

## Cover Sheet

Trust Board Meeting in Public: Wednesday 12 November 2025

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**Title:** Chief Executive Officer's Report

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**Status:** For Information

**History:** The content of this report has largely been discussed in other forums, including Board committees, but has been amalgamated for the first time in this report

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**Confidential:** No

**Key Purpose:** Performance

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## Chief Executive Officer's Report

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### 1. Purpose

- 1.1. This report outlines the main developments since the last public Board meeting on 10 September, under our four strategic pillars: People, Performance, Patient Care, and Partnerships.

### 2. People

#### Trust Board news

- 2.1. We have welcomed Lisa Hofen to OUH as our new Chief Estates & Facilities Officer. Lisa joined us on 27 October.
- 2.2. Thank you to two of our Non-Executive Directors, Professor Tony Schapira and Katie Kapernaros, for their service to the Board – their terms of office end on 30 November and 31 December respectively.
- 2.3. On 20 October, the Council of Governors approved the appointment of three new Non-Executive Directors. Once pre-employment checks have been completed, details of these new appointments will be announced.
- 2.4. We welcomed more than 100 colleagues who work at OUH Cowley to our latest quarterly Meet the Chief Officers engagement event in September.
- 2.5. Our final Quarterly Recognition event of the year will be held on 15 December at the John Radcliffe Hospital in Oxford. Invitees include staff nominated for a Monthly Recognition Award, teams and individuals nominated via our Reporting Excellence programme, and colleagues whose long service will be recognised.

#### Staff flu vaccination programme

- 2.6. I would like to thank all colleagues who have been running drop-in flu vaccination clinics and providing flu vaccinations in clinical areas for those staff who are unable to attend the drop-in sessions.
- 2.7. Ensuring that as many staff as possible get vaccinated, in order to protect themselves, their friends and family, and of course patients in our hospitals, is a key priority for us this autumn here at OUH and for the NHS nationally.
- 2.8. I am delighted to report that as of 26 October, more frontline staff working at OUH had received their flu vaccination than in any other NHS trust in the South East.
- 2.9. We have extended the drop-in clinics to 28 November to enable as many colleagues as possible to get vaccinated.

### Speak Up Week

- 2.10. The national Speak Up Week in October was an opportunity to reiterate the Board's commitment to a healthy culture of speaking up.
- 2.11. Supporting colleagues to raise concerns so that everyone's voice is heard is central to our OUH People Plan vision, 'Together we make OUH a great place to work where we all feel we belong'.
- 2.12. Our Freedom to Speak Up team met more than 300 staff at roadshows on all four of our main hospital sites and at OUH Cowley during Speak Up Week – I was delighted to join them at their Horton General session.

### Staff awards

- 2.13. Sally Springett, a clinical nurse specialist working in bone marrow transplant research at OUH, won the Game Changer of the Year Award at the [Anthony Nolan Supporter Awards](#) on 10 September.
- 2.14. Sylvie, an Oxford Children's Hospital patient who has raised thousands of pounds for Oxford Hospitals Charity, and Hollie Benson, who fundraises for the Charity's Silver Star Maternity Fund, both won categories at [BBC Radio Oxford's Make a Difference Awards](#) on 15 September.
- 2.15. Mark Sumner, Senior Green Travel and Transport Manager, was shortlisted in the 'Green Transport Award' category at the [Oxford Climate Awards](#) on 17 September.
- 2.16. The Trust's internal communications campaign in support of the refreshed OUH Staff Recognition programme won an Award of Excellence in the 'Best Employee Experience Programme' category at the [Institute of Internal Communication \(Ionic\) Awards](#) on 18 September.
- 2.17. Four OUH staff were recognised at the [Institute of Medical Illustrators Awards](#) on 4 October. Jackie Love, Head of Design, won a Gold Award and a Silver Award, while Clinical Photographers Sid Neelson, Tom Capon and Amber-Leigh Jordan all won Bronze Awards.
- 2.18. Laura Clay, a health play specialist in Oxford Children's Hospital, was runner-up in the 'Health Play Specialist of the Year' category of the charity [Starlight's Health Play Awards](#) in October. [Read more in our news story.](#)
- 2.19. The OUH Rewards Advent Calendar internal communications campaign is shortlisted in the 'Excellence in Employee Engagement' category at the [Healthcare People Management Association \(HPMA\) Awards](#) on 20 November and in the 'Best Creative Campaign' category at the [Gallagher's Communications and Digital Experience Awards](#) on 27 November.
- 2.20. Two OUH teams are shortlisted at the *Health Service Journal (HSJ)* Awards on 20 November – the Spine Awake Surgery Oxford Protocol in

the 'Acute Sector Innovation of the Year' category and the Oxfordshire Breathlessness Diagnostic Pathway pilot, with a number of partner organisations, in the 'Modernising Diagnostics Award' category. [Read more in our news story.](#)

### 3. Performance

- 3.1. A comprehensive Integrated Performance Report (IPR) is included in the Board papers for this meeting. The IPR sets out how we are performing against the plans we have agreed with NHS England and against national standards more broadly.

