

Trust Board Meeting in Public: Wednesday 10 July 2019

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Title	Chief Executive's Report
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Status	For Information
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Board Lead(s)	Dr Bruno Holthof, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

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Chief Executive's Report

1. Trust Board news

Jane Nicholson took up her role as our new Interim Chief People Officer on 10 June. She is an experienced HR Director who has worked in both the public and private sectors, most recently in the Cabinet Office leading a project supporting EU Exit preparations.

Chief People Officer is a new Board level role which was created following a formal consultation earlier this year on proposals to strengthen and restructure our Executive and Senior Management teams. It will bring greater Board focus on workforce issues.

Jane has replaced **John Drew** (Director of Improvement and Culture) on the Trust Board and assumed his Executive responsibilities for workforce and communications.

I would like to take this opportunity to thank John for the significant and valued contribution which he has made to the Trust Board since he joined OUH in September 2017.

He will continue to lead our important review of Culture and Leadership as part of the *Changing Things for the Better* improvement programme until he leaves the Trust in September.

This review is a crucial programme of work which will lead to a set of recommendations to the Trust Board.

We announced the appointment of **Sara Randall** as our new substantive Chief Operating Officer on 27 June. She was appointed to the Board level post of Acting Director of Clinical Services in August 2018 and has been Acting Chief Operating Officer since this new role was created following the consultation earlier this year on proposals to strengthen and restructure our Executive and Senior Management teams.

Sara originally trained and worked as a nurse before moving into operational management roles, first at Barts and the London NHS Trust and then in Oxford where she has worked since 2001.

She has a wealth of knowledge and experience with a strong focus on putting patients at the heart of everything she does and a collaborative and supportive leadership style.

The Trust's **Annual Public Meeting** will be held on Tuesday 16 July in Tingewick Hall at the John Radcliffe Hospital – refreshments and an exhibition of stands and stalls will be held from 5.30pm before the meeting gets underway at 6pm.

We will also be holding a special **Horton General Hospital Public Meeting** on Tuesday 23 July in Banbury Town Hall – with refreshments from 5.30pm and the meeting at 6pm – which will be an opportunity to focus on developments at the Horton General Hospital. The highlight of the evening will be a series of presentations by staff from the Horton Emergency Department, Trauma team and Brodey Centre.

2. Horton General Hospital developments

Our **Horton Health Fair** will be taking place from 1pm to 4pm on Tuesday 23 July in Banbury Town Hall.

The aim of the fair is to showcase the services at the Horton General Hospital, as well as organisations based on the Horton site. External organisations from the North Oxfordshire area have also been invited to take part.

There will be around 24 stalls, including the Emergency Department, Horton Theatres, the Brodey Centre and Katherine House Hospice, Rowan Ambulatory Unit, Midwifery Led Unit, and our recruitment and apprenticeship teams. Age UK Oxfordshire, Carers Oxfordshire and Go Active Oxfordshire are all confirmed to attend.

On Oxfordshire Clinical Commissioning Group (OCCG) shared an [update on a review of options for the future of maternity services in Oxfordshire](#) that will help in making decisions later this year.

A panel of hospital and primary care clinicians from Oxfordshire, NHS managers, local campaigners and women's representatives have been 'scoring' a number of possible options for how and where maternity services could be provided – with a special focus on the Horton General in Banbury.

The two top scoring options are within 0.11 points of each other. The top scoring option is for two obstetric units in Oxfordshire – one in Oxford and one in Banbury, each with an alongside Midwifery Led Unit (MLU) – this option scored 243.7. The option coming a close second is the current model of an obstetric unit in Oxford and a standalone MLU in Banbury. Both these options also include the standalone MLUs in Chipping Norton, Wantage and Wallingford.

Louise Patten, Chief Executive of OCCG, said: "This options appraisal process is just one part of a number of pieces of work we have done to gather information about maternity services at the Horton and our local area."

OCCG will be using the options appraisal information together with the results of a survey about women's experiences of maternity services, information about expected population growth, workforce issues and travel and transport when making final decisions later this year.

