

Cover Sheet

Public Trust Board Meeting: Wednesday 08 September 2021

TB2021.64

Title: Chief Executive Officer's Report

Status: For Information

History: Regular report to Trust Board

Board Lead: Chief Executive Officer

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Confidential: No

Key Purpose: Performance

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Chief Executive Officer's Report

1. Oxford Vaccine Group and Jenner Institute win NHS Parliamentary Award

- 1.1. I am delighted that the Oxford Vaccine Group and Jenner Institute team who developed the Oxford-AstraZeneca coronavirus vaccine won the Excellence in Healthcare Award at the annual [NHS Parliamentary Awards](#) in July.
- 1.2. Their work has given hope to people around the world and many colleagues at OUH can be very proud of the role they played in the vaccine trial.
- 1.3. Layla Moran MP, who nominated the team, said: "The Oxford Vaccine Group and the Jenner Institute have saved the lives of millions of people across the UK and the world. I hope this award will be one of many ways that we continue to show our thanks for the work that they have done."
- 1.4. She added: "It was a pleasure to be able to attend the NHS Parliamentary Awards. NHS staff have done a remarkable job throughout the pandemic so it was lovely to spend time congratulating and thanking everyone for their ongoing work."

2. CQC report on infection prevention and control at OUH published

- 2.1. The Care Quality Commission (CQC) carried out an unannounced infection prevention and control focused inspection at the John Radcliffe Hospital in May and [their report was published in July](#).
- 2.2. In a personal message to all OUH staff when the CQC report was published, I thanked all staff for their positive approach to the CQC inspection in May and for everything that they do to keep patients, visitors and staff colleagues safe. I particularly thanked our Infection Prevention and Control (IPC) team for the leadership and expertise which they have shown throughout the COVID-19 pandemic.
- 2.3. Positive areas highlighted by the inspection included our IPC teams having the skills and abilities to run the service and manage infection prevention and control, leaders operate effective IPC governance processes, and the Trust having an open culture so that patients and staff can raise concerns about infection prevention and control without fear.
- 2.4. Areas for improvement highlighted by the inspection included the need for clearer signs and floor markings, ensuring that social distancing changes are made in communal seating areas in our hospitals, and the need for more storage space to allow effective cleaning and reduce the risk of cross contamination.

- 2.5. A comprehensive action plan has been put in place to address areas for improvement following the initial feedback from the CQC inspectors in May.
- 2.6. The CQC also published a report about our maternity services on Thursday 2 September, following an unannounced focused inspection of the main maternity department at the John Radcliffe Hospital in May – they also visited the Cotswold Birth Centre and the Horton Midwifery Led Unit as part of their inspection. The report has been circulated to all Board members and an action plan is under development to address the areas for improvement identified by the CQC.

3. New specialist ambulances for babies and children

- 3.1. [Seven new specialist ambulances came into service in July to support young patients needing specialist treatment](#) in the Neonatal Intensive Care (NICU) and Paediatric Intensive Care (PICU) units at the John Radcliffe Hospital in Oxford and Princess Anne Hospital in Southampton.
- 3.2. These new and modernised ambulances – provided and run by the British Emergency Ambulance Response Service ([BEARS](#)) – will help deliver enhanced care for babies and children needing emergency treatment, acting as mobile intensive care units.
- 3.3. This is excellent news for our youngest patients and has been made possible through a partnership with charities that have contributed so generously, such as Oxford Hospitals Charity and SSNAP (Supporting the Sick Newborn and their Parents), in providing specialist equipment including incubators and ventilators.

4. Keeping our patients and staff safe as COVID-19 restrictions ease

- 4.1. There are no changes to the current COVID-secure arrangements in our hospitals, despite the easing of some COVID-19 restrictions in wider society which came into effect in England from 19 July.
- 4.2. Our priority remains to keep our patients and staff as safe as possible. This means that [mask wearing and social distancing are essential on all our hospital sites](#), in order to protect vulnerable patients and staff who care for them, and our [‘Rule of One’ visiting arrangements](#) also remain in place.
- 4.3. Our staff are encouraged to politely challenge anyone who is not wearing a face covering and who [doesn't have a sticker](#) or lanyard indicating they cannot wear one.
- 4.4. Professor Meghana Pandit, our Chief Medical Officer, says: "In our hospitals we care for the sickest and most vulnerable patients, and we must do everything possible to keep them safe. Even if you have had two

vaccinations, you can still carry and pass on COVID-19 to others. We are therefore asking visitors and patients coming to our hospitals to continue to follow the guidelines, wear a face covering, follow social distancing guidance and use good hand hygiene.”

