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Chief Executive's Report

1. Trust Board changes

Welcome to Terry Roberts who will join the Trust Board as Chief People Officer on 10 February.

Terry will be joining us from The Hillingdon Hospitals NHS Foundation Trust where he is Director of People and Organisational Development.

Prior to this role he was Director of Workforce at Kingston Hospital NHS Foundation Trust and Associate Director of HR at Barts Health NHS Trust.

He has also held a number of other senior HR positions in NHS trusts, as well as spending a year on secondment at the Department of Health as a National HR Advisor.

Terry is a Fellow of the Chartered Institute of Personnel and Development (CIPD), has completed the Top Manager Programme with the King’s Fund, and is a certified coach and mediator.

I would like to take this opportunity to thank Jane Nicholson for her contribution to the Trust Board as Interim Chief People Officer since June 2019 – she is due to leave OUH on 14 February and we wish her all the best for the future.

Welcome also to Professor Tony Schapira who joined the Trust Board as a Non-executive Director on 1 December 2019 following his appointment by the Council of Governors, which includes elected representatives of members of the public and staff.

Professor Schapira was appointed as a Consultant Neurologist at the Royal Free Hospital and the National Hospital for Neurology and Neurosurgery, Queen Square in 1988.

He was appointed to the University Chair of Clinical Neurosciences at the University College London (UCL) Institute of Neurology in 1990.

He is vice dean of UCL Medical School and director of the UCL Royal Free campus.

Professor Schapira has been a Non-executive Director of Royal Free London NHS Foundation Trust since 2009, in which role he chairs the Trust's Clinical Standards and Innovation Committee and is a member of the Remuneration Committee.

He also has extensive Board experience in the broader public sector including as a Non-executive Director on the Board of the Ministry of Justice, Office of the Public Guardian from 2012-18 and as a current member of the NHS Independent Reconfiguration Panel.

I am delighted to welcome Professor Schapira to the Trust Board and I look forward to working closely with him. His skills and knowledge as a clinician and an academic, as well as his wide experience in non-executive roles, will strengthen the Board's leadership.

2. Three OUH clinicians recognised in New Year Honours
Congratulations to three OUH clinicians who were named in the New Year Honours List which was published on 27 December 2019:

- **Professor Bee Wee received a CBE** for Services to End of Life Care – she is the Clinical Lead at Sobell House, our hospice on the Churchill Hospital site
- **Dr Tom Hughes received an OBE** for his national leadership role in health technology – he is a Consultant in the Emergency Department at the John Radcliffe Hospital
- **Professor Karen Barker also received an OBE** – she is a physiotherapist by profession who first came to work in Oxford at the Nuffield Orthopaedic Centre (NOC) in 1988 and is now Clinical Director for Trauma & Orthopaedics at OUH

3. **Clean bill of health for John Radcliffe operating theatres**

The Care Quality Commission (CQC), the independent regulator of health and social care in England, has lifted conditions placed on the operating theatres in the main John Radcliffe Hospital building following the completion of refresh works.

The theatres were officially re-opened in September 2019 at the end of the refresh, which started in April, and a team from the CQC visited in November.

Improvements included new electrical and data wiring and increased sockets, brighter lighting, redecoration with vibrant new colours in the corridors and more neutral tones in the theatres, new cabinetry and other fittings, new flooring, and a new centralised stores for equipment and medicines.

In this part of the John Radcliffe Hospital there are eight operating theatres where both planned and emergency operations are carried out. While the theatres were shut during the refresh, some operations were transferred to other operating theatres in the hospital’s West Wing.

This was an extremely complex project which was planned and executed carefully to ensure there was as little impact as possible on patient care. It was a great example of teamwork between our clinical teams in theatres and staff from Estates, Procurement, Clinical Engineering, IT and Pharmacy. I would like to thank everyone involved who contributed to the success of the refresh project.

This was a challenging logistical exercise but our staff rose to the challenge to ensure that the environment they work in matches their clinical excellence and professionalism, helping to deliver the standard of care that the Trust aspires to.

4. **NHS Improvement lifts most Enforcement Undertakings**

NHS Improvement (NHSI), the organisation which regulates hospital trusts in the NHS alongside the CQC, has formally lifted most of the Enforcement Undertakings which were agreed with the Trust Board in June 2018.

NHSI has issued a compliance certificate in respect of paragraphs 1, 2, 3, 5 and 6 of the Trust’s Enforcement Undertakings which relate to the following areas:

- Governance
• Urgent and Emergency Care
• Planned (Elective) Care
• Workforce Planning
• The Integrated Improvement Programme developed to co-ordinate plans

NHSI said that this compliance certificate recognises the ‘significant progress’ we have made in respect of governance, planned care, emergency care, and workforce planning, along with the development of the overarching Integrated Improvement Programme to ensure delivery of plans.