#### Finance (Month 6 – September)

- 3.2. Income and Expenditure (I&E) was a £3.2m surplus in Month 6 (September), which was on plan. The underlying deficit was estimated to be £6.6m, £2.3m worse than plan. This was driven by underlying non-pay expenditure.
- 3.3. Cash was £32.2m at the end of September, £14.2m lower than the previous month but £29.1m higher than plan.

### 4. Operational Performance

#### Elective Care (Month 6 – September)

- 4.1. The percentage of RTT patients waiting within 18 weeks in September was 59.89%, this was off plan by 0.24%, where plan was 59.9%. The key focus of the services has been to drive forward the delivery of 1<sup>st</sup> Outpatients under 18 weeks – this is above plan at 66.21%, this is a positive movement in our waiting time reduction plan. Validation, both administrative and clinical is in progress for Quarter 3, this supports a right size of waiting list and ensures greater visibility of those patients we have remaining to treat. Validation Sprint initiatives and prioritisation of cancer services contributed to changes in the waiting list size. Actions include pathway validation, early adoption of Patient Initiated Follow-Up to optimise appointment slots, and increased capacity through targeted funds and digital tools. Weekly 'Check & Challenge' meetings and the EPM support ongoing improvements.
- 4.2. For RTT patients waiting over 52 weeks, performance met the September operating plan, with 2,487 patients compared to a target of 2,494. Focus remains on reducing the longest waits (>65ww) with no incomplete pathways over 104 weeks and a reduction in 65-week breaches, at 130 for September. We understand that this is still unacceptable, and we continue to work to reduce these waiting times. Actions include insourcing for key

specialties, patient engagement validation, and a recovery action plan is in place. Progress is monitored through weekly assurance meetings led by the Chief Operating Officer.

### **Urgent and Emergency Care (Month 6 – September)**

- 4.3. Our Urgent and Emergency Care performance was 78.6% in September for all types. This exceeds the national target and our planned performance trajectory for the year. This has been supported by the excellent improvement work within our Emergency Departments and in hospital patient flow across the whole organisation. As a result of this work, there has been a sustained reduction in the percentage of patients with a length of stay in ED of over 12 hours to around 1% (1.3% in September). We are driving further improvements now in using any breaches as an opportunity for thematic review and we have a specific improvement plan for improvements in four-hour access standard for children and young people.

### **Cancer (Month 5 – August)**

- 4.4. Cancer 31-day standard performance was 76.8% in August, below both the operational plan and national standard. Most tumour sites were non-compliant, and OUH ranked low nationally and within the Shelford Group. Actions include targeted workshops for priority tumour sites, mobilisation of change initiatives, and enhanced patient engagement. Recovery efforts focus on theatre reallocation, pathway mapping, and escalation for transfers and benign cases. This is an absolute focus for the organisation, and we have a series of dedicated workshops that have been supporting each tumour site.

## **5. Patient Care**

### **Maternity and Newborn Care update**

- 5.1. There continues to be a focus on Maternity Services both locally and nationally.
- 5.2. As part of the Care Quality Commission (CQC) programme of unannounced inspections, the CQC visited Maternity Services at the John Radcliffe Hospital, Horton General Hospital, and our midwifery-led units in the community from 7 October.
- 5.3. Thank you to all colleagues who welcomed the CQC in an open and transparent way.
- 5.4. We look forward to receiving the CQC's report on this inspection in due course.

- 5.5. We also welcomed Baroness Amos and her National Maternity and Neonatal Investigation team to the Trust for a planned visit on 6 and 7 November.
- 5.6. We are among 12 NHS trusts who have been chosen to take part in the national investigation.
- 5.7. The Trust is participating openly and transparently in the National Maternity and Neonatal Investigation led by Baroness Amos, and we welcome this opportunity to reflect, improve, and ensure that every voice is heard.

