

Cover Sheet

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Chief Executive Officer's Report

1. Trust Board and Council of Governors news

- 1.1. Welcome to Professor Ashok 'Ash' Soni who joined the Trust Board as a Non-Executive Director on 6 April for an initial term of three years.
- 1.2. His appointment was made at the 13 January meeting of the Trust's Council of Governors, which includes elected representatives of the public and staff.
- 1.3. Professor Soni is a community pharmacist who graduated from the Portsmouth School of Pharmacy in 1983 and, after starting his pharmacy career in Central London, opened the first of his three pharmacies in 1986.
- 1.4. In 2004, he was one of the first pharmacists to qualify as a supplementary prescriber and in 2007 he qualified as an independent prescriber.
- 1.5. Professor Soni has extensive experience in a wide variety of non-executive positions. He has been Chair of the National Pharmacy Association's Board, is a past President, Assembly and English Pharmacy Board Member of the Royal Pharmaceutical Society, and is currently a Vice President of the International Pharmacy Federation.
- 1.6. He has held a number of roles with Lambeth Clinical Commissioning Group including Clinical Network Lead and Professional Executive Committee Chair.
- 1.7. Congratulations to the successful candidates in our recent Council of Governors elections. The Declaration of Results for each constituency is available on the [UK Engage website](#).
- 1.8. The Council of Governors is made up of governors elected by public and staff members, as well as appointed representatives from local organisations that the Trust works with.
- 1.9. The Trust is accountable through our membership and Council of Governors to our local communities.

2. Our #OneTeamOneOUH e-Book tells the stories of a year like no other

- 2.1. Friday 23 April saw the launch of *Stories from the COVID pandemic #OneTeamOneOUH* – an e-Book which tells the story of our response to COVID-19. [It is available to read online.](#)
- 2.2. It was made possible thanks to the generous support of Oxford Hospitals Charity.

- 2.3. The COVID-19 pandemic has been a time of unprecedented challenges for all of us, both professionally and personally, and one of the ways in which we can make sense of these experiences is by telling our stories, to share how we feel, and to talk about what we did as individuals and in our teams.
- 2.4. And so the idea for this e-Book was born as an opportunity for everyone to share their reflections on our OneTeamOneOUH response to COVID-19 – we invited all staff to submit their contributions for inclusion in order to truly reflect the experiences of our people.
- 2.5. *Stories from the COVID pandemic #OneTeamOneOUH* includes a strong focus on the Trust's unique partnership with the University of Oxford and the groundbreaking COVID-19 research which has taken place here in Oxford.
- 2.6. It also profiles teams which the public and even some staff colleagues may not be aware of because they are not always visible – as they work 'behind the front line' – and highlights the support of Oxford Hospitals Charity, medical and nursing students, our on-site catering and retail partners, and many others in our hospitals and in the communities which we serve.

3. Visiting reintroduced as COVID-19 cases decline

- 3.1. Following a steady decline in levels of COVID-19 in the community and the number of COVID-19 positive patients in our hospitals, since Monday 22 March we have reintroduced the 'Rule of One' for inpatient visiting – one visitor, for one hour, per day, per patient. Ward staff book slots in advance with visitors.
- 3.2. Visitors are not permitted in our Emergency Departments, Emergency Assessment Units, and in outpatient departments – with limited exceptions in areas including Maternity, Paediatrics and patients in exceptional circumstances such as people with mental health support needs, learning disabilities, communication support needs, patients who do not speak English as their first language, patients who require carers, and patients who are sadly at the end of their life.
- 3.3. Sam Foster, our Chief Nursing Officer, says: "We are really pleased to welcome visitors back to our hospitals. Their support and input is incredibly valuable to both our patients and our staff.
- 3.4. "We have worked closely with our colleagues to make sure we can reintroduce visiting safely, in a controlled manner. It is still as important as ever that our visitors follow rules around hand hygiene, wearing a face covering or face mask, and social distancing when in our hospitals.
- 3.5. "These are the best ways to keep us all safe, and ensure that controlled visiting can remain in place."

