOUH in January as the Trust's new Wellbeing Lead for BAME staff following a successful grant application by Oxford Hospitals Charity.
- 7.3. I am delighted that NHS Charities Together's funding has enabled us to take a proactive approach to focusing on those staff whose communities have been so disproportionately affected by COVID-19.
- 7.4. This new role will help us to find practical and innovative ways of supporting the physical and mental health of BAME staff.
- 7.5. Francesca is working closely with colleagues across the Trust including our increasingly active and vibrant BAME Staff Network.

8. *Your Wellness Matters* campaign supports staff wellbeing this winter

- 8.1. Our *Your Wellness Matters* winter staff wellbeing campaign was launched in January and will run through to the end of March in order to enable staff to access new and existing wellbeing support more easily at this time of unprecedented challenges for everyone working in our OneTeamOneOUH.
- 8.2. It has never been more important to be kind to ourselves and to each other – and to ensure that all staff know about the support which is available to everyone working at OUH.

- 8.3. Our [Guide to Health and Wellness](#) on the Trust website provides staff with guidance and links to support and information for the dimensions of wellbeing.
- 8.4. We will be building on *Your Wellness Matters* as we develop our longer term *Growing Stronger Together* programme which is being co-created with staff by our Psychological Medicine and Culture & Leadership teams under the leadership of our Chief People Officer, Terry Roberts.
- 8.5. *Growing Stronger Together* has five key priorities or themes – meeting the immediate need for rest or recovery; building our culture of learning, compassion and inclusion; facilitating post-traumatic growth by developing and implementing a three-part package of support; supporting sustainable service recovery and workforce planning; building working lives that have more flexibility and autonomy.

9. Oxford Biomedical Research Centre (BRC) news

9.1. Oxford-AstraZeneca COVID-19 vaccine news

[The first doses of the approved Oxford-AstraZeneca coronavirus vaccine were given to patients at the Churchill Hospital in Oxford on 4 January](#), just a few hundred metres from where it was developed. The rollout of the vaccine followed its approval by the Medicines and Healthcare products Regulatory Agency (MHRA) on 30 December. The [peer-reviewed findings](#) of the phase 3 trial had found the vaccine to be safe and effective. The NIHR Oxford BRC provided crucial funding to get the trial up and running in early 2020, and leading members of the Oxford COVID-19 vaccine team are supported by the Oxford BRC's Vaccines Theme.

In subsequent studies, the Oxford team has shown that the [effect of dosing interval](#) on efficacy is pronounced, with vaccine efficacy rising from 54.9% with an interval of less than six weeks to 82.4% when spaced 12 or more weeks apart. The research team also revealed that a single standard dose of the vaccine is 76% effective at protecting from primary symptomatic COVID-19 for the first 90 days post-vaccination, once the immune system has built this protection 22 days after the vaccination, with the protection showing little evidence of waning in this period. The findings supported the policy recommendation of the Joint Committee on Vaccination and Immunisation (JCVI) for a 12-week prime-boost interval.

The vaccine team has been assessing the effectiveness of the vaccine against COVID-19 variants that have emerged; they have found that the vaccine remains effective against the so-called 'Kent' variant, which has been circulating in the UK. However, the two-dose regimen of the vaccine provides minimal protection against mild-moderate COVID-19 infection from the B.1.351 coronavirus variant first identified in South Africa.

In mid-February, the Oxford vaccine team announced it was launching the first study to assess the [safety and immune responses in children](#) and young adults of their ChAdOx1 nCoV-19 vaccine. The study, to be conducted with partner sites in

London, Southampton and Bristol, is a single-blind, randomised phase II trial that will enrol 300 volunteers, with up to 240 of them receiving the Oxford-AstraZeneca vaccine and the rest a control meningitis vaccine.

9.2. Other COVID-19 research news

An **Oxford BRC-supported study by the University of Oxford's Health Economics Research Centre** has found that there is much [consistency in public attitudes](#) across a range of countries about who should be prioritised for COVID-19 vaccination, which could have implications for national rollout strategies. There was strong support for low income groups, non-health related keyworkers, and non-keyworkers unable to work from home to be prioritised.

The **RECOVERY Trial**, the world's largest randomised trial of potential COVID-19 treatments, has found that the anti-inflammatory drug [tocilizumab reduces the risk of death](#) when given to hospitalised patients with severe COVID-19. The trial, which received core funding from the Oxford BRC, also showed that tocilizumab, commonly used to treat rheumatoid arthritis, shortens the time until patients are successfully discharged from hospital and reduces the need for a mechanical ventilator.

