

Cover Sheet

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Chief Executive Officer's Report

1. My last Board meeting before stepping down as CEO on 30 June

- 1.1. I announced in January that I will be stepping down as Chief Executive Officer on 30 June after almost seven years in the role.
- 1.2. It has been a privilege to serve as the Trust's CEO since 2015, leading the organisation just after achieving Foundation Trust status, working in partnership with colleagues from across the health and care system and the University of Oxford during the COVID-19 pandemic, and now looking forward to a new chapter as we prepare for Integrated Care Systems to go live on 1 July.
- 1.3. I am sure there will be opportunities for us to reflect further in the weeks ahead but I would like to thank all staff for delivering compassionate excellence to the populations and patients who we serve during my time as CEO.
- 1.4. I am grateful for the support and expertise of Trust Board colleagues over the past seven years and in particular I would like to thank our current Chair, Professor Sir Jonathan Montgomery, his predecessor, the late Dame Fiona Caldicott, and my wonderful team of Executive Directors.

2. Good news for research at OUH

- 2.1. [Clinical research at OUH is emerging from the pandemic in a leaner and more focused way](#), with studies only resuming if they are considered likely to deliver.
- 2.2. Like the rest of the NHS, Oxford paused all its non-COVID clinical research activities in March 2020. This hiatus allowed us to [review our portfolio of clinical research studies](#) to assess which are likely, and which are unlikely, to deliver results. This review was completed in September 2021.
- 2.3. Of the 2,000 studies paused in March 2020, 1,100 have been resumed, and the rest closed; half of those closed had already completed their activities before the pandemic and the other half were closed because they were judged unlikely to be able to deliver due to the pandemic.
- 2.4. [OUH and the Oxford Institute of Nursing, Midwifery and Allied Health Research at Oxford Brookes University have agreed funding for four new clinical academic posts](#) to develop nursing, midwifery and allied health professionals' research capability and capacity and provide research education and training across the two organisations. The four new divisional research leads are part of a wider planned expansion of our research infrastructure for nurses, midwives and allied health professionals.

- 2.5. [A new Oxford Clinical Research Facility \(CRF\), hosted by OUH, has been established](#) following a funding announcement by the National Institute for Health Research.
- 2.6. The Oxford CRF, based at the Churchill Hospital, will provide purpose-built facilities and expertise to deliver early translational and experimental medicine research, from studies testing new treatments in patients to early safety and efficacy trials.
- 2.7. The new CRF enhances Oxford's ability to deliver a wider range of early phase studies for the benefit of NHS patients and offers more opportunities to develop the skills and experience of doctors, nurses and allied health professionals in carrying out early phase experimental medicine trials.
- 2.8. We have supported the new facility with a grant towards its operational costs and equipment.

3. Our new Critical Care Building opens to patients

- 3.1. I would like to thank all staff who played their part in the development of our [new Critical Care Building at the John Radcliffe Hospital in Oxford](#), which opened its doors to patients in early April.
- 3.2. The £29m building is supported by Department of Health and Social Care financing and is part of a regional approach for managing critical care demand and activity through the COVID-19 pandemic, as well as supporting and alleviating future seasonal pressures.
- 3.3. We pride ourselves as a centre of excellence for the outstanding care we give to our sickest patients and this new facility will enable our teams to provide excellent, compassionate care to our patients in the best environment.
- 3.4. This project was a good example of close working between teams across the Trust to deliver a state-of-the-art new home for Oxford Critical Care.

4. Trauma inpatients return to the Trauma Building at the John Radcliffe

- 4.1. Following an extensive refurbishment project, [Trauma inpatients returned to the Trauma Building on the John Radcliffe Hospital site in late March.](#)
- 4.2. Trauma inpatients moved out of the building following a review by the Fire Service in 2017 and were relocated to another part of the John Radcliffe Hospital.
- 4.3. Trauma outpatients continued to be treated in the Trauma Building while the refurbishment was carried out.

- 4.4. I recognise that this has been a challenging and sometimes frustrating time for our clinical teams and I would like to thank them for their patience.
- 4.5. Now they can once again work all together in one location which will enable them to confer more easily and to rebuild the tight teamwork and support that they have worked so hard to sustain while they were in two locations.
- 4.6. The most significant factor for returning inpatients to the upper floors has been the joining of the Trauma Building with the new Critical Care Building. This means that, in the event of a fire, patients can be moved away in their beds into the Critical Care Building.