NHSI still has concerns in relation to the Trust’s Finance and Cancer performance. Enforcement Undertakings for Finance, which were also agreed with OUH in June 2018, remain in place. NHSI intends to agree new Enforcement Undertakings for Cancer with the Trust.

We are delighted that NHSI has recognised that we have made significant progress in tackling some of our key priorities.

I would like to thank all staff whose renewed focus on key areas has led to these welcome improvements in our performance.

As a Trust Board we are committed to working with colleagues across the Trust – and with our partners in the wider health and care system – so that together we can move forward positively to ensure that we deliver the highest possible quality of care to our patients.

5. Best ever Staff Survey response rate

I would like to thank all OUH staff who took the time and trouble to complete the annual national NHS Staff Survey which was open from 7 October to 29 November 2019.

In total, 5,903 staff took part in the 2019 survey – 48.2% of staff who were eligible to participate – which is our best ever response rate and maintains the improvement we saw last year when 48.1% of staff took part in the 2018 survey.

Only 38.8% of staff took part in the 2017 survey and less than 40% of OUH staff completed the survey in each of the previous 5 years so the 2018 and 2019 response rates represent a sustained step-change in staff engagement.

We expect the results of the NHS Staff Survey to be published nationally in February or March.

We will be organising staff listening events to communicate the key findings and to listen to staff so that together we can change things for the better in response to feedback from staff. A Trustwide action plan will be developed to focus on areas for improvement.

6. Celebrating success at our Staff Recognition Awards

Our annual Staff Recognition Awards represent all that is best about OUH – and the awards ceremony held at Oxford Town Hall on 4 December 2019 was no exception.
More than 1,500 nominations were received for this year’s Staff Recognition Awards and, on behalf of the Trust Board, I would like to congratulate all staff, volunteers and fundraisers who were recognised.

Colleagues in our divisions and at Trustwide level selected 3 finalists in each category – and the winners were revealed on 4 December.

I would also like to thank Oxford Hospitals Charity for generously supporting the Staff Recognition Awards.

Their support made possible both the Trustwide awards ceremony, which was attended by almost 300 staff, volunteers, fundraisers, patients and families, and the divisional awards ceremonies which were held in the run-up to the Trustwide event to recognise everyone who was nominated.

More information is available on our website.

7. Horton General Hospital developments

Congratulations to the Hip Fracture Team at the Horton General Hospital who have been named as one of the best in the country – for the seventh year in a row.

The latest figures were published in the 2019 National Hip Fracture Audit, which compares the performance of 175 hospitals in England, Wales, and Northern Ireland.

More than 90% of hip fracture patients admitted to the Horton General underwent surgery either on the same day, or on the day after – the national average is 69%.

Hip fractures are very common – there were nearly 70,000 in the UK last year, and they’re often suffered by elderly or frail people who need rapid care.

A new chemotherapy service for children is now available at the Horton General. The service’s first clinic was held in September 2019 and provides chemotherapy to young people between the ages of one and 19.

The Horton General clinic operates as a satellite site to Kamran’s Ward at the Children’s Hospital in Oxford, and means that patients and their families in the north of the county can receive treatment much closer to home.

The fact that families in the north of the county can receive treatment nearer home at the Horton is another example of how we’re committed to providing more services at the hospital, and expanding and investing in the care given there.

8. Supporting our EU staff before Brexit

As the UK’s planned withdrawal from the EU on 31 January draws closer, we want to ensure our EU staff know that, regardless of Brexit, we want them to stay with us at OUH.
The contribution of staff from Europe, and indeed all over the world, is one of the strengths of the NHS in general and OUH specifically.

We continue to provide as much support as possible for our EU staff in advance of Brexit.

This support is a key part of our preparations for Brexit because, like me, more than 1,500 staff working for the Trust are nationals of other European nations and we want them to stay with us.

I have written personally to my European staff colleagues to encourage them to apply to the EU Settlement Scheme to secure their continued right to remain in the UK.

We also held a series of information sessions for EU staff on all our hospital sites in Oxford and Banbury with Europa Welcome!, a new service run by local charity Asylum Welcome, to support our staff in applying to the EU Settlement Scheme.

Work is ongoing in the Trust to plan and prepare for the potential impact of Brexit.
We are following national guidance for the NHS on Brexit planning and a working group has met regularly in order to recognise and mitigate risks – it has representatives from clinical and non-clinical teams from across the Trust.

We are working closely with partner organisations in health and social care both locally and nationally to prepare for Brexit.

Our tried and tested business continuity procedures will minimise the risk of any disruption to patient care in a range of scenarios – and we are following these established practices to prepare for Brexit.

This work is being led by our Chief Operating Officer, Sara Randall, who is our designated Senior Responsible Officer (SRO) for EU Exit planning.

9. Oxford Biomedical Research Centre (BRC) news

On 12 and 13 November 2019, the Oxford BRC held its Mid-term Review at St Catherine’s College to not only assess progress made so far by the BRC’s 20 themes and four clusters in this round of NIHR funding (2017-22) but also make suggestions and start considering what Oxford’s bid for the next round of funding will look like.