4.5. Meghana also explains the serious consequences if people do not follow these safety rules in our hospitals.

4.6. She says: "When someone brings a community acquired COVID-19 infection into the hospital, they could affect other patients, visitors and our staff. For some of our patients a COVID-19 infection could be fatal, or severely delay their treatment for other diseases/procedures. We also need to protect our staff. If ward staff have to self-isolate, then we may have to postpone appointments or planned operations.”

5. OUH videos go viral as we lead campaign to encourage pregnant women to get COVID-19 vaccination

5.1. Dr Brenda Kelly, a Consultant Obstetrician at OUH, has recorded a series of [six short videos with information about what pregnant women should expect when considering the COVID-19 vaccine](#) – these videos have been viewed more than 180,000 times since they were made available on the OUH YouTube channel in July.

5.2. Dr Kelly says: "Getting vaccinated against COVID-19 is the most effective way of preventing infection. Vaccination is one of our most important tools to help reduce the spread of the virus. Most pregnant women who contract the virus will experience a mild flu-like illness but some may go on to develop Long COVID and long-term symptoms such as extreme fatigue.

5.3. “The risk of serious infection increases if pregnant women are in the later stage of pregnancy. In this group we see higher rates of admission to intensive care and increased risk of prematurity, which can have lasting consequences for a baby. Contracting COVID-19 also doubles the risk of stillbirth.”

5.4. Data indicates that there is no evidence that the vaccines cause harm to women or their babies if pregnant or breastfeeding.

5.5. [Pregnant women who have received at least their first COVID-19 vaccination are urging others to do the same to protect themselves and their babies.](#)

5.6. The NHS in Oxfordshire is offering reassurance to women that they can have the COVID-19 vaccine while trying to get pregnant, are pregnant, or breastfeeding - and that it will not impact on their fertility.

6. More life-saving transplants carried out at OUH during the pandemic

- 6.1. [Figures published by NHS Blood and Transplant](#) show that 205 transplants were carried out at OUH in 2020/21 – despite the COVID-19 pandemic.
- 6.2. Thanks to our teams at the John Radcliffe and Churchill hospitals in Oxford, the number of kidney transplants went up from 168 in 2019-20 to 180 in 2020-21.
- 6.3. Professor Peter Friend, Director of the Oxford Transplant Centre at OUH, says: "The need for transplants hasn't changed during the pandemic. So, we did as much as we could to keep our service in operation to deliver life-changing transplants, especially for the many waiting for a kidney."
- 6.4. Congratulations to everyone involved in this superb achievement.

7. Inpatients to return to Trauma Building at the John Radcliffe Hospital

- 7.1. I am delighted that [all trauma services will move back into the Trauma Building at the John Radcliffe Hospital by the end of 2021](#).
- 7.2. Trauma inpatients moved out of the building following a structural review by the Fire Service in 2017. Trauma outpatients were temporarily relocated to the main John Radcliffe Hospital building earlier this year while a rigorous programme of safety works, including the removal and replacement of cladding, and now a refurbishment of the Trauma Building was carried out.
- 7.3. Outpatients are due to return to the Trauma Building in September with inpatients returning in November, subject to project completion.
- 7.4. This is really good news for both patients and staff who will be able to care for them in a purpose-built environment with all trauma services under one roof.
- 7.5. I would like to thank everyone who has played their part in this important project which will bring about a significant improvement in both patient and staff experience.

8. ANPR improves car parking on the Churchill and John Radcliffe sites

- 8.1. Automatic Number Plate Recognition (ANPR) is now in place on the Churchill and John Radcliffe Hospital sites in our visitor car parks.
- 8.2. The ANPR system means a camera photographs all vehicles entering and leaving the car parks. The camera is linked to the on-site pay machines and a payment website.

