Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Executive Summary

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Chief Executive Officer's Report

1. Trust Board news

1.1. **Matt Harris**, Acting Chief Digital and Partnership Officer, is leaving OUH in October for new challenges and we are recruiting a Chief Digital and Information Officer – the changed job title reflects the fact that Chief Officer responsibility for partnerships will move to the new Deputy Chief Executive Officer role.

1.2. We look forward to welcoming colleagues who work at the Horton General Hospital in Banbury to our next **Meet the CEO and Chief Officers** event on 24 September – these quarterly events are in addition to our monthly Virtual Staff Briefings which are typically attended by 4-500 staff.

2. Remembering Professor Chris Redman

2.1. It was with great sadness that we learned of the news of the death in August of Professor Chris Redman, who was a global pioneer in maternity care.

2.2. He established a dedicated maternal medicine unit in the Women's Centre at the John Radcliffe Hospital in Oxford, the Silver Star Unit, which is still going strong today and which has enabled thousands of women and their babies to benefit from his expertise and commitment to excellence.

2.3. His research into pre-eclampsia was crucial to our understanding of this very common disease. He conducted clinical trials, developed new theories and oversaw pioneering bench research in the field.

2.4. At the same time, with Professor Geoffrey Dawes, he developed a 'computerised' system of interpreting fetal heart rate monitoring. This is acknowledged as the gold standard of acute fetal assessment and is used in the NHS and in more than 130 countries worldwide.

2.5. Professor Redman is respected both nationally and internationally, and the high esteem in which he is held is reflected by the outpouring of tributes and warm words after he passed away last month – including BBC News Online and *Oxford Mail* coverage.

2.6. His legacy continues through those colleagues who he trained and helped to develop and through the Silver Star Fund.

3. Annual Public Meeting

3.1. Our Annual Public Meeting takes place on Thursday 26 September at Oxford Town Hall – refreshments will be available from 5.30pm and the meeting will start at 6pm.

3.2. It will include presentations on both a groundbreaking treatment for patients at the Nuffield Orthopaedic Centre (NOC) in Oxford and the new Targeted Lung Health Checks service which has started at the Horton General Hospital in Banbury.

3.3. Everyone is welcome to attend – pre-event registration is available via Eventbrite.

3.4. Questions for the Board can be asked during the Q&A session at the Annual Public Meeting or submitted in advance via apmquestions@ouh.nhs.uk.

4. New implantable defibrillator protects against cardiac arrest

4.1. A new device that enhances the treatment of abnormal heart rhythms and prevention of sudden cardiac arrests is now being used at OUH.

4.2. Cardiac patients in the Heart Centre at the John Radcliffe Hospital in Oxford, who have had or are at risk of developing life-threatening arrhythmias, can be given a new type of implantable cardioverter defibrillator (ICD), which has a number of benefits for patients when compared with previously available ICDs.

4.3. The key difference with this new device is that the wire, which allows the heart and the device to communicate, is located behind the breastbone instead of in the heart.

4.4. ICDs, which are implanted under the skin and soft tissues in the chest, monitor a patient's heart rhythm continuously.

4.5. If the patient develops a fast, dangerous heart rhythm – a cardiac arrest – the device can deliver a life-saving electric shock to the heart and prevent them from dying.

5. AI enhances post-operative care for cataract surgery patients

5.1. A new study by researchers at OUH and Imperial College Healthcare NHS Trust has found that an artificial intelligence (AI) conversational agent enhances patient care after cataract surgery.

5.2. The AI automated voice system, Dora, is able to call patients to ask them questions, understand their answers, and accurately identify which patients require further medical assessment.

5.3. Dora's decision-making accurately prioritises those patients who need additional clinical input and frees up the time of clinical staff to focus on more complex or serious cases.

5.4. An updated version of Dora is now OUH's default system for post-cataract surgery assessment and is also being used for pre-operative assessments.

5.5. BBC News Online has highlighted both Dora and an AI tool developed at OUH to predict heart attacks.

6. Thousands take part in health research at OUH

6.1. New statistics published in August showed that during the 12 months from 1 April 2023 to 31 March 2024, 25,094 people were recruited into more than 500 research studies at OUH.