4. Horton General hip fracture team officially one of the best nationally

- 4.1. [The Horton General Hospital's hip fracture team has been named one of the best in the country for hip fracture treatment](#) – for the eighth year in a row – following publication of the annual National Hip Fracture Audit, which compares the performance of 174 trauma units in England, Wales, and Northern Ireland.
- 4.2. The Horton team met all best practice criteria in nearly 95% of patients, compared with a national average of 58% – while more than 90% of hip fracture patients underwent surgery either on the same day, or the day after, compared with a national average of 69%.
- 4.3. Mr Sam Anand, Orthopaedic Surgeon at the Horton General, says: "These results go to show the expertise and commitment of all our team. We're so happy to be acknowledged for our continuation of excellent care.
- 4.4. Hip fractures are very common and they're often suffered by elderly or frail people who need rapid care. We're really pleased we can help them in such an efficient and effective way."

5. New respiratory unit now open at the John Radcliffe

- 5.1. I am delighted that patients with respiratory conditions at OUH are benefiting from enhanced inpatient care following the opening of our newly refurbished respiratory ward.
- 5.2. Based at the John Radcliffe Hospital, [the new Osler Respiratory Unit welcomed its first patients on 16 March](#).
- 5.3. The Respiratory team has moved several times over the last year as part of the Trust's COVID-19 response, but is now based in a modern and refurbished clinical area. Two wards have been completely renovated in order to provide a single Respiratory Unit with 24 beds, including 22 side rooms.
- 5.4. Staff on the Osler Respiratory Unit, who have adapted quickly and efficiently over the past year in response to the COVID-19 pandemic, care for people with various breathing conditions, including [asthma](#), [interstitial lung diseases](#), and cystic fibrosis.

6. Katharine House Hospice staff welcomed to our OneTeamOneOUH

- 6.1. [Our exciting new partnership with Katharine House Hospice came to fruition on 1 April as the hospice's clinical services transferred to be under the management of OUH](#). The hospice, which is based in Adderbury in north Oxfordshire, was formed almost 30 years ago and now supports more than 900 families every year.

- 6.2. Professor Sir Jonathan Montgomery, OUH Chair, and I wrote personally to all Katharine House Hospice staff to welcome them to our OneTeamOneOUH.
- 6.3. We said: "As you will know better than anyone, palliative care demonstrates some of the most admirable values that drive our work. We appreciate especially what we can learn from our palliative care colleagues about compassion and respect as you work with those at the end of their lives and those who love and care for them, and as you enrich those final moments."
- 6.4. Sam Foster, OUH Chief Nursing Officer, and I also recorded short video messages to welcome Katharine House Hospice staff:
 - [Dr Bruno Holthof video message](#)
 - [Sam Foster video message](#)

7. New Critical Care Building is good news for patients and staff

- 7.1. I am delighted that [work on a new 48-bed Critical Care Building at the John Radcliffe Hospital is now well underway](#). The £29 million development is supported by Department of Health and Social Care financing.
- 7.2. Not only will the new building improve our critical care environment but also it will help us plan for future demands on our services. It is part of a regional plan to manage critical care as the NHS makes preparations for the ongoing impact of COVID-19.
- 7.3. Dr James Kent, Executive Lead of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS), says: "This is a welcome development that will also help us work more collaboratively across the system to manage the demands for critical care."
- 7.4. Health Minister Edward Argar MP add: "This new Critical Care Building will help the John Radcliffe Hospital to continue to deliver world-class care to its patients. The additional surge capacity will enhance their ability to respond to seasonal pressures – something that has proved crucial during this pandemic."

8. Update on Planning

- 8.1. Planning guidance was published on 25 March for April to September 2021. Draft plans were submitted to NHSE/I on 6 May except for the capital expenditure plan which was submitted on 12 April.
- 8.2. Unlike in previous years, activity and workforce submissions are only required from the ICS and not from its constituent organisations. The primary finance return is also from the ICS although there is a mandatory provider level capital submission (and no ICS capital submission) and a voluntary provider level I&E submission.