- 8.3. Benefits include visitors being able to pay by card, rather than cash, making it quicker to enter and exit the two hospital sites, and improving the flow of vehicles around our sites.
- 8.4. ANPR will not impact current exceptions or concessions for visitors and Blue Badge users, and the price of parking for other users remains the same.
- 8.5. I recognise that car parking is a significant issue and frustration for patients, visitors and the installation of ANPR is part of a £1 million package of improvements to visitor car parking.
- 8.6. This package also includes creating a dedicated car park with blue badge spaces at the Churchill, providing a separate access to the disabled car parking spaces at the John Radcliffe, installing new card payment machines at the Horton General, and undertaking resurfacing in most car parks.
- 8.7. Installing ANPR is an important step towards improving the experience of visiting our hospitals and we are committed to building on it going forwards.

9. Oxford Biomedical Research Centre (BRC) news

9.1. COVID-19 research news

Thousands of people suffering with Long COVID will benefit from new research programmes backed by £19.6 million to help better understand the condition, improve diagnosis and find new treatments. Among the 15 studies that will receive government funding through the NIHR is the [EXPLAIN study](#), supported by the Oxford BRC, which will **use hyperpolarised xenon MRI (XeMRI) scans to look at ongoing lung damage in non-hospitalised COVID-19 patients**. EXPLAIN, which will receive £1.8 million, will seek to diagnose ongoing breathlessness in people with COVID-19 who were not admitted to hospital, using MRI scans to trace inhaled gas moving into and out of the lungs to assess their severity and whether they improve over time. Its Chief Investigator is Professor Fergus Gleeson, who leads an Oxford BRC imaging sub-theme and is an OUH Consultant Radiologist. The study builds on Prof Gleeson's study using XeMRI scans to detect lung damage in hospitalised patients.

A longer delay of up to 45 weeks between the first and second dose of the Oxford-AstraZeneca vaccine leads to [enhanced immune response](#) after the second dose, the **latest research by the Oxford Vaccine Group** has found. They also found that a third dose given more than six months after the second dose leads to a substantial increase in antibodies and induces a strong boost to immune response against SARS-CoV-2, including variants.

A UK-wide clinical study has confirmed the findings of an earlier Oxford BRC-supported study showing that the **early treatment with the inhaled asthma medication budesonide** [speeds up recovery](#) from COVID-19 and reduces the risk of hospitalisation and death. The latest study was part of the **PRINCIPLE trial**, which

is looking at potential treatments for COVID-19 in the community with the aim of preventing hospitalisation. Its findings support the earlier results of the **STOIC trial**.

A study by Oxford University researchers has found that [liver problems are common](#) among patients with COVID-19. Patient data revealed that baseline hypoalbuminemia, which is a possible indication that the liver is producing low levels of albumin, and rising alkaline phosphatase (ALP), which can be a sign of liver damage, could be prognostic markers for death. The research was carried out under the auspices of the NIHR Health Informatics Collaborative (HIC), which makes routinely collected clinical data available for translational research in selected therapeutic areas. The NIHR HIC viral hepatitis theme is led by OUH and the University of Oxford, through the Oxford BRC.

A COVID-19 risk prediction tool, developed with initial funding from the Oxford BRC, has [won the Florence Nightingale Award](#) for Excellence in Healthcare Data Analytics. The **QCovid COVID-19 Population Risk Assessment tool** was developed by a cross-organisational team. The award is given jointly by the Health Foundation and the Royal Statistical Society.

The leading cardiology journal, *BMJ Heart*, has named an academic paper written by Oxford BRC-supported researchers as its [best research paper of 2020](#). The study – which found that **two common heart medication do not increase the risk of COVID-19 hospitalisation** – was led by Professor Julia Hippisley-Cox and included investigators from a number of Oxford BRC themes.

There was widespread national media coverage of [a study led by OUH Consultant Haematologist Dr Sue Pavord](#) which **established the case definition criteria for vaccine-induced immune thrombocytopenia and thrombosis (VITT), a blood clotting syndrome associated with the Oxford-AstraZeneca vaccine**. Coverage, which included interviews with Dr Pavord on BBC Radio 4's *Today* programme, Sky News and BBC World Service, was generated by the Oxford BRC Senior Communications Manager.

A gift from the Red Avenue Foundation will enable the [expansion of a major research programme](#) aimed at rapidly identifying and interrogating emerging COVID-19 variants. The funding will bolster a multi-disciplinary team of scientists from the University of Oxford and OUH as they assess new variants and identify those that pose the greatest risk, work that is key to enabling the rapid production and deployment of vaccines tailored to variants of concern.