The data suggest that in COVID-19 patients with hypoxia and significant inflammation, treatment with the combination of a systemic corticosteroid, such as dexamethasone, plus tocilizumab reduces mortality by about one third for patients requiring simple oxygen and nearly one half for those requiring invasive mechanical ventilation.

Dexamethasone was the first drug to be shown to be effective by the RECOVERY Trial, which has been testing a range of potential treatments for COVID-19 since March 2020.

The RECOVERY team has closed [recruitment to the convalescent plasma](#) arm of the trial as there had been no evidence that this treatment had any effect on clinical outcomes in hospitalised COVID-19 patients.

The RECOVERY Trial, which has so far recruited more than 37,000 patients across 178 NHS sites, continues to study a number of treatments.

[More people in England at high risk from COVID-19 will get priority access to vaccines thanks to new technology developed by a University of Oxford-led team of researchers](#) that can identify those who may be most vulnerable to the virus.

Research supported by the Oxford BRC and led by Professor Julia Hippisley-Cox in the University of Oxford's Nuffield Department of Primary Care Health Sciences, has led to the development of a risk prediction model called **QCovid**, which has been independently validated by the Office for National Statistics.

The [platform](#) looks at a number of health and personal factors including age, ethnicity and BMI, as well as medical conditions and treatments, to assess whether someone is at a higher risk from COVID-19. NHS Digital has now used this model to

develop a population risk assessment, enabling the government to prioritise groups at higher risk for vaccination, and provide appropriate advice and support.

Infection prevention and control clinicians and researchers at OUH have been outlining the Trust's experience of deploying self-administered home-based [lateral flow testing of its staff](#).

In a letter published in the *Journal of Infection*, they said that 46,503 home-based **SARS-CoV-2 lateral flow tests were performed by asymptomatic OUH staff**. Of these, 328 (0.7%) were positive. The positive predictive value of these tests (the probability that subjects with a positive screening test truly have the disease) was 96% while the false positive rate was just 0.03%. While lateral flow devices (LFDs) are less sensitive than PCR tests, they were found to be effective at detecting cases with high viral loads.

The research team, who are supported by the Oxford BRC, had earlier used NHS Test and Trace data to find out why some individuals pass COVID-19 on to their contacts more easily than others, and if lateral flow tests are [sufficient in detecting](#) those who are most infectious. Using information from more than 250,000 people they found that in all groups, the more virus detected in the nose and throat (known as 'viral load'), the more infectious the individual is, the first time this had been confirmed in a large-scale study.

Early treatment with a common asthma treatment appears to significantly reduce the need for urgent care and hospitalisation in people with COVID-19, Oxford [BRC-supported researchers have found](#). The **STOIC study**, led by Professor Mona Bafadhel, found that inhaled budesonide given to patients with COVID-19 within seven days of the onset of symptoms also reduced recovery time. Budesonide is a corticosteroid used in the long-term management of asthma and chronic obstructive pulmonary disease (COPD). The findings suggest that inhaled budesonide reduced the relative risk of requiring urgent care or hospitalisation by 90% in the 28-day study period.

OUH is one of three centres taking part in a **clinical trial to test whether [the drug Almitrine](#) can help people who are seriously ill with COVID-19 recover from the disease**. Patients suffering from COVID-19 pneumonia often develop very low levels of oxygen, called hypoxia, in the arterial blood supplying the body. Almitrine bismesylate has been successful in treating acute respiratory distress syndrome by constricting the blood vessels in regions of the lung where the oxygen is low. The research team, led by Professor Peter Robbins, Co-Theme Lead for the Oxford BRC's Respiratory Theme, believe the drug could have a similar effect in COVID-19 patients.

9.3. Other Oxford BRC news

University of Oxford researchers have discovered a [new type of genetic change](#) in the DNA of people with the inherited heart condition hypertrophic cardiomyopathy (HCM), the leading cause of sudden cardiac death in young people.

The work has been led by Oxford BRC Theme Lead for Genomic Medicine, Professor Hugh Watkins. The discovery, the biggest advance in knowledge of the genetic basis of the disease in 25 years, will help better predict which family members need to be monitored for the condition and which can be ruled out from further tests or treatment.

Oxford researchers have developed a [machine learning algorithm](#) that could significantly improve clinicians' ability to identify hospitalised patients whose condition is deteriorating to the extent that they need intensive care.