- 8.3. There is a requirement for a system level narrative. There is no requirement for a formal sign-off at either provider or ICS level of the submissions. The top priority in national planning is staff wellbeing with ongoing COVID response and restoring elective activity as the next highest priorities.
- 8.4. BOB ICS governance has been challenged by this timetable and by the requirement to plan collectively before significant ICS infrastructure is in place.
- 8.5. The key issues identified by the ICS draft plan are: planned activity levels versus elective recovery requirements; a system financial deficit versus a breakeven target and capital plan requirements in excess of the ICS capital control total

9. Celebrating the achievements of our award-winning staff

- 9.1. Recognising the excellence of our staff at OUH, and celebrating our successes as OneTeamOneOUH, has never been more important.
- 9.2. An innovative service for OUH patients needing planned hip replacements has been nominated for a prestigious national award. Launched last year at the Nuffield Orthopaedic Centre (NOC) in Oxford, [the introduction of day case hip replacements means suitable patients can be operated on and return home the same day.](#)
- 9.3. The **Orthopaedic team** behind the service, which reduces the overall length of stay for these patients from around four days to a single day, is in contention to win the [Post-COVID Sustainable Transformation Award category in the *Health Service Journal* \(HSJ\) Value Awards.](#)
- 9.4. **OUH Diabetes staff** are part of an Oxfordshire NHS diabetes team who are shortlisted for the [Diabetes Care Initiative of the Year category, also in the *Health Service Journal* \(HSJ\) Value Awards](#) after developing a data dashboard to improve the care of people living with diabetes in the county.
- 9.5. Good luck to both teams at the *HSH* Value Awards ceremony which will be held on 2 September.
- 9.6. **Ariel Lanada**, a senior nurse who chairs the Black, Asian and Minority Ethnic (BAME) Staff Network at OUH, was shortlisted for the [BAME Nurse of the Year award in the National Health & Care BAME Awards](#) on 6 May. Ariel, who is a Divisional Lead for Practice Development and Education, is also Chairman of the Filipino Community of Oxford (FilCom Oxford).
- 9.7. [A total of seven individual members of staff and teams are finalists in the Oxfordshire Health & Social Care Awards](#) – the awards ceremony will be streamed live on the *Oxford Mail*'s Facebook page at 7pm on 21 May. OUH finalists include:

- **Tamara Davidson**, Specialist Palliative Care Nurse – Good Nurse Award and Care Hero Award
- **Amy Bancroft**, Registered Nursing Associate – Good Nurse Award and Care Hero Award
- **Courtney Hughes**, Trainee Nursing Associate – Unsung Hero Award and Care Hero Award
- **Clare Trussler**, Cancer Support Specialist – Mental Health Award
- **May Quarmby**, Consultant Clinical Psychologist – Mental Health Award
- **Jo-Anne Ellis**, Specialist Paediatric Diabetes Nurse – Adolescent & Child Care Award
- **Linen Team** – Health Care Team Award

9.8. Congratulations and good luck to everyone on 21 May.

10. Oxford Biomedical Research Centre (BRC) news

10.1. COVID-19 research news

University of Oxford researchers, led by NIHR Oxford BRC Director Professor Helen McShane, have launched a coronavirus [human challenge trial](#) to look at what kind of immune response to COVID-19 can stop people from becoming re-infected. The team also want to find out how the immune system reacts to a second infection. The study will take place in two phases, with different participants in each phase. The first phase establish the lowest dose of virus that can take hold and start replicating but produce little or no symptoms. Up to 64 healthy participants aged between 18 and 30 who have previously been naturally infected with COVID-19 will be exposed again to the original strain of the virus from Wuhan in carefully controlled conditions. In the second phase, expected to start this summer, all participants will be infected with the standardised dose of virus which was established in phase one.