9.2. Other Oxford BRC news

The Oxford BRC has been informed by the NIHR that its Stage 1 BRC renewal application has been approved to proceed in full to Stage 2. The Oxford BRC partnership is eligible to apply for the full £100 million and all 15 proposed themes will go through to the next stage. The deadline for submitting the full application is 20 October 2021, with [Stage 2 interviews](#) taking place in April 2022. The criteria for selection in Stage 1 were:

- Quality and breadth of world leading experimental medicine and early translational research
- Existing research capacity and capability
- Strength of the strategic plan

A multi-disciplinary team from Oxford has [developed a new cardiac magnetic resonance \(CMR\) scan](#) for detecting heart muscle disease. The current 'gold standard' for imaging heart muscle disease is CMR, using a method called late gadolinium enhancement, which requires injection of a contrast agent into the patient. This prolongs the scan, increases the cost and is riskier in some patients. The team at the Oxford Centre for Clinical Magnetic Resonance Research (OCMR), based at the John Radcliffe Hospital and supported by the Oxford BRC, has developed a solution called 'virtual native enhancement', which combines MR images and AI to produce images that are similar to traditional contrast-enhanced images, but without the need to inject the contrast dye.

The burden of hospital admission rates due to heart attacks in England rose between 2012 and 2016, despite decades of falling rates, according to [new research](#) by the University of Oxford's Nuffield Department of Population Health and Big Data Institute. The researchers, supported by the Oxford BRC, found that after 2010-2011, admission rates increased in most age groups, with women aged 35-49 and men aged 15-34 the groups that showed the sharpest increases.

University of Oxford researchers have begun recruitment to a study looking at whether chemotherapy medication can reach pancreatic tumours more effectively if encapsulated within a heat-sensitive shell and triggered with focused ultrasound. The [Phase I PanDox study](#), which is supported by the Oxford BRC, is similar in design to the earlier TARDOX study, which found that this approach increased drug uptake in patients with liver tumours.

The first patient has been dosed using a new drug, PORT-2, aimed at [improving treatment options](#) for melanoma and non-small cell lung cancer (NSCLC) and re-sensitising patients with checkpoint therapy-resistant tumours. The Oxford-led study, supported by the BRC, is investigating the tolerability and efficacy of the drug, developed to target invariant natural killer T (iNKT) cells and trigger a cancer-specific B and T cell response to tumours. The study is expected to enrol 100 patients in Oxford and other centres.

The Oxford BRC is one of 13 organisations taking part in a three-month assessment of their delivery of [race equality in health research](#). The initiative, led by the NIHR, involves organisations delivering health research in higher education, local government, the NHS, the private sector and voluntary sector. It will inform the NIHR's work to address current inequities in research.

A study by Oxford BRC researchers has concluded that the markers of achievement for monitoring [gender equity in BRCs](#) should take into account contextual factors specific to BRCs and women's career progression and professional advancement.

The Oxford BRC has announced the appointment of its latest group of [Senior Research Fellows](#) – the third cohort of emerging research leaders to receive the accolade. The selection process was a co-ordinated effort by the Oxford BRC and its partners in the NIHR Oxford Health BRC and the NIHR Applied Research Collaboration (ARC) for Oxford and the Thames Valley. In total, seven researchers were appointed as Senior Research Fellows.

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

10.1. Oxford Academic Health Science Network (AHSN) news

[The Oxford AHSN has published its latest quarterly review.](#) It covers the first three months of 2021/22. The AHSN has also published its 2021/22 [Business Plan](#).

Recruitment is now open for the 11th cohort of the Oxford AHSN [Clinical Innovators Masters-level support programme](#) delivered with Bucks New University and Health Education England.

10.2. Oxford Academic Health Partners (OAHP) news

The Board of the OAHP met on 28 June and 9 August – key areas for discussion and action included:

- The [OAHP Annual Report 2020-21](#) was submitted to the NIHR on 26 July, together with three case studies
- The first OAHP Reg Charity #1174725 Awards were agreed after review by a panel made up of representatives from all partners – 28 applications were received, several applications were for more than a single individual and in one case for a whole team, and a total of 59 people will benefit from the awards scheme
- The Board noted the success of both the Oxford BRC and the Oxford Health BRC in being invited to proceed to Stage 2 of the BRC renewal competition (see section 9.2 above for more information about the Oxford BRC application)
- The Director and Chief Operating Officer attended the regular meeting of the eight AHSCs across England; the group is providing the opportunity for collaborations including the current work on the development of the Oxford Joint Research Office (JRO)

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