5. New Haemophilia & Thrombosis Centre opens to patients

- 5.1. The new Oxford Haemophilia & Thrombosis Centre (OHTC) has opened its doors after relocating from the Churchill Hospital to the Nuffield Orthopaedic Centre (NOC), thanks to a £4m investment by the Trust Board.
- 5.2. The team moved into a former ward which hadn't been used clinically for some years. It was stripped out, modernised and re-designed for the Haemophilia and Thrombosis teams and their patients in a new space to enhance patient care and experience and to provide an improved work environment for staff.
- 5.3. The OHTC is the second largest comprehensive care centre in the UK, and is internationally renowned for its award-winning services and innovative research.
- 5.4. [The team, who care for patients with bleeding and clotting disorders, welcomed their first patients to their new home on 14 March.](#)

6. OUH accredited as a Global Digital Exemplar

- 6.1. I am delighted that the Trust has been [formally accredited as an NHS Global Digital Exemplar.](#)
- 6.2. Receiving accreditation from NHS England & NHS Improvement's Global Digital Exemplar (GDE) programme means that we are now an internationally recognised NHS provider that delivers improvements in the quality of care by providing staff, patients, and partners with world-class digital tools and information.
- 6.3. As David Walliker, our Chief Digital and Partnerships Officer, reflected after our accreditation was confirmed, what we have achieved in terms of digitalisation of care over the last five years, and specifically during the COVID-19 pandemic, has been remarkable.

6.4. Thank you to not only David and his colleagues in the Digital team but also clinical staff and others across the Trust who have worked together on improvements which have transformed the way we deliver care and collaborate with each other.

7. Major new partnership project to improve palliative care services

7.1. A major new partnership project is set to enhance the quality of care for patients with life-limiting conditions who live in Oxfordshire and South Northamptonshire, by adding to palliative care services which are already available.

7.2. The Oxfordshire Rapid Intervention for Palliative and End of Life Care project will enable more people to receive personalised care, including being cared for in their own homes at the end of their life if that is their preference.

7.3. It is a unique partnership between OUH, Sobell House Hospice Charity, Macmillan Cancer Support and Social Finance.

7.4. Macmillan Cancer Support has entered into a funding agreement with OUH and Social Finance to provide up to £6.1 million funding for the project, while Sobell House Hospice Charity has entered into a grant agreement with OUH to provide a grant of up to £4 million.

7.5. The first phase of the project – a new Home Hospice service – went live on 1 April with the aim of supporting people at the very end of their life whose choice is to die at home rather than in hospital.

7.6. Patient Support Workers provide domiciliary care and support at home with specialist oversight and input from OUH Palliative Care teams.

8. Congratulations to our award-winning #OneTeamOneOUH staff

8.1. The **Rheumatology Team** at the **Nuffield Orthopaedic Centre (NOC)** has received a [Best Practice Award from the British Society for Rheumatology](#) for its pioneering work supporting patients virtually during the COVID-19 pandemic – the team developed a set of online questionnaires and a digital system to enable them to remotely monitor the health and wellbeing of patients with arthritis, vasculitis and connective tissue diseases.

8.2. The **Orthotics Team** at the **NOC** were winners at the [High Sheriff's Climate Action Heroes Awards](#) for making significant sustainability improvements while improving patient care.

8.3. Our **Hepatology Specialist Nursing Team** won Silver in the Hepatology/Liver Nurse of the Year category of the [British Journal of Nursing Awards](#) at a [ceremony in London on 25 March](#) – they play a key role in caring for very unwell patients with a range of life-altering conditions and diseases.

- 8.4.** The Trust's **Communications Team** is shortlisted twice for the [Chartered Institute of Public Relations \(CIPR\) Excellence Awards 2022](#), which are open to any organisation, company or individual in the Communications and PR industries worldwide – [Beyond Words](#), the Trust's COVID-19 book which was designed in-house by Jackie Love (Head of Design, OMI) and made possible by funding from Oxford Hospitals Charity, is shortlisted in the Best Publication category while George Welch, Senior Press & Communications Officer, is shortlisted in the Outstanding Young Communicator of the Year category.
- 8.5.** Imam Monawar Hussain, our Muslim Chaplain who was also the High Sheriff of Oxfordshire for 2021-2022, recently presented OUH with two [High Sheriff's Awards](#) in recognition of all the incredible efforts and fantastic work in response to the COVID-19 pandemic – one award went to **all staff** with the other honouring the selfless support provided by Trust **volunteers**.
- 8.6.** **OUH and Oxford Hospitals Charity staff who have supported the wellbeing of their OneTeamOneOUH colleagues** during the pandemic won the Most Promising Organisational Development & People category at [Skills for Health's Our Health Heroes Awards](#) on 24 March – the judges praised our Wellbeing Leads based in teams, the launch of Wellbeing Check-ins for staff, and the development of a specialist psychological support service for our people.

