

Cover Sheet

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Chief Executive Officer's Report

1. Thank you to our OneTeamOneOUH staff

- 1.1. I would like to personally thank all staff who worked over the festive period in our hospitals to ensure that our patients continued to receive the best possible care.
- 1.2. The Christmas and New Year period is always a challenging time for the NHS here in Oxfordshire – and indeed nationally – and the Trust was on OPEL 4 (the highest level of operational pressures) for three days in December and again from Wednesday 3 January during the latest period of industrial action. I would like to thank all staff for keeping our patients safe.
- 1.3. We worked closely with colleagues across the Oxfordshire health and care system – and the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) – to improve patient flow by ensuring timely discharges for those patients who were medically fit to leave hospital before Christmas.
- 1.4. We held a very successful and well attended face-to-face briefing session for senior staff in Lecture Theatre 1 at the John Radcliffe Hospital on 19 December. I would like to thank speakers from across the Trust who shared their work.
- 1.5. CQC inspectors conducted an announced virtual inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) in the Radiotherapy service at the Churchill Hospital on 11 December. Prior to the inspection the service completed a self-assessment questionnaire and the CQC inspectors also spoke with a range of staff.
- 1.6. Thank you to all staff who supported the inspection process, whether through preparation of supporting evidence or participation in interviews. We look forward to receiving the final report from the CQC in due course.
- 1.7. I would also like to thank all staff who are working hard to improve our cancer and elective (planned care) performance.
- 1.8. NHS England has moved the Trust into the tiering oversight framework and placed the Trust in Tier 2 with effect from this January. There are two tiers of support for trusts which are challenged against the national recovery targets. Trusts which are placed in Tier 2 are less challenged than those in Tier 1.
- 1.9. NHS England's South East Regional team will provide oversight of the development and delivery of our recovery plans for cancer and elective care.

2. Industrial action update

- 2.1. Junior doctor members of the British Medical Association (BMA) took industrial action for six days from 7am on Wednesday 3 January to 7am on Tuesday 9 January.
- 2.2. This followed a three-day junior doctors' strike from 7am on Wednesday 20 December to 7am on Saturday 23 December in the run-up to Christmas.
- 2.3. We continue to work closely with our staff and colleagues from the BMA to ensure that patient safety is paramount at all times, while recognising and respecting the right of our people to take part in lawful industrial action if they choose to do so.
- 2.4. In our Christmas message to all staff, the Trust Chair and I took the opportunity to thank colleagues for being kind and respectful to each other during the numerous periods of industrial action over the past 12 months and during the operational pressures which we have faced in recent months, staying true to our Trust values. We know that our people retain a focus on patient safety and staff wellbeing during these challenging times.
- 2.5. All patients affected by the industrial action, for example by the unavoidable rescheduling of some outpatient appointments and operations, were contacted in advance.
- 2.6. We do recognise how disappointing and frustrating this can be but we continue to ask all patients and families to treat our staff with civility and respect, in line with our ongoing *No Excuses* campaign which makes clear that we will not tolerate physical or verbal aggression towards our staff.

3. Trust Board news

- 3.1. Welcome to **Claire Feehily** who joined the Trust Board on 1 December 2023 as a new Non-Executive Director.
- 3.2. Congratulations to existing Non-Executive Directors **Sarah Hordern** and **Claire Flint** who have been appointed to the roles of Vice-Chair and Senior Independent Director respectively, also from 1 December 2023.
- 3.3. **Yvonne Christley** has been appointed as our substantive Chief Nursing Officer and will be taking up her new role on 1 May 2024. She is currently Chief Nursing Officer at Milton Keynes University Hospital NHS Foundation Trust. [More information about Yvonne's appointment is on our website.](#)
- 3.4. **David Walliker**, our Chief Digital and Partnership Officer, has been appointed as Chief Digital & Information Officer with Manchester University Hospitals NHS Foundation Trust – he will take up his post at the end of April 2024. Congratulations to David on his new role and on the impact which he has made since joining OUH four years ago.