Our obstetric unit at the Horton General was temporarily closed on safety grounds in October 2016 because of long-term difficulties in recruiting suitably qualified doctors.

Around 3,000 heart patients are seen at the Horton General every year, many for scans and check-ups. It can be an anxious time as many will be worried about whether they have a heart condition, or how a previously diagnosed or treated condition may be progressing.

And so we are very grateful to Horton General Hospital Charity for [funding a major upgrade of the Horton echocardiography equipment by purchasing a state-of-the-art 3D scanner](#).

This equipment, which cost £96,000, enables quicker and more accurate diagnosis, by providing clearer and more detailed images that help to detect subtle changes which might previously have been missed.

Patients with kidney stones can now receive specialist laser treatment at the Horton General – this has been made possible by our £225,000 operating theatre upgrade which has included laser-proofing the theatre, purchasing new equipment, and training staff.

This is another example of our investment in the Horton General, and our ongoing commitment to providing more services for people in Banbury and the surrounding areas.

3. Royal visitor delights Oxford Children's Hospital patients and staff

[HRH The Duke of Sussex delighted patients and staff at Oxford Children's Hospital](#) when he visited on 14 May.

Prince Harry was welcomed to the hospital by former patient 13-year-old Daisy Wingrove, who presented him with a teddy for the new royal baby Archie.

Daisy led The Duke on a tour around the Children's Hospital, where he chatted with young patients on the wards.

He also met families who have raised money for Oxford Hospitals Charity as a way of saying thank you for the care which their children have received before finishing his visit by seeing the work of teachers in the hospital school.

The royal visit attracted national and international media coverage, and was a great opportunity to showcase the life-changing work of our staff in the children's hospital.

4. Trust ranked 2nd in national research league table

I am delighted that Oxford University Hospitals was ranked 2nd in England for recruitment of patients into National Institute of Health Research (NIHR) clinical trials when the annual NHS research league table was published on 2 July.

The Trust recruited 32,285 participants to 534 studies supported by the NIHR in 2018/19, a significant increase on 2017/18 when we recruited 20,937 participants to 517 studies.

By asking patients and healthy volunteers if they wish to take part in clinical trials which enable participants to access new treatment and care options, we are playing an important role in achieving the overall aim of improving the treatment and care provided by the NHS.

Our goal as a Trust is to take innovation 'from bench to bedside' so that research findings are quickly applied to the NHS for the benefit of patients.

World-leading research and clinical facilities are co-located across our hospital sites to foster a culture of collaboration and innovation with patient treatment and care at its heart.

We also host a number of NIHR related research organisations including the Oxford Biomedical Research Centre (BRC), Oxford Academic Health Science Network (AHSN) and Clinical Research Network

All of this makes the Trust an important hub for research and innovation in the NHS.

As Professor Meghana Pandit, our Chief Medical Officer, says: “Oxford is rightly seen as being at the forefront of global medical research, and our relationship with the community we serve is a vital component of this excellence.

“Many of the medical breakthroughs for which Oxford is famous would not have been possible without the participation of patients or members of the public in clinical trials. It is well established that hospitals that encourage patients to get involved in research show an improvement in patient outcomes.”

5. CQC praises kind and compassionate care – but calls for improvements

[Frontline staff in our hospitals care for patients with compassion and kindness, and feedback from patients about the way staff treat them is consistently positive](#), according to the national watchdog for health and social care.

The Care Quality Commission (CQC) also says that our staff provide emotional support to patients to minimise their distress, and that staff involve patients and those close to them in decisions about their care and treatment.

Deputy Chief Inspector of Hospitals, Dr Nigel Acheson said “the Trust has a strong and engaged workforce who worked together for the benefit of patients”.

CQC inspectors visited OUH in November and December 2018 and January 2019 to assess the quality of five core services - urgent and emergency care, medical care, surgery, maternity and gynaecology. They also assessed whether the Trust was well-led and NHS Improvement assessed whether the Trust was using its resources productively.

In a report published on 7 June the CQC rated us 'Good' for having Caring, Responsive and Effective services but 'Requires Improvement' for having 'Well-led' and 'Safe' services. Therefore this means that OUH was rated as 'Requires Improvement' overall.