6.2. Most studies were supported by the National Institute for Health and Care Research (NIHR), a Department of Health and Social Care-funded organisation that funds and supports the delivery of health and care research trials.

6.3. Professor Adrian Banning, Director of Research and Development at OUH, said: "It is pleasing to see the large numbers of people taking part in clinical trials at OUH and indeed across Oxfordshire. These figures reveal the sheer breadth of medical research activity taking place in our region."

6.4. Oxfordshire hosts two NIHR Biomedical Research Centres, one at OUH and the other at Oxford Health NHS Foundation Trust, which support researchers to translate scientific discoveries into potential new treatments, diagnostics and technologies.

7. Reducing the use of nitrous oxide at the Horton General

7.1. More than 500 tonnes of carbon dioxide equivalent (CO_2e) will be saved every year at the Horton General Hospital in Banbury, following the decommissioning of its nitrous oxide (N_2O) manifold.

7.2. Using nitrous oxide cylinders that attach directly to the anaesthetic machines in operating theatres, instead of via long pipes (the manifold), improves efficiency and removes the risk of leaks.

7.3. The 587 tonnes of CO_2e saving is estimated to be the equivalent of 261,586 return train journeys between Banbury and Oxford each year or leaving a low-energy light bulb on for 39,133 years. It is also expected to save approximately £8,000 annually from 2025 onwards.

7.4. The Horton General is the first of our hospital sites to switch off the wall supply and move to a portable supply of the gas. The Nuffield Orthopaedic

Centre, Churchill Hospital and John Radcliffe Hospital, all located in Oxford, are preparing to make the switch in due course.

8. Our award-winning colleagues

8.1. **Mr Shad Khan** and colleagues in the **Endocrine Surgery team** are shortlisted in two categories of the *Health Service Journal* (*HSJ*) Patient Safety Awards on 16 September for the Oxford SCOOP Neck Haematoma protocol which helps to manage and reduce the risk of bleeding after neck/thyroid surgery.

8.2. OUH is shortlisted in three categories of the Healthcare People Management Association (HPMA) Excellence in People Awards on 3 October for **Team of the Year** (Collaborative Workforce Team), **Award for Working Smarter** (Transforming People Services Through Digital), and the **Star Award** (Nona Stevenson, Assistant Director of Workforce – Employee Relations).

8.3. **Ariel Lanada**, a Divisional Lead for Practice Development and Education at OUH, is shortlisted in two categories – Overseas Nurse of the Year and Practice Educator of the Year – of the *Nursing Times* Workforce Awards on 28 November.

8.4. **Nicole Satullo**, Palliative Care Equality, Diversity and Inclusion (EDI) Officer for Katharine House Hospice and Sobell House Hospice – both part of OUH – was a winner at the Palliative & End of Life Care Awards on 28 June. She was recognised for her contributions to promoting diversity and inclusivity among staff, patients and their families in palliative care settings. The **OUH Palliative Care team** was also shortlisted in five other categories.

8.5. **Simon Noel**, Head of Nursing Informatics, was named Chief Nursing Information Officer of the Year at the Digital Health Networks Awards on 18 July.

9. Oxford Biomedical Research Centre (BRC) news

A study involving academics and clinicians in Oxford, Cambridge and Newcastle has identified a new disease-inducing mechanism for inflammatory bowel disease (IBD) in which the immune system attacks its own regulatory function. The research, which was supported by the Oxford BRC, identified self-directed antibodies that attack the anti-inflammatory protein Interleukin-10, which controls intestinal immunity, in two paediatric patients with early onset severe IBD.

A new model to predict the risk of serious complications after shoulder replacement surgery has been developed in a collaboration between researchers from Oxford, Bristol and Copenhagen, supported by the Oxford BRC. The model could help patients and doctors make more informed decisions about this common procedure,

in which more than 5% of patients experience medical complications requiring admission to hospital.

A pioneering study involving Oxford BRC-supported researchers has provided the most comprehensive analysis to date of the genetic make-up of colorectal cancer. Using data from more than 2,000 bowel cancers from the 100,000 Genomes Project, the research team identified new gene faults that lead to the disease and uncovered new categories of cancer with specific genetic characteristics that affect how the cancer behaves and responds to treatment.