4. Hospital at Home services profiled in new video

- 4.1. OUH teams are working together with colleagues across the health and social care system in Oxfordshire and across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to provide high quality and safe care for patients this winter.
- 4.2. A particular area of focus is providing more support for patients in their own homes. This ability to provide hospital level care in people's homes is key to relieving some of the additional pressures which winter places on healthcare services.
- 4.3. A new video by colleagues across the health and social care system, including OUH clinicians, shows how people can access urgent care at home with the aim of preventing unnecessary admissions to hospitals and Emergency Departments, and providing care in community settings.
- 4.4. It also features colleagues from Oxford Health and South Central Ambulance Service (SCAS), as well as the daughter of a patient who received support at home.
- 4.5. You can view the video on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) [Hospital at Home - Stay Well](#) website and on YouTube [Hospital @ Home Services - Urgent Community Response](#).

5. mRNA cancer vaccine trial launched

- 5.1. [The first Oxfordshire patient has been treated in an mRNA cancer vaccine trial at the Churchill Hospital in Oxford.](#)
- 5.2. This groundbreaking trial, which is focused on patients with head and neck cancer, marks a significant milestone in the [National Cancer Vaccine Advance](#), an initiative that involves up to 10,000 patients taking part in precision cancer immunotherapy clinical trials by 2030.
- 5.3. The trial, which is led locally at OUH by Consultant Clinical Oncologist Dr Ketan Shah, aims to assess if the vaccine can improve the effectiveness of immunotherapy treatments which help the immune system to fight cancer.
- 5.4. The mRNA vaccine being tested is manufactured by BioNTech, the company responsible for making the Pfizer-BioNTech mRNA COVID vaccine.
- 5.5. mRNA cancer vaccines deliver the blueprint of the cancer to the patient's immune system, to help it recognise and destroy the disease.

6. AI tool could help thousands avoid fatal heart attack

- 6.1. An AI tool that can predict the 10-year risk of heart attacks could transform treatment for patients who undergo CT scans to investigate chest pain, according to new research carried out at the John Radcliffe Hospital in Oxford, supported by the NIHR Oxford Biomedical Research Council (BRC).
- 6.2. [In the first real-world trial of the AI tool, it was found to improve treatment for up to 45% of patients and to be cost effective.](#)
- 6.3. The technology has the potential to save the lives of thousands of people with chest pain, who may not have been identified as at risk of a heart attack and therefore may not have received appropriate treatment to lower their risk.
- 6.4. The researchers hope it could change the management of patients referred for investigations across the NHS.

7. New app to reduce risk of blood clots

- 7.1. [A new app called 'Let's Talk Clots' has been developed by staff from OUH working in collaboration with the national charity Thrombosis UK.](#)
- 7.2. The app provides information on blood clots and how to reduce the risk of developing one.
- 7.3. It was the brainchild of OUH Venous Thromboembolism (VTE) Prevention Nurse Sarah Havord, who came up with the idea of providing patients and their families with free access to medically approved information to save lives and restore lives affected by blood clots.
- 7.4. She has developed the app in collaboration with Thrombosis UK, allied healthcare professionals, people who have been diagnosed with a blood clot and their family members.
- 7.5. 'Let's Talk Clots' can be downloaded from the [Thrombosis UK website](#).

8. Horton General hip fracture team one of the best in the country

- 8.1. [Patients being treated at the Horton General Hospital in Banbury for a hip fracture are receiving some of the highest quality care available anywhere in the country.](#)
- 8.2. Our Horton General hip fracture team has once again been named among the best nationally – for the 11th year running.
- 8.3. The team met all the best practice criteria in nearly 92% of patients, compared with a national average of just under 54%. This places them in the top three nationally.

8.4. The latest figures were published in the annual National Hip Fracture Audit, which compared the performance of trauma units in England, Wales, and Northern Ireland in 2022.