On behalf of the Trust Board, I would like to thank our staff whose compassion and kindness was quite rightly recognised by the CQC.

However, as a Board we recognise that we are on a journey to improvement and this is reflected in our overall rating. I look forward to working with our staff, patients, governors and partners in the local health and social care system so that together we can change things for the better.

6. Public support for Churchill PET-CT service

Following a procurement process run by NHS England for the contract to run the Thames Valley regional PET-CT scanning service, which our staff have provided at the Churchill Hospital in Oxford since 2005, we wrote to the Chairman of the Oxfordshire Joint Health

Overview and Scrutiny Committee (HOSC) to ask for the issue to be considered.

At a meeting on 4 April, HOSC members heard from patients and clinicians and unanimously decided to exercise their power to refer the matter to the Secretary of State for Health and Social Care.

He chose not to consider the matter further at this time, which was naturally disappointing for us, but we are grateful to the Chairman of the Oxfordshire HOSC for agreeing to our request to examine this issue.

We are grateful for the support of many patients and members of the public who have contacted us, HOSC and NHS England to say how much they value the current PET-CT service at the Churchill. Our local MPs and our governors have also provided invaluable support at this challenging time.

The Trust has maintained an ongoing dialogue with NHS England on this important issue which at its heart is about ensuring the quality and safety of patient care.

In May the Trust Board agreed 7 tests that needed to be met before we could come to an agreement with NHS England in order to resolve the current contract situation.

Following a number of discussions which have involved both senior managers and clinicians, as well as Executive and Non-Executive Directors, the Board is satisfied yesterday that we now have commitments from NHS England that meet 5 of those 7 tests.

Of the 2 conditions which have not yet been fully satisfied, the most important relates to maintaining established clinical pathways which are in the best interests of patients.

The other outstanding condition relates to funding and we believe that it will be possible to meet this once the future care pathways have been agreed in a way that ensures clinical quality and safety.

As a Board, we feel that significant progress has been made since May and that, if this progress is maintained and translates into the proposed contracts, we will be able to come to an agreement which safeguards quality of care for our patients and has the support of our clinicians.

7. Our award-winning staff gain national recognition

I would like to congratulate Trust staff who have earned well-deserved external recognition by either winning or being shortlisted for national awards:

- Staff from our [Hospital School](#) won 1 category and were finalists in 2 other categories at the *Times Educational Supplement (TES)* Schools Awards on 21 June
- [Dr Susie Shapiro](#), a consultant haematologist who works at our Haemophilia and Thrombosis Centre at the Churchill Hospital, won the patient safety award at the Royal College of Pathologists Excellence Awards on 12 June
- Our [International Nurses Programme](#) is shortlisted in the Best International Recruitment Experience category of the *Nursing Times* Workforce Awards on 25 September

See the Our Fabulous Staff section of our [website](#) for more inspiring stories about staff who go the extra mile for our patients and staff.

8. Queen's Birthday Honours for Karen and Courtney

Congratulations to **Karen Mitchell** (Lead Cancer Nurse) and **Courtney Hughes** (Senior Nursing Assistant) who were both included in the [Queen's Birthday Honours](#) on 8 June.

Karen, who works in the Cancer and Haematology Centre at the Churchill Hospital, was honoured for services to cancer patients and to nursing.

She started working at OUH in 1990 as a research nurse, then became chemotherapy sister and moved into specialist cancer nursing in 2001.

As a cancer nurse, she helps patients adapt both physically and psychologically to their disease and treatment, whilst providing advice on managing symptoms.

In her current role as Lead Cancer Nurse, she manages a team of specialist cancer nurses who support patients living with cancer.

Courtney, who works in the Colposcopy team within Gynaecology in the Women's Centre at the John Radcliffe Hospital, was honoured for services to older and vulnerable people in Oxfordshire.

Courtney founded a charity called Secret Santa 365 in 2012 when she was only 12 years old. Since then she has distributed more than 50,000 gifts, as well as essential items such as toiletries, to people in need.