Data from the **national COVID-19 Infection Survey**, which is led by senior NIHR Oxford BRC researcher Professor Sarah Walker, has revealed [significant reductions in COVID-19 infections](#) after a single dose of the Oxford-AstraZeneca or Pfizer-BioNTech vaccines. This major community surveillance survey, one of the NIHR's COVID-19 urgent public health studies, is a partnership between the University of Oxford, the Office of National Statistics (ONS) and the Department for Health and Social Care (DHSC). The key findings, released in two pre-print papers, were:

- COVID-19 infections fell significantly – by 65% – after a first dose of the Oxford-AstraZeneca or Pfizer-BioNTech vaccines
- Two doses of the Pfizer-BioNTech vaccine offered similar levels of protection against COVID-19 as previous COVID-19 infection – not enough people have received two doses of the Oxford-AstraZeneca vaccine to assess this
- Vaccination was just as effective in individuals over 75 or with underlying health conditions, as it was in those under 75 or without health conditions
- There was no evidence that the Oxford-AstraZeneca and Pfizer-BioNTech vaccines differed in their ability to reduce infection rates

A new study has found that 99% of people generate a [robust immune response](#) against COVID-19 after just one dose of the Pfizer-BioNTech vaccine, and that after two doses levels of protection were even stronger. The **PITCH (Protective Immunity from T cells to COVID-19 in Health workers) study**, led by Oxford and Sheffield Universities with support from the UK Coronavirus Immunology Consortium, examined how the immune system responds to COVID-19 after one dose of the Pfizer vaccine among people who have been infected by COVID-19 before and those who have not.

The study, which includes NIHR Oxford BRC investigators, suggests one dose of the vaccine protects against severe disease, supporting the decision to delay the second dose and provide protection to as many higher-risk groups as possible by providing more first doses. It showed that, after two doses, levels of protection were even stronger, underlining the importance of people coming forward for their second dose.

The latest findings from the ongoing **analysis of symptomatic and asymptomatic staff testing among staff working at OUH's four hospitals and associated facilities** show that two doses of either the Pfizer-BioNTech or Oxford-AstraZeneca vaccine offer [similar protection](#) against symptomatic SARS-CoV-2 infection to that coming from natural immunity after infection. In total, 13,109 healthcare workers at OUH had participated in the programme.

A new national study involving researchers from Oxford will investigate the long-term effects of lung inflammation and scarring from COVID-19. The [UK Interstitial Lung Disease Long-COVID19 \(UKILD-Long COVID\)](#) study, launched with £2 million of funding from UK Research and Innovation (UKRI), will investigate whether post-COVID-19 lung damage will improve or worsen over time, how long it will last, and the best strategies for developing treatments.

Led by Imperial College London, the study brings together researchers and clinicians from 15 research centres, including University of Oxford scientists supported by the NIHR Oxford BRC. It will include patients already in COVID-19 studies, such as the PHOSP-COVID study, which is looking at the longer-term impact of the virus. Initial findings from **PHOSP-COVID** show that a majority of survivors who left hospital following COVID-19 had [not fully recovered](#) five months after discharge and continued to experience negative impacts on their physical and mental health, as well as their ability to work.

An international research team led by Oxford University scientists has developed a [portable test](#) that can spot the antibodies which fight the coronavirus that causes COVID-19. The test can be adapted to work on blood from a finger prick, making it quick and easy to use.

On 16 March, the Oxford BRC hosted an online public talk, 'Can asthma inhalers prevent COVID-19 hospitalisations?', in which Professor Mona Bafadhel outlined her [STOIC Study](#), which had found that early treatment with the common asthma treatment budesonide appeared to significantly reduce the need for urgent care and

hospitalisation in people with COVID-19. The [video of her talk](#) has been viewed more than 1,000 times.

There was support for the findings of the **STOIC study** when the **PRINCIPLE trial** – a major national study looking at potential treatments for COVID-19 in the community – found that budesonide [shortens recovery time](#) by a median of three days in patients who are at higher risk of more severe illness.