9. Oxford Biomedical Research Centre (BRC) news

Representatives of OUH, the University of Oxford and the Oxford BRC were interviewed by an international panel of experts on 7 April for the next five-year round of funding for the BRC, beginning in December 2022. The Oxford BRC's bid, involving 15 research themes, had been approved to proceed in full, meaning that the partnership was eligible to apply for the full £100m. The BRC will learn how much funding it will receive in May.

A study of more than eight million people has found [no increased risk](#) of rare neurological events after COVID-19 vaccination. However, the researchers did find a higher risk of Bell's palsy, encephalomyelitis and Guillain-Barré syndrome after COVID-19 infection. The study, supported by the Oxford BRC, used data from two large electronic primary care health record databases in the UK and Spain.

University of Oxford researchers have found tissue damage and greater shrinkage in brain areas related to smell in people following mild COVID-19 infection. The researchers, supported by the Oxford BRC, used data from UK Biobank participants to look at [changes to the brain](#) on average four and a half months after a mild infection. This new insight will contribute to our overall understanding of how the disease spreads through the central nervous system. Whether these effects persist in the long term, or are partially reversed, requires further investigation.

The RECOVERY Trial, the world's largest randomised trial of potential COVID-19 treatments, has found [another drug](#) that reduces the risk of death in hospitalised

patients with the disease. The trial showed that baricitinib, an anti-inflammatory drug normally used to treat rheumatoid arthritis, reduces the risk of death when given to hospitalised patients with severe COVID-19. The benefit was in addition to those of dexamethasone and tocilizumab, two other anti-inflammatory treatments which have previously been shown by the RECOVERY Trial to reduce the risk of death in these patients.

The NIHR has published a [case study on QCOVID](#), a clinical risk prediction model, which has played a key role during the COVID-19 pandemic in identifying those people at greatest risk. QCOVID was developed with support from the Oxford BRC after the Chief Medical Officer for England commissioned University of Oxford researchers to find a way of predicting patient groups most at risk of serious outcomes from COVID-19 infection. The platform has proved an important tool to determine which groups should be prioritised for vaccination.

The wide-ranging effects of Long COVID and the associated issues for healthcare providers have been revealed in a new [review of the major studies](#) into the condition, which specifically highlights the impact of Long COVID on the cardiovascular system. The review was published in the *European Heart Journal*. The researchers, including specialists supported by the Oxford BRC, concluded that current evidence for the treatment of Long COVID is lacking and that our current understanding of pathophysiological mechanisms and treatment options remains limited. They found that the vast inequalities in healthcare provision exposed by COVID-19 around the world continue to be magnified by Long COVID.

Oxford BRC academics are to lead a new £2.2 million project aimed at giving more people newly diagnosed with type 2 diabetes the chance of going into remission. Professors Susan Jebb and Paul Aveyard are joining forces with Diabetes UK on the five-year [NewDAWN project](#), which is also being funded by the NIHR. They aim to create a new NHS support service for people newly diagnosed with type 2 diabetes who are overweight or living with obesity, so they can try different weight loss programmes and find the one that's right for them.

University of Oxford researchers have launched a pilot study to conduct routine testing of newborn babies for spinal muscular atrophy (SMA) for the first time. Every five days a baby is born in the UK with SMA. If treatments are delivered at birth, these newborns have the best chance of living long and healthy lives. If treated later, when the condition is identified because of symptoms, they may survive, but with a severe disability. Now, a population-based [newborn screening study](#), supported by the Oxford BRC, has been launched across the Thames Valley, with the aim of detecting SMA within days of birth, before symptoms develop.

Liposomal bupivacaine, a post-operative pain treatment widely used in the USA and recently licensed in the UK, has no effect on post-operative knee replacement recovery or pain, compared to the current treatment when administered at the site of surgery, a new study has found. The [SPAARK](#) (Study of Peri-Articular Anaesthetic for Replacement of the Knee) Trial involved the University of Oxford's Surgical Intervention Trials Unit (SITU), which is supported by the Oxford BRC.

The only project of its kind that studies patients with all types of acute vascular events – including strokes, heart attacks and aneurysms – in order to develop better diagnostic tests and treatments has celebrated its 20th anniversary. The [Oxford Vascular Study](#) (OxVasc) began in 2002 and involves University of Oxford staff at the John Radcliffe Hospital providing clinical care, carrying out scans and other investigations, and collecting detailed research data and blood samples. It has recruited nearly 13,000 Oxfordshire participants and followed their progress for at least 10 years. A collaboration with about 100 Oxfordshire GPs, it is the first study in the world to assess and follow up all vascular conditions at the same time in the same population. This work has led to a number of changes in clinical practice.