The Oxford BRC's Gene and Cell Therapy Theme has organised its second workshop to discuss how researchers from a range of disciplines are using new CRISPR gene editing tools or applying CRISPR to their research in innovative ways. The workshop attracted around 120 early career researchers and DPhil students, who were able to share CRISPR-related technical expertise, practical advice and troubleshooting tips with their peers in other BRC theme and University departments.

As part of its efforts to highlight studies that seek to widen participation, the Oxford BRC has promoted the Mymelanoma study. This online-based research project for melanoma patients aims to recruit 20,000 UK patients to provide information on their lifestyle, health and treatment outcomes in order to build a unique and innovative resource for research into the disease. The project, which received early support from the BRC, was initiated by melanoma survivors themselves, who wanted to create an accessible study that could involve anyone diagnosed with melanoma, without the need to go into hospital.

The evaluation of a new artificial intelligence (AI) diagnostic system that could help improve diagnosis of prostate cancer has been expanded to three NHS trusts. As well as OUH, which began its evaluation of the software last year, North Bristol NHS and University Hospitals Coventry and Warwickshire NHS trusts are now also evaluating the use of AI in the prostate cancer pathway, by deploying a computer-assisted diagnostic system in the live clinical workflow across their hospital sites. The exercise is part of the ARTICULATE PRO study, led by the University of Oxford.

Scientists in Oxford have launched a study to test two investigational mRNA vaccines for respiratory infections in infants – one for both respiratory syncytial virus (RSV) and human metapneumovirus (hMPV), and the other for RSV alone. RSV and hMPV are two of the leading causes of respiratory infections in children, the elderly and immunocompromised patients worldwide. This is the first time a vaccine has been created to potentially combat RSV and hMPV together, both of which can cause severe infection and painful symptoms. OUH is one of seven sites participating in the trial.

Six OUH nurses and allied health professionals (AHPs), who have taken part in an initiative to support research and practice improvement by nurses, midwives and AHPs, have presented the findings of their research projects. The six fellows - four nurses, a radiographer and a speech and language therapist - were the second cohort of staff to be selected for the Oxford Hospitals Charity Chief Nursing Officer Fellowship scheme. Their six-month research projects addressed key priorities for

the Trust, such as the transition of patients from children's to adult services, prevention of falls, staff retention, and the role of Professional Nurse Advocates.

The University of Oxford has launched a new research programme in emergency medicine following a donation from the Kadoorie Foundation. The new research programme will be led by OUH consultant David Metcalfe, who becomes the inaugural Kadoorie Associate Professor of Emergency Medicine. He will oversee the development of a research group within the university that will deliver high-impact studies aimed at improving the safety and effectiveness of emergency care.

10. Health Innovation Oxford and Thames Valley news

Peter Ellingworth has been appointed as the new Chair of Health Innovation Oxford and Thames Valley (HIOTV) which is hosted by us here at OUH. Peter, who is Chief Executive of the Association of British HealthTech Industries (ABHI) and has 40 years' experience working at the interface of healthcare innovation and the NHS, has been a member of the HIOTV Board since 2018. Peter replaces Nigel Keen, who has retired after chairing the organisation for its first 11 years. Peter's expertise will prove invaluable in helping the NHS maximise the potential of technology to improve outcomes for patients.

More patients are getting the right treatment in the right place more quickly, leading to better outcomes following a stroke, thanks to a four-year collaborative programme led by HIOTV supporting the development of artificial intelligence (AI) in stroke diagnosis. This has led to an increase in the number of stroke patients treated with mechanical thrombectomy, a life-changing but time-critical intervention which reduces long-term disability following a stroke by removing a blocked blood vessel in the brain. HIOTV carried out the largest assessment to date of the impact of rolling out new technology in the NHS with a detailed evaluation of the Brainomix 360 Stroke AI tool. It found that where this tool was used the clinical decision-making process was up to 50 minutes quicker and patients were 70% more likely to receive mechanical thrombectomy.

HIOTV has co-ordinated regional collaboration between maternity services to standardise fetal monitoring during labour, improving the safety of mothers and babies. A tool supporting clinical decision-making has been adopted, an innovative education programme developed, and a positive, open and transparent safety culture established.