9. Oxford Biomedical Research Centre (BRC) news

- 9.1. The Oxford Vaccine Group (OVG), which led the rapid clinical development of the Oxford COVID-19 vaccine, has been [awarded £7.8 million](#) by UK Aid for research into the prevention of five diseases with epidemic or pandemic potential. These are Chikungunya and mayaro virus, Marburg virus, Plague (*Yersinia pestis*), Q Fever (*Coxiella burnetii*), and Sudan Ebolavirus. OVG's research into outbreak pathogens is supported by the Oxford Biomedical Research Centre (BRC).
- 9.2. Researchers from Oxford and Ghana have shown that small cash incentives increased COVID-19 [vaccine uptake](#) in rural Ghana. The findings could offer a new strategy for enhancing health interventions in Africa.
- 9.3. Self-monitoring blood pressure after giving birth could help to cut new mothers' risk of future heart disease and strokes. In the [largest trial of its kind](#), an Oxford research team found that taking daily blood pressure readings at home and personalising medication doses in the weeks after giving birth not only improves blood pressure control for the first year after a hypertensive pregnancy but also significantly reduces hospital readmissions. The study, funded by the British Heart Foundation and supported by the Oxford BRC, could be a first step towards self-monitoring becoming routinely recommended for women who have high blood pressure during pregnancy.
- 9.4. The University of Oxford has announced a partnership with Danaher to develop a new test to enable [precision medicine care for sepsis](#), a pathological immune response to infection that accounts for one in five deaths globally each year. The test will build on research from the laboratory of Julian Knight, a professor of genomic medicine at Oxford and a leading expert in sepsis biology, whose work is supported by the Oxford BRC. The test will pinpoint different subtypes of sepsis and allow personalised care paths to be developed, including which targeted therapies are most likely to help.
- 9.5. The RECOVERY Trial, which was supported by the Oxford BRC and which discovered four effective treatments for COVID-19, has expanded to investigate [treatments for influenza](#). It is considered an ideal model for similar large-scale clinical trials for a range of conditions.

- 9.6. Oxford researchers have developed a new blood-based test to identify the [pathology that triggers Parkinson's disease](#) before the main symptoms occur. This could allow clinicians to screen for those individuals at high risk of developing the disease and introduce precision therapies that are currently at clinical trial stage.
- 9.7. Transdermal sampling – collecting blood through the skin – is a [reliable alternative](#) to taking blood samples from a vein with a needle in children with Type 1 diabetes, according to a new study by Oxford BRC-supported researchers. The researchers have also [received funding](#) from a European programme to investigate how to best follow up children who are at risk of Type 1 diabetes.
- 9.8. The Oxford BRC organised a public talk on 21 November when Professor Chris Buckley discussed the BRC's new holistic approach to inflammation, looking at the common features across different inflammatory diseases. He was joined by patient representative Georgina McMasters, who explained the importance of patients getting involved in research. The talk can be viewed [on the BRC's YouTube channel](#).
- 9.9. The Oxford BRC has published its [Equality, Diversity and Inclusion \(EDI\) Strategy](#), which sets out its six core EDI objectives.
- 9.10. [Two OUH orthopaedic physiotherapists, Lucy Dove and Simon Wood, have been successful in obtaining an NIHR Doctoral Clinical and Practitioner Academic Fellowship](#), beginning in 2024, following a competitive national process. Lucy and Simon have been supported by Professor Karen Barker and colleagues from the Physiotherapy Research Unit at the Nuffield Orthopaedic Centre, as well as the broader OUH research infrastructure, including the partnership with the Oxford BRC.

10. Health Innovation Oxford and Thames Valley & Oxford Academic Health Partners news

Health Innovation Oxford and Thames Valley news

- 10.1. An OUH collaboration with PRO-MAPP to ensure patients are better prepared for surgery is shortlisted in two categories of the Health Service Journal (HSJ) Partnership Awards 2024.
- 10.2. This initiative, which is supported by Health Innovation Oxford and Thames Valley, will be up for the 'HealthTech partnership of the year' and 'Most effective contribution to clinical redesign' awards when the winners are announced on 21 March.

- 10.3. OUH clinicians have helped to produce a series of 11 short animated films to increase understanding of [benign prostatic enlargement \(BPE\)](#), which is common in men aged over 50. They explain the prostate, symptoms of BPE, diagnosis, lifestyle issues, medication and surgical treatment options.
- 10.4. The videos are funded by NHS England and produced by Health Innovation Oxford and Thames Valley. Versions are available in [Arabic](#), [Mandarin](#) and [Urdu](#). [More information is available on the Health Innovation Oxford and Thames Valley website.](#)
- 10.5. [The latest quarterly activity report from Health Innovation Oxford and Thames Valley covers the three months from 1 July to 30 September 2023.](#) It includes a case study on a pioneering initiative which is transforming the lives of people with severe asthma who were missing out on life-changing medication.
- 10.6. The [Integrated Severe Asthma Care \(ISAC\) project](#) across Oxfordshire, Buckinghamshire and Berkshire West found hundreds of patients who could potentially benefit from innovative biologic therapies, fast-tracking them to the OUH Severe Asthma Centre. This project, co-ordinated by Health Innovation Oxford and Thames Valley, was a finalist in the *Health Service Journal (HSJ)* Awards 2023.