Seven Oxford academics, six of them supported by the Oxford BRC, have been [named NIHR Senior Investigators](#) in recognition of their outstanding leadership in research. Three were named Senior Investigators for the first time: David Beard, Professor of Musculoskeletal and Surgical Science; Julia Hippisley-Cox, Professor of Clinical Epidemiology and General Practice; Najib Rahman, Professor of Respiratory Medicine. Three more were reappointed as Senior Investigators: Eleanor Barnes, Professor of Hepatology and Experimental Medicine; Graham Ogg, Professor of Dermatology; and Paul Aveyard, Professor of Behavioural Medicine.

Oxford BRC researchers have highlighted how the BRC's infrastructure gave it the [agility and capacity](#) to respond rapidly with research projects to tackle COVID-19. In a commentary published in the open access *BMC Health Research Policy and Systems* journal, the BRC team said the development of the Oxford-AstraZeneca vaccine and the RECOVERY Trial, the world's largest trial of potential treatments for COVID-19, were examples that "illustrate capability and capacity at an organisational and individual level in a dynamic environment" to respond to this public health challenge. They noted that this response was "underpinned by swift adaptation and repurposing of existing research resources and expertise" by the BRC. The BRC supported more than 100 COVID-19 projects, 34 of which were nationally prioritised Urgent Public Health studies.

The Oxford and Oxford Health BRCs have held a networking and learning event focused on the importance of [diversity in research](#). The event, held on 22 March at Oxford's Blavatnik School of Government, was attended by around 60 research-focused professionals from across the city. The purpose of the event was to offer support and practical advice to those working in research on how to involve people from diverse communities in their work.

The Oxford and Oxford Health BRCs have developed a survey to better understand the demographic make-up of their various patient and public involvement and engagement (PPIE) groups. The [Tell Us About You survey](#) was developed with input from their Diversity in Research Group. The aim of the survey – which is available for use across the BRCs' PPIE groups – is to capture demographic information, such as age, gender and race, to get a clearer picture of exactly who is involved in research, how representative they are of the general population, and which sections of society are under-represented.

Eight researchers supported by the NIHR have attended the first dedicated [training session on Equality, Diversity and Inclusion](#) for BRC Senior Research Fellows.

The Oxford BRC launched its first dedicated [senior leadership training](#) programme on 28 February with 14 senior leaders affiliated to the BRC from a diverse range of fields across the University of Oxford and OUH. The programme consists of five one-day sessions on a range of topics including advanced leadership skills, healthcare innovation and commercialisation, entrepreneurship and innovation, strategy in the healthcare sector, leading change and inclusive leadership.

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

10.1. Oxford Academic Health Science Network (AHSN) news

A new initiative harnessing digital innovation to improve clinical pathways – benefiting patients and saving NHS time – is now live at OUH. [This initiative, co-ordinated by the Oxford AHSN in partnership with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System \(BOB ICS\), received £400,000 from the NHS Transformation Directorate \(formerly NHSx\).](#) OUH patients are being triaged pre-operatively using a digital solution developed by PRO-MAPP Health.

[In March the Oxford and Wessex Patient Safety Collaboratives \(PSCs\) co-hosted an online shared learning event focused on optimisation of the pre-term infant.](#) Contributors included OUH clinicians Eleri Adams, Lawrence Impey and Anda Bowring. The PSCs are hosted by their respective AHSNs and commissioned by NHS Improvement.

10.2. Oxford Academic Health Partners (OAHP) news

The Board of the OAHP met in both March and April – key areas for discussion and action included the following:

- The Board noted with pleasure the [appointment of its Director, Professor Keith Channon, as Head of the University of Oxford's Radcliffe Department of Medicine.](#)
- One of the stated objectives of the OAHP has been achieved as the [Oxford Joint Research Office \(JRO\) now involves not only OUH and the University of Oxford but also Oxford Brookes University and Oxford Health NHS Foundation Trust](#) – this is a great achievement and will ensure the best possible collaborations and developments in research and research governance.
- The Oxford JRO featured in a recent Academy of Medical Sciences report which concluded that streamlining research through joint R&D offices is a key means to enhance the interface between academia and the NHS to improve the health and wealth of the UK.
- The Board has continued to input into partner discussions on data and collaborations – the recently published review by Dr Ben Goldacre [“Better, Broader, Safer: Using Health Data for Research and Analysis”](#) was contributed to by a number of individuals across the Partners, including our

Chairman Professor John Bell who is a member of the Senior Stakeholder Group.

- The Board received an update on its plans for the new OAHP Research Skills Award which is focusing particularly on improving research awareness, capabilities and capacity across nursing, midwifery and the allied health professions – these awards, which are due to be launched in May, have been developed in association with both the Oxford and Oxford Health BRCs and OUH BRC and the Oxford Institute of Nursing, Midwifery and Allied Health Research at Oxford Brookes University.
- The OAHP is developing its Communications Strategy and this will be considered at the next Board meeting – a key aim is to highlight the work of the OAHP and its partners both across and within its partner organisations.