9. Oxford Biomedical Research Centre (BRC) news

The Oxford BRC submitted its Annual Report to the National Institute of Health Research (NIHR) in May. Among the highlights were that:

- The 20 research themes published 1,008 papers acknowledging the BRC in peer reviewed journals in 2018/19, including papers in *Nature*, *Nature Genetics*, *The Lancet*, *BMJ* and *New England Journal of Medicine*
- The BRC includes 18 NIHR Senior Investigators, 14 NIHR Emeritus Senior Investigators, 246 NIHR Investigators supported by the BRC, 350 NIHR Associates and 30 NIHR Academy Members with specific BRC funding
- During 2018/19 the BRC attracted £187.2m of external funding, representing a leverage ratio of almost eightfold – this funding includes £56.4m from research councils, £35.8m from research charities, £20.5m from the Department of Health and Social Care (DHSC)/NIHR, £15.2m from other non-commercial sources, £53.1m from industry collaborations and £5.8m from industry contracts

The breadth of the world-class medical research that takes place in Oxford was on show on 24 May when the [Oxford BRC hosted an Open Day](#) at the John Radcliffe Hospital

which was officially opened by OUH Chair, Professor Sir Jonathan Montgomery and Chief Medical Officer, Professor Meghana Pandit.

Around 400 people attended the Open Day, which included an exhibition space showcasing medical innovations from all 20 BRC research themes, as well as from partners such as Oxford Health BRC, the Academic Health Science Network and the Clinical Research Network.

There was a well-attended panel discussion on how to ensure that artificial intelligence benefits patients, and public talks on the latest developments in asthma treatment, and how teams from OUH and the University used a combination of big data analysis, whole genome sequencing and infection control to halt an outbreak of *Candida auris*. Videos of [these talks are available on the BRC website](#).

Three Oxford BRC-supported researchers including BRC Director, Professor Helen McShane were among eight University of Oxford scientists elected to join the prestigious [Fellowship of the Academy of Medical Sciences](#) (AMS) this year. The other BRC researchers to become new Fellows were Professor Alison Simmons from the MRC Human Immunology Unit, and Professor Sarah Walker, Professor of Medical Statistics and Epidemiology in the Nuffield Department of Medicine.

The Oxford BRC has [appointed seven new Senior Research Fellows](#) who have demonstrated high quality, high-impact research, as well as leadership, independence and collaboration with other research groups. The aim of the fellowships is to support individuals to advance an independent research area which will enhance BRC research in Oxford and strengthen future BRC funding applications. The fellows will receive an annual award of £10,000 for a period of two years that can be used flexibly to facilitate their translational research programme and career development.

Deaths from stroke in England halved in the first decade of the 21st century, thanks to improved treatment, a [study by Oxford BRC-funded researchers has found](#). However, there was an increase in the number of people under the age of 55 who had strokes. The study by the University of Oxford's Nuffield Department of Population Health, published in the *BMJ*, looked at the hospital and mortality records of almost 800,000 people and found that between 2001 and 2010, stroke mortality rates decreased by 55% and the overall number of strokes fell by 20%. However, the number of strokes increased by 2% each year in adults aged 35 to 54 years, an increase the study attributed to higher obesity and diabetes rates in younger people.

Researchers in Oxford have for the first time detected in a living patient the microscopic heart muscle abnormalities that can lead to [hypertrophic cardiomyopathy](#), the leading cause of sudden cardiac death in young people. 1 in 500 people across the world has this inherited condition, which can also lead to complications such as heart failure and stroke. When seen under a microscope, muscle fibres from the hearts of patients who have died suddenly of the condition are arranged abnormally, and don't have the usual alignment that allows heartbeats to spread evenly across the heart's muscle fibres. Until now this 'disarray' in heart muscle fibres has only been detectable in a post-mortem. But using a technique more commonly used in brain imaging, the Oxford BRC-supported researchers have spotted the abnormality in living patients. The study was published in the *Journal of the American College of Cardiology*.