The theme and cluster leaders each gave presentations showing the main focus of their BRC-funded research, and the many achievements so far, and proposed direction of their future research.

The Mid-term Review was chaired by Professor Jonathan Knowles, Professor of Personalised Medicine at the University of Helsinki and a Visiting Professor at the University of Oxford. The Scientific Advisory Board included Professor David Adams of the University of Birmingham and Professor Paul Stewart of the University of Leeds. Dr Evanthia Kalpazidou Schmidt of Aarhus University acted as an observer with a particular focus on diversity.

New BRC-funded research from the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS) has shown that platelet rich plasma (PRP) is
not effective in treating acute Achilles tendon ruptures. In PRP therapy, a concentrate of the patient’s own blood containing high levels of platelets and growth factors is injected into the injury site. After promising signs from laboratory research that PRP could improve healing, it has grown in popularity, especially among high profile athletes. However, the multi-centre randomised placebo-controlled trial found no evidence that PRP injections improve muscle-tendon function or patients’ quality of life after this injury.

University of Oxford researchers based at the John Radcliffe Hospital have begun a clinical trial to assess whether the drug sildenafil, more commonly known by its commercial name Viagra, can reduce damage to small blood vessels in the brain and so prevent strokes. Chronic damage to small blood vessels deep in the brain is responsible for up to a third of strokes. The trial, supported by the Oxford BRC, will test sildenafil against a placebo tablet and a similar drug, cilostazol, in 75 patients who have had a stroke or mini-stroke previously and who also have evidence of injury to their small blood vessels after a brain scan.

On 21 November 2019, the BRC hosted its latest free public talk at the John Radcliffe Hospital, ‘Ten years to eliminate Hepatitis B: can it be done?’, when Dr Philippa Matthews looked at the impact of Hepatitis B and its current treatments. She explored whether, with an effective vaccine and widely available antiviral drugs, we can meet the international goal of eliminating the Hepatitis B virus (HBV) by 2030.

A new therapy that targets the immune system has shown promise for treating atopic dermatitis, the most common form of eczema, in a trial supported by the Oxford BRC and led by scientists based in the MRC Human Immunology Unit at the John Radcliffe Hospital – the small initial study is the first trial in humans to show that atopic dermatitis could be treated by targeting an immune signalling molecule called IL-33. The positive results in the trial, in which 12 patients were treated with a therapy called etokimab, have led to a larger clinical trial involving 300 participants.

On 7 December 2019, the BRC organised the second in a series of patient and public involvement (PPI) workshops which focused on user-led research, in which patients are involved in deciding what is researched and how the study is carried out.

Three further PPI workshops aimed at patients and members of the public will be held in the next three months – places are free with registration in advance.

The Oxford BRC and other parts of the local NIHR infrastructure organised a PPI workshop aimed at researchers on 10 December 2019. It looked at how to include PPI in funding applications, how to develop meaningful PPI activities, and how to identify and avoid common mistakes.

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

Oxford AHSN news
The Oxford AHSN sleep project, launched in October 2018, has been extended to June 2020. Anyone living, working or studying in Oxfordshire and Buckinghamshire can access free online support via sleepio.com/nhs.
More than 12,000 people did so in the 12 months from October 2018 to October 2019 with more than 4,500 starting a personalised online cognitive behavioural therapy (CBT) programme. These people slept an extra 5.5 hours per week on average. Other benefits included reduced stress, less use of sleep remedies, improved productivity, reduced absenteeism.

**Eight start-up companies have completed their journey through the first Oxford AHSN Accelerator programme.**

**The fifth quarterly regional conference of the Thames Valley Emergency Laparotomy Collaborative took place in December 2019.**

Forthcoming Oxford AHSN events include a [Colitis and Crohn’s disease open evening](#) on 4 February and a [regional maternity and neonatal shared learning event](#) on 26 February.

**Oxford AHSC news**


The four partners in the application for the newly named Oxford Academic Health Partners are Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust and the University of Oxford.

Key points from the application (which will be made available early in 2020) include:

- Involvement of patients and users in the development of plans
- System-wide engagement including development of additional collaborations with both the Oxford AHSN and the Eastern AHSN
- Further collaboration on research management between the partners
- Development of a Centre for Healthcare Implementation and Change

Shortlisting takes place in late January/early February 2020 and, if shortlisted, six members of the Board, including the Chairman and Director, will be attending interview by an International Panel on 25 and 26 February 2020. A Board meeting will be held in advance of any interview.

The Oxford Academic Health Partners Charity will submit its Annual Report to the Charity Commissioner by 31 January 2020.

The Hill held a very well attended Social Mixer event on 26 November 2019 at the John Radcliffe Hospital at which David Walliker, Chief Digital & Partnership Officer at Oxford University Hospitals NHS Foundation Trust, gave an interesting talk.

**Dr Bruno Holthof**

Chief Executive Officer

January 2020