Oxford Academic Health Partners news

- 10.7. The Board of the OAHP held a meeting on 20 November which was attended by the [Our Future Health](#) leadership team including Chief Executive Officer, Dr Ragib Ali, in order to explore potential future collaboration.
- 10.8. The Our Future Health team explained their current work and the importance of achieving an evidence base to support early interventions and changes in care pathways for populations and across a range of conditions including Type 2 diabetes, cardiovascular disease, and hypertension.
- 10.9. The Board agreed that further discussions would take place on how best the partners could work with Our Future Health.
- 10.10. Heather Smith, Chief Finance Officer of Oxford Health NHS Foundation Trust, also attended in order to update the OAHP Board on the vision and plans for the Warneford Park campus.
- 10.11. The Board also received an update on the Oxford Workforce Living Lab being led by Oxford Brookes University through the [Oxford Institute of Applied Health Research](#).
- 10.12. [A summary of the OAHP's Annual Report 2022-2023 is now available on the OAHP website.](#)
- 10.13. Also available on the website are [interviews with the Directors of the Oxford and Oxford Health Biomedical Research Centres \(BRCs\), Professor](#)

[Helen McShane and Professor John Geddes, sharing their perspectives on innovation.](#)

11. Acute Provider Collaborative – Progress to date

- 11.1. In line with the national policy aims for provider collaboratives, the Buckinghamshire, Oxfordshire and Berkshire West Provider Collaborative has been established to:
- reduce variation and inequality in outcomes, access and experience;
 - improve resilience; and
 - deliver specialisation where it will improve outcomes and value.
- 11.2. The collaborative delivers its aims through three main programmes of work i) clinical services, ii) corporate services and iii) the Elective Care Board.

Clinical Services

- 11.3. Following a desk top review of existing evidence (clinical services strategies, quality accounts, GIRFT and Model Health System data, and performance data), the Chief Medical Officers of the three acute trusts have selected the following areas for a deep dive:
- 11.3.1. Rheumatology and Osteoporosis
- 11.3.2. Bariatric Surgery
- 11.4. Clinical and operational leads from these specialties have met to scope out the deliverables for each deep dive. Workshops will take place in Q4 to identify the opportunities for collaboration across the three trusts. The aim is to implement a number of 'quick wins', whilst scoping out longer-term transformation opportunities.

Corporate Services

- 11.5. The programme has established a Scaling People Services workstream, in partnership with Berkshire Healthcare NHS Foundation Trust and Oxford Health NHS Foundation Trust.
- 11.6. The Scaling People Services workstream is developing a business case to support greater integration and collaboration across transactional recruitment services, including employment checks, recruitment campaigns and policies and processes. This is aligned with a national programme, supported by NHS England, aiming to deliver greater efficiencies of scale and share best practice in People Services.

Elective Care Board

- 11.7. The Elective Care Board (ECB) is focused on eliminating the number of patients waiting longer than 65 weeks for treatment and improving access to diagnostics. In 2023/24, the ECB set up three programmes to share opportunities for transforming services in ENT, Urology and Outpatient services.
- 11.8. A new Diagnostics Oversight Group was also established in late 2023, reporting to the ECB. The Group is identifying ways to improve performance against the DM01 diagnostics standard and maximise use of capacity across the system e.g. through the Community Diagnostic Centres.

2024 – 2025

- 11.9. The Acute Provider Collaborative is working with the ICB to agree a set of priorities for 2024/25 through the national planning round. It is expected that the national planning guidance will require a greater focus on provider collaboratives, with shared priorities and programmes.
- 11.10. In agreeing these priorities, the APC will adhere to the operating principles that were set out in the provider collaborative Memorandum of Understanding, including:
- Clear alignment of opportunities to the objectives of BOB ICS and NHS England Operating Plan requirements.
 - Tangible and quantifiable benefits of working together with a clear return on investment.
 - Strong clinical leadership and sufficient resource to support priorities with all Parties contributing.
- 11.11. The challenge for systems and providers continues to be how to deliver on immediate priorities (e.g. reducing long waits) whilst also transforming the system for the longer term. The collaborative will need to ensure that it clearly sets out how investing time and resource will help all organisations make better use of limited resources to serve their communities.