A study of 93,000 UK adults with heart failure has revealed critical care shortcomings in diagnostic tests, drug prescriptions, and follow-up patterns, with women and those over 75 years of age disproportionately affected. [The study](#) by The George Institute for Global Health, supported by the Oxford BRC, investigated the medical care received by heart failure patients from the time of diagnosis up to a year later. The paper, published in *PLoS Medicine*, found that patients were more likely to be diagnosed with heart failure in hospital rather than by their general practitioner; received insufficient follow-up after hospitalisation; and doses of key medicines prescribed to patients were far below those recommended. Only 17% of patients diagnosed with heart failure in hospital had their diagnosis recorded by their general practitioner in the following 12 months. Women were 13% less likely than men of the same age to receive a prescription for the two most important drugs in heart failure management within three months of diagnosis.

A [study](#) has found that government investment in healthcare research is good for the wider economy, with a return on investment in the Oxford BRC of 46% in terms of income and job creation alone. The paper, 'A macroeconomic assessment of the impact of medical research expenditure: A case study of NIHR Biomedical Research Centres', was published in the *Plos One* journal.

The Oxford BRC hosted the first National Institute for Health Research Social Enterprise Workshop on 17 May to discuss the value of social enterprises to the NIHR and potential future opportunities in this field. Delegates from Oxford University Innovation, Oxford Health BRC, Saïd Business School, Nottingham University, University of Cambridge Business School, the Academic Health Science Networks from both Oxford and the West of England, and legal experts in technology transfer, attended the workshop.

A single, 'one size fits all' framework for patient and public involvement may be less useful than a range of resources that can be adapted and used locally, a [study supported by the Oxford BRC](#) has concluded. The study, published in *Health Expectations*, is believed to be the first attempt at a comprehensive synthesis of frameworks for supporting patient and lay involvement in health research.

10. Oxford Academic Health Science Network (AHSN) & Oxford Academic Health Science Centre (AHSC) news

The Oxford AHSN has published its [Annual Report](#) for 2018/19 and its [Business Plan](#) for 2019/20.

[Dr Guy Rooney](#) started work as the Oxford AHSN's first medical director on 10 June.

A new [regional collaboration which seeks to improve care for patients who frequently attend Emergency Departments](#) met on 2 May. It aims to share best practice, better understand patient flow and design shared strategies based on collective knowledge.

Mr Lawrence Impey, a Consultant in Obstetrics and Fetal Medicine at the John Radcliffe Hospital, is among the contributors to a [new series of videos](#) produced by the Oxford Patient Safety Collaborative.

A survey commissioned by the AHSN Network in partnership with NHS England and the National Institute for Health Research has identified key areas for future NHS innovation and research. A [national report](#) outlines the main findings from the survey of local health and social care stakeholders.

Common themes emerged which reflect wider challenges facing the NHS and align with the priorities of the [NHS Long Term Plan](#) including:

- Addressing workforce challenges
- Delivering mental health services and providing care for patients with mental health needs, particularly children and young people
- Integrating services to provide effective care for patients with complex needs – including multi-morbidity and frailty
- Using digital and artificial intelligence technology

More information is available on the [Oxford AHSN website](#).

The Oxford AHSC has published its [Annual Report](#) for 2018/19 and a [5 Year Report](#) which summarises the AHSC's activities from 2014 to 2019.

A meeting was held in London with management colleagues from Cambridge University Health Partners and the Eastern Academic Health Science Network, in advance of a planned meeting in September. Potential topics for discussion included NHS research priorities, the infrastructure required to support health and science collaborations, and intensifying the spread of invention from Oxford and Cambridge across the wider region.

The AHSC supported a further event held by The Hill – a social networking event with Oxford Startups – on 12 June. This was held in the Wood Centre for Innovation in Headington and was a great success. The Hill also had a very successful stand at Oxford University Hospitals' annual Nursing & Midwifery Conference on 10 May.

[Oxford Academic Health Partners](#), which is a registered charity, is planning to launch a competition for travel grants for students and graduates to further their studies in healthcare, innovation and research.

Dr Bruno Holthof
Chief Executive
July 2019