

Cover Sheet

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Chief Executive Officer's Report

1. Thank you to our OneTeamOneOUH staff

- 1.1. I would like to personally thank all staff who were working over the festive period in our hospitals to ensure that our patients continued to receive the best possible care.
- 1.2. The Christmas and New Year period was challenging for the NHS here in Oxfordshire – and indeed nationally – due to increased attendances in our Emergency Departments at the John Radcliffe Hospital in Oxford and at the Horton General Hospital in Banbury, particularly due to flu and COVID-19.
- 1.3. The Trust was on OPEL 4 (the highest level of operational pressures) in December, including between Christmas and New Year, and I would like to thank all staff for keeping our patients safe.
- 1.4. We have worked closely with colleagues across the Oxfordshire health and care system – and the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) – to improve patient flow by ensuring timely discharges for those patients who are medically fit to leave hospital.

2. Industrial action update

- 2.1. OUH was one of the NHS trusts impacted by the Royal College of Nursing (RCN) industrial action on 15 and 20 December.
- 2.2. We recognise and respect the right of our people to take part in lawful industrial action and we worked closely with our staff and colleagues from the RCN to ensure that patient safety was paramount at all times while supporting our people to take industrial action if they chose to do so.
- 2.3. Our Chief Operating Officer, Sara Randall, and Executive team colleagues led three virtual Q&As in December to inform staff about the preparations for industrial action days and to answer questions – more than 1,200 staff attended the three sessions.
- 2.4. On 15 and 20 December we ensured that staffing was maintained at safe level, rescheduling some routine and non-urgent appointments and procedures in order to do so, but the vast majority of activity continued and those patients affected were contacted in advance.
- 2.5. Many outpatients were offered a phone or video consultation if a face-to-face appointment in clinic was not possible and if a virtual consultation was considered to be clinically appropriate.
- 2.6. I would like to thank all staff for treating each other with civility, respect and kindness during this challenging time.

- 2.7. Just before Christmas the RCN announced two further days of industrial action on 18 and 19 January but OUH will not be impacted.
- 2.8. We also worked closely with our health and care system partners in Oxfordshire in advance of the industrial action on 21 December by GMB members working for South Central Ambulance Service (SCAS) – the impact on OUH was minimal and we liaised with our partners before a second day of industrial action by GMB members working for SCAS on 11 January.
- 2.9. Chartered Society of Physiotherapy (CSP) members working at OUH voted to take industrial action in the CSP's national ballot – industrial action dates are still to be confirmed at the time of writing this report. The British Medical Association (BMA) is balloting junior doctors over strike action in January.

3. NIHR Oxford BRC's next five years officially launched

- 3.1. The National Institute for Health and Care Research (NIHR) Oxford Biomedical Research Centre (BRC), which is a partnership between OUH and the University of Oxford, has been awarded £86.6 million in Government funding over the next five years to improve diagnosis, treatment and care for NHS patients.
- 3.2. Following the announcement of the funding in October, I was delighted to join colleagues at an event in Oxford on 1 December to officially launch the next five years of our BRC which was originally created in 2007.
- 3.3. Oxford BRC researchers will focus on translational research across 15 themes in order to ensure that our patients have access to the latest cutting-edge treatments and medical techniques.
- 3.4. [More information is available on the Oxford BRC website.](#)

4. Chief Nursing Officer appointed to new national role

- 4.1. [Sam Foster, our Chief Nursing Officer, has been appointed as Executive Director of Professional Practice with the Nursing and Midwifery Council \(NMC\).](#)
- 4.2. When Sam takes up her new role with the NMC in April, she will be responsible for shaping and supporting safe, effective and kind practice for nurses and midwives across the UK and for nursing associates in England.
- 4.3. In my message to all OUH staff announcing Sam's news in December, I said: "I am sure you will join with me in congratulating Sam on her appointment to this new role and in thanking Sam for her significant contribution to OUH and the wider health and care system in Oxfordshire over the past five years."
- 4.4. I am particularly grateful to Sam for establishing, maintaining and strengthening close working relationships with colleagues across the system as the acute sector lead for urgent and emergency care.