The HAVEN system was developed as part of a collaboration between the University of Oxford's Institute of Biomedical Engineering and the Nuffield Department of Clinical Neurosciences, with support from the Oxford BRC.

The system combines patients' vital signs – such as blood pressure, heart rate and temperature – with their blood test results, co-morbidities and frailty into a single risk score, giving a more precise indication of which patients are deteriorating.

The University of Oxford has entered into the strategic '[Cartography collaboration](#)' with Janssen Biotech to develop a cellular map of genes and proteins implicated across a range of immune-mediated inflammatory disorders and to develop relevant new therapies. The work of this collaboration overlaps considerably with and complements the inter-disciplinary research being carried out by the Oxford BRC's Gastroenterology and Mucosal Immunity Theme.

The NIHR has contacted the Oxford BRC to confirm that a competition for the next round of five-year funding for NIHR Biomedical Research Centres (BRC), to begin in December 2022, will be launched in April 2021. Ahead of the full application, the Oxford BRC is running an internal OUH/University of Oxford competition, for which principal investigators have submitted a Pre-Qualifying Questionnaire (PQQ).

Leading researchers from the Oxford BRC and Oxford Health BRC have held a series of joint online workshops to facilitate and promote collaborations between the two BRCs. These have been on the topics of multi-morbidity, neuroscience and genetics and psychobiology. The aim of the workshops is to stimulate discussions about specific collaborations that can be embedded in the next BRC bid.

10. Oxford Academic Health Science Network (AHSN) and Oxford Academic Health Partners (OAHP) news

10.1. Oxford Academic Health Science Network (AHSN) news

Working closely with their system partners, three Academic Health Science Networks (AHSNs) – Oxford, Wessex and Kent/Surrey/Sussex – have supported the rollout of two major programmes at pace to help keep COVID-19 patients safe and

well at home. The AHSNs were directly commissioned by NHS England and NHS Improvement (NHSE&I) to work with integrated care systems, secondary care, primary care and key clinical leaders to roll out two pathways relating to silent hypoxia: the 'COVID Oximetry @home' and 'COVID Virtual Ward' programmes. This approach to pulse oximetry monitoring was [recommended by the World Health Organisation](#) in January. Thousands of patients in the South East have benefited from these initiatives which have been extended nationwide.

An e-learning programme to improve the safety of women and babies in low risk labour, developed by OUH consultant midwife Wendy Randall with a colleague at the Royal Berkshire Hospital in Reading and supported by the Oxford AHSN, is now available worldwide. The award-winning Intelligent Intermittent Auscultation (IIA) programme has been added to [the global eIntegrity platform](#). [You can read more about this on the Oxford AHSN website.](#)

[The Oxford AHSN's latest quarterly activity report, covering the three months to the end of December, includes updates on the two initiatives outlined above and much more.](#)

Professor Gary Ford, Chief Executive of the Oxford AHSN, has been elected Chair of the national AHSN Network. He will take on the role in April and guide the AHSNs through a key period as the AHSNs' second five-year licence runs to 2023.

10.2. **Oxford Academic Health Partners (OAHP) news**

Key activities that have taken place since the last report include:

- The Director and Chief Operating Officer briefed the OUH Trust Management Executive (TME) meeting on 14 January and also held meetings with the Oxford Health NHS Foundation Trust Executive team and with the Vice Chancellor's Group at Oxford Brookes University
- A very productive meeting was held with the Oxfordshire Local Enterprise Partnership (OxLEP) which highlighted the importance of the health sector to the local economy – opportunities for working more closely together are being explored, particularly in relation to the Oxford-Cambridge Arc
- OAHP participated in meetings with the seven other Academic Health Science Centres (AHSCs) on 25 January and 22 February
- The Board of the OAHP met on 8 and 28 January and on 26 February – key areas for discussion and action included:
 - Renewal of two BRC bids for the process starting from 1 April 2021 – renewal of both the Oxford Health and Oxford BRCs is a key objective for the OAHP Board and work continues at pace to prepare
 - A meeting between the Oxford Health and Oxford BRCs led by Professor Helen McShane (Oxford) and Professor John Geddes (OH) will be arranged shortly to ensure co-ordination of effort and maximisation of funding potential based on the strongest possible science and on the impact on clinical pathways and patient care

- Data and Multi Morbidity challenges were discussed as OAHP has a real opportunity to build on activities, for example in the development of the clinical data relationship between OUH and the University of Oxford for the clinical data warehouse

Regular updates about the OAHP are available at www.oxfordahsc.org.uk.