A clinical trial by Oxford BRC-supported researchers has confirmed that azithromycin has [no clinical benefit](#) in people with moderate COVID-19. The **ATOMIC2 study**, led by Oxford BRC Senior Fellow Dr Timothy Hinks, was set up to investigate if this commonly prescribed antibiotic could prevent patients with mild to moderate COVID-19 from becoming more seriously ill. However, the findings confirmed those of other trials in showing no significant difference between patients taking azithromycin and those on standard treatment.

10.2. Other Oxford BRC news

The NIHR contacted all Biomedical Research Centres in April to inform them that it had launched a [new, two-stage, open competition](#) to designate and fund BRCs in England. In Stage 1, NHS/university partnerships are invited to submit a short application by 26 May. An International Selection Committee will review the applications and make recommendations to the Department of Health and Social Care (DHSC) on which should be shortlisted and invited in early August to submit a full application at Stage 2. The closing date for full applications is 20 October. Each proposed research theme will undergo peer review to inform the decision of the International Selection Committee.

Following interviews with applicants, the committee will make recommendations to DHSC as to which partnerships should be awarded NIHR BRC designation, and the level of funding. Ahead of the full application, the Oxford BRC has run an internal OUH/University of Oxford competition, and Principal Investigators (PIs) have submitted a Pre-Qualifying Questionnaire (PQQ).

University of Oxford researchers have developed [new clinical prediction models](#) for use in primary care with the aim of accelerating the diagnosis of myeloma, a cancer of the bone marrow that caused 117,077 deaths worldwide in 2020. Earlier diagnosis improves survival rates, but delays in myeloma diagnosis are common, in part because myeloma symptoms, such as back pain, are non-specific and relatively common in people without cancer. The research team had previously identified certain abnormalities in blood test results that indicate a higher risk of myeloma. Now they have developed new clinical prediction models that incorporate both symptoms and blood test results.

Researchers from the University of Oxford's Jenner Institute, supported by the Oxford BRC, have reported that a [malaria vaccine](#) they are developing is the first to meet the World Health Organization's goal of a malaria vaccine with at least 75% efficacy. The findings of the Phase IIb randomised, controlled, double-blind trial show the candidate vaccine, R21/Matrix-M, demonstrated 77% efficacy over 12 months of

follow-up with no serious adverse events. The trial was conducted in Burkina Faso with 450 participants, aged 5-17 months. Recruitment has now started for a Phase III licensure trial to assess large-scale safety and efficacy in 4,800 children across four African countries.

A three-year European Commission project to fund five citizen science projects, including one run by the NIHR Oxford BRC to [research metabolism](#), has got under way. The €2.2m STEP CHANGE project will develop five citizen science initiatives in the areas of energy, environment, health and infectious diseases. The Oxford BRC, which has received more than €270,000 as part of the initiative, and the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) based at the Churchill Hospital in Oxford will carry out research into the role of steroid hormones in the treatment of non-alcoholic fatty liver disease (NAFLD), obesity and type 2 diabetes.

A study conducted by the Oxford BRC has shown that while there are positive trends in terms of the number of [women authoring its scientific papers](#), the proportion of female authors is significantly lower than male authors across all categories of scientific authorship.

Four academics supported by the Oxford BRC have been named [NIHR Senior Investigators](#):

- Professor Peter McCulloch, of the Nuffield Department of Surgical Science, who founded the QRSTU research group which is dedicated to studies of quality and safety interventions in surgery
- Professor John Powell, of the Nuffield Department of Primary Care Health Sciences, who advises NICE on the safe adoption of surgical and other interventional procedures
- Professor Jonathan Rees, of the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, whose research is focused on improving orthopaedic patient outcomes and treatment delivery
- Professor Matthew Snape, of the Department of Paediatrics and Oxford Vaccine Group, whose research focuses principally on vaccines against meningococcal, pneumococcal, influenza, RSV and Ebola virus disease

On 22 March, the Oxford BRC hosted a panel discussion *Clinical academic career pathways for nurses, midwives and allied health professionals*, chaired by Dr Helen Walthall, OUH's Director of Nursing and Midwifery Research and Innovation, and featuring:

- Dr Cathy Henshall, Reader at Oxford Brookes University and Head of Research Delivery at Oxford Health NHS Foundation Trust
- Kay Mitchell, Academic Career Development Lead at NIHR Southampton Biomedical Research Centre and Associate Director at Southampton Academy of Research
- Dr Louise Strickland, Clinical Academic Nurse Researcher, Trainee Surgical Care Practitioner, Department of Spinal Surgery, OUH

[The discussion is available to watch.](#)

The Oxford BRC has been working with a group including teenagers, young adults, carers and people from black, Asian and minority ethnic communities to inform a new patient and public involvement and engagement (PPIE) strategy, with a particular focus on [making health research accessible](#).

A group of 25 early and mid-career researchers and health professionals have embarked on a six-month course to give them the skills to become effective leaders in the future. The [Next Generation Leaders Programme](#) is commissioned and designed by the Oxford BRC Training and Education team to enable participants to develop key skills in leadership, conflict management and influence as they take on more responsibility.

Following an external audit, the NIHR Oxford BRC has again been [successfully certified](#) to the internationally recognised ISO 9001:2015 standard.

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

11.1. Oxford Academic Health Science Network (AHSN) news

Professor Gary Ford, Chief Executive of the Oxford AHSN, has been elected Chair of the national AHSN Network, the body which brings together England's 15 AHSNs. He has also joined the Board of the National Institute for Health and Care Excellence (NICE) as a Non-Executive Director. [More information is available on the Oxford AHSN website](#).

[The Oxford AHSN has led the national uptake of placental growth factor \(PIGF\) testing to rule out pre-eclampsia](#), which started in Oxford. It has now been adopted by more than 100 maternity units. This work also featured in a [national workshop on overcoming barriers to adoption](#).

11.2. Oxford Academic Health Partners (OAHP) news

The Board of the OAHP met on 25 March and 30 April. Key areas for discussion and action included:

- A current strong area of focus is to support the bids to renew both the Oxford Health and Oxford BRCs with the NIHR. A key stage is the submission of pre-qualification questionnaires (PQQs) at the end of May.
- Data and multi morbidity challenges have been discussed and both OAHP-led and bi-lateral meetings have been held to progress this important issue. The OAHP's Director (Professor Keith Channon) and Chief Operating Officer (Dr Sara Ward) have met with senior leaders from OUH and representatives of Oxford Health NHS Foundation Trust, the University of Oxford, and Oxford Brookes University to consider an OAHP operating framework and principles for data sharing agreements covering governance, communications, and access. Once established, this group will draft a statement capturing purpose and aims, to be included in the BRC submissions.

- Summary requirements for the development of clinical academic pathways for nurses, midwives and allied health professionals were presented to the 30 April Board meeting by the OAHP working group chair, Professor Paul Carding. The Board warmly welcomed the work that had been done to date and was particularly important in improving and developing capability and capacity in research.
- The financial year ended with a small underspend. The partner contributions are not to be changed in the coming year and the Board was updated on the plans for financial years 2021/22 and 2022/23. Financial support from the OAHP for the development of the Joint Working Agreement and the Oxford Joint Research Office will continue.
- Dr Sara Ward, the OAHP's Chief Operating Officer, has engaged with colleagues in the Joint Research Office (JRO) to consider collaborative working and increased involvement with Oxford Health NHS Foundation Trust and Oxford Brookes University.

Financial support from the Oxford Academic Health Partners' Charity, which aims to "advance health by research, clinical care, education and training to provide solutions so that clinical research breakthroughs lead to direct clinical benefits", is available to help turn the benefits of career development and learning into better outcomes for patients.

The Board of the OAHP and the Charity is therefore offering awards to any member of staff or student associated with the Partners. The awards will be for a maximum of £1,500 for any of the following:

- An appropriate conference (virtual or actual)
- An appropriate study course or programme
- A visit to another organisation

Any application must demonstrate that the activity will support career development and enable the participant to benefit the wider organisations and ultimately have an impact on patients and the wider NHS. The scheme will be launched on 1 June. A panel made up from the Partners will review applications and make the awards.

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