- 4.5. While we are delighted for Sam that she has been successfully appointed to an important national role, she will be greatly missed by us here at OUH.
- 4.6. The process to recruit Sam's successor as our Chief Nursing Officer is now underway.

5. Supporting our staff this winter

- 5.1. This winter our Wellbeing team are joining forces with Oxford Hospitals Charity to provide extra support for frontline staff working in our hospitals in Banbury and Oxford and in the community.
- 5.2. Their Winter Support Programme includes staff room packs with tea, coffee, hot chocolate and biscuits, as well as wellbeing packages for staff rooms.
- 5.3. The programme was launched in the run-up to Christmas and will continue throughout the winter months.
- 5.4. Oxfordshire is an expensive place to live and as Trust Board members we are acutely aware of the impact of the Cost of Living crisis on our staff.
- 5.5. The Trust's Cost of Living Working Group is led by our Joint Chief People Officer, Terry Roberts and Rachel Stanfield, and our Chief Finance Officer, Jason Dorsett, with other key staff, trade union representatives and Oxford Hospitals Charity.
- 5.6. The Working Group's remit is to identify and oversee the implementation of measures to support colleagues who are struggling with rising costs. We are committed to exploring further measures this year – see below for action taken to date.
- 5.7. All staff received a £100 Cost of Living bonus payment in April or May 2022 and for those staff who travel to work by bus or train we gave a £250 contribution to the cost of an annual pass.
- 5.8. For those staff who cycle to work, we offered a £250 subsidy on buying a new bike and we have supported staff who commute to work by car by not reintroducing staff car parking charges.
- 5.9. Measures to support staff with access to good value for money food offers on our hospital sites in Banbury and Oxford include offering a free basic breakfast and working with our restaurant providers on each hospital site to provide a hot meal for just £2.99 on weekdays.

6. New homes for OUH staff officially opened

- 6.1. [Spencer Court, our new staff accommodation on the Churchill Hospital site in Oxford, was officially opened on 25 November.](#)
- 6.2. This new development is a partnership project between OUH, Oxford Hospitals Charity and A2Dominion.

6.3. Spencer Court, which includes 19 flats providing homes for 91 staff with more affordable rents, is part of our recruitment and retention strategy.

7. Second phase of palliative care improvement project launched

7.1. [The second phase of a project to improve palliative care in Oxfordshire and South Northamptonshire went live in November.](#)

7.2. Hospital Rapid Response is part of a [wider project](#), launched earlier in 2022, with the aim of supporting people towards the end of their life who would prefer to die at home rather than in hospital.

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

7.4. Hospital Rapid Response aims to facilitate quick support for patients in hospital who are at the very end of their life, and help them home with care and support in their final days.

8. Congratulations to our award-winning staff

8.1. OUH was Highly Commended in the '[Freedom to Speak Up Award](#)' category [at the Health Service Journal Awards](#) on 17 November,

8.2. Our **Communications & Oxford Medical Illustration (OMI) teams** were recognised in two categories at the [CorpComms Awards](#) on 17 November – they won the 'Best Wellbeing Initiative' category for internal communications supporting the [Growing Stronger Together – Rest, Reflect, Recover](#) programme and were Highly Commended in the 'Best Publication' category for the [Beyond Words](#) book.

8.3. **Laura Bick** (Joint Director of Workforce) won a 'Rising Star Award' and ***Growing Stronger Together – Rest, Reflect, Recover*** was shortlisted in the 'NHS Employers Award for Wellbeing' category at the [Healthcare People Management Association \(HPMA\) Excellence in People Awards](#) on 1 December.

8.4. **Professor Jaideep Pandit** (Clinical Director for Theatres) has been awarded the [Gold Medal of the Royal College of Anaesthetists](#) in recognition of his achievements in research, both nationally and internationally.

9. Oxford Biomedical Research Centre (BRC) news

An Oxford respiratory medicine researcher has been awarded Medical Research Council (MRC) funding to expand her cutting-edge research into the [genetic mechanisms of rare and severe forms of asthma](#). Dr Anastasia Fries's project, which is supported by the Oxford BRC, entails conducting whole genome sequencing on 500 patients with severe asthma in Oxfordshire. To work out how novel genetic findings drive asthma, the team will use an innovative approach using stem cells to grow lung tissue in the lab. The project arose from a single patient in the Oxford

severe asthma clinic, who had an unusual form of severe asthma that had not responded to standard treatments and where a genetic cause was suspected.

Researchers supported by the Oxford BRC have found that the anti-TNF treatment adalimumab is likely to be a cost-effective treatment for people affected by [early-stage Dupuytren's disease](#). Anti-TNF treatments interfere with the action of a protein called tumour necrosis factor (TNF) and are commonly used to treat conditions such as rheumatoid arthritis and psoriasis. Dupuytren's disease, which causes the fingers to irreversibly curl into the palm due to nodules of tissue forming cords under the skin, affects more than five million people in the UK. There is currently no approved treatment for early-stage disease.

New research has found [no added benefit](#) of using citrate-based drugs in the treatment of acute kidney disease in intensive care, when compared to the anticoagulation drug heparin, despite their extra cost. The study, which was supported by the Oxford BRC and involved OUH patients, was based on routinely collected data from a national audit of intensive care units.

The BRC held an [online public talk](#) looking at how using blood tests to detect cancer early might impact on cancer care in the NHS. Professor Mark Middleton, Director of the Cancer Research UK Oxford Centre, explained how the tests have been developed and assessed their use in clinical trials. Sue Duncombe, a member of the Oxford Patient and Public Involvement (PPI) Group, talked about this development in early cancer detection from a patient perspective.

Patient and public contributors gathered with researchers in Oxford to discuss how patient and public involvement and engagement (PPIE) can be enhanced and play a bigger role in BRCs. The [workshop at St Catherine's College](#) was organised by the Oxford BRC and the Oxford Health BRC and attended by representatives from a wide range of PPIE groups. The event was an opportunity to introduce the wide range of new research to be undertaken by the BRCs, but also to explore how to involve more patient and public contributors, especially from under-represented communities.

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

10.1. Oxford Academic Health Science Network (AHSN) news

The OUH will continue to host the Oxford AHSN during the current one-year extension.

New publications from the Oxford AHSN include the [Q2 2022/23](#) quarterly report.

The next meeting of the Oxford AHSN Board is on 16 February.

The Oxford AHSN is supporting the development of virtual wards. The AHSN has provided service design and implementation support, scoped the impacts and benefits of existing virtual ward models and service configurations, carried out a

baselining exercise of current virtual wards, held service development workshops, and is developing an evaluation plan.

The Oxford AHSN is at the [mid-point of a three-year real world evaluation](#) looking into how artificial intelligence (AI) can support diagnostic imaging pathways in stroke care. The AHSN is working with 33 sites across the country which have already implemented e-Stroke by Brainomix, which started life in Oxford. This technology supports clinical decision-making through AI interpretation of acute stroke brain scans. It also allows instant viewing and sharing of images with stroke clinicians which can speed up transfer to specialist stroke units for mechanical thrombectomy, a procedure which can save lives and prevent or limit long-term disability if initiated promptly.

The Oxford AHSN free Masters-level course for practical innovators is entering its seventh year. More than 300 healthcare professionals have benefited from the programme, many of them from OUH. Applications to join the latest cohort close on 27 January. [More information about the course is available on the AHSN website.](#)

10.2. Oxford Academic Health Partners (OAHP) news

The Board of the OAHP held a meeting in November at which updates were received on a number of topics including the Secure Data Environment work being led by OUH and a presentation from Professor Duncan Richards on the NIHR Experimental Medicine Clinical Research Facility based at the Churchill Hospital in Oxford.

A very successful Retreat was held on 29 November involving representatives of all the OAHP partner organisations and a roundtable discussion with Tim Ferris, NHS England's Director of Transformation.

Key priorities to be taken forward over the coming months include:

- Secure Data Environment
- Health Inequalities
- Scoping and directing involvement with Life Sciences Missions
- Clinical trials infrastructure
- Research and innovation delivery

Plans are being put in place for meetings with the Senior Teams from each partner and the Director and Chief Operating Officer of the OAHP to be held in the first quarter of 2023.