### **Planning for industrial action**

- 5.8. Thank you for the combined efforts of colleagues who are working to ensure that we continue to provide high quality and safe care for all patients during the five days of industrial action by resident doctors from Friday 14 to Wednesday 19 November.
- 5.9. We aim to minimise disruption to patients while ensuring that all care is safe and appropriate, and maintaining the wellbeing of our staff.
- 5.10. I would like to apologise in advance of the industrial action period to any patients whose appointment has to be postponed and rebooked.

### **Outstanding results for Horton General hip fracture team**

- 5.11. Congratulation to the hip fracture team at the Horton General Hospital in Banbury who have been recognised for delivering some of the best patient outcomes in the NHS.
- 5.12. According to the latest National Hip Fracture Database Annual Report, the Horton General is ranked in the top five hospitals nationally for achieving the Best Practice Tariff, a quality-based benchmark for hip fracture care.
- 5.13. Patients who are treated by the team at the Horton have a lower mortality rate and a shorter length of stay in hospital.
- 5.14. [Read the full story on the Trust website.](#)

### **OUH No.1 for living donor kidney transplants**

- 5.15. OUH has been recognised as the top performing NHS centre for adult living kidney transplants in the UK.
- 5.16. According to the latest [NHS Blood and Transplant annual report on kidney transplants](#), OUH clinicians performed 68 living donor kidney transplants out of a total of 201 in the UK in 2024-25, outperforming larger centres.
- 5.17. This outstanding achievement reflects the unwavering commitment of OUH's Living Donor and Kidney Recipient Transplant team to excellence, innovation, and patient-centred care.

- 5.18. [Read more about the collaborative effort that transformed the donor pathway and made this possible on the OUH website.](#)

## 6. Partnerships

### ***Shaping our Future – OUH Strategy Refresh***

- 6.1. We want to hear from patients, carers, families, local communities, key stakeholders, and our staff to develop our new OUH Strategy for 2026-31.
- 6.2. It will be aligned with the NHS 10 Year Plan, published in July this year, which focuses on the three key shifts from hospital to community, from analogue to digital, and from sickness to prevention.
- 6.3. Engagement activity includes surveys for OUH staff and for the public, in person engagement sessions on our main hospital site, virtual drop-ins for staff, and a series of lunchtime virtual conversations which have been attended by hundreds of staff.
- 6.4. Our [Shaping our Future online survey](#) is open until 1 December for people to give their views.
- 6.5. We also recently completed a survey of patients, carers and families, our local communities and partners to help shape the new OUH Patient Experience and Engagement Strategy.
- 6.6. This will establish a clear vision and agreed priorities for patient experience and engagement at OUH.
- 6.7. Public engagement will continue throughout November with community organisations and other networks to ensure that we reach into communities with protected characteristics and have representation from the diversity of Oxfordshire.
- 6.8. The Strategy and Partnerships team will capitalise on opportunities to share the strategy refresh at the Oxfordshire GP/OUH interface networking meeting, holding a strategy session with the OUH Governors as well as using staff networks and external partnership networks such as Oxfordshire Inclusive Economic Partnership or the Oxfordshire Place Based Partnership Board.
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### **Celebrating Black History Month**

- 6.11. Our Black, Asian and Minority Ethnic (BAME) Network organised a programme of events for colleagues to celebrate Black History Month in October.
- 6.12. They hosted a conference on 15 October focusing on this year's Black History Month theme, Standing Firm in Power and Pride, in collaboration with other trusts across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).
- 6.13. The event brought together nearly 200 staff to learn, share experiences, and celebrate the achievements and contributions of colleagues.
- 6.14. [Photos are available on the OUH X feed.](#)

### **Routes into Medicine after-school talk**

- 6.15. Hundreds of local school students in Year 10 and above attended the Routes into Medicine event at the John Radcliffe Hospital on 2 October.
- 6.16. It was aimed at young people who are exploring their options and thinking about a future career in medicine.
- 6.17. They had an opportunity to meet OUH doctors and University of Oxford medical students, put their questions to an expert panel, and get advice about applying to study medicine at university and details of work experience.
- 6.18. The event is part of our work as an Anchor organisation rooted in our local community.

### **Oxford Biomedical Research Centre (BRC) news**

- 6.19. A major study has provided the most comprehensive analysis to date of a cancer diagnosis pathway for patients presenting with non-specific symptoms, such as unexplained weight loss or fatigue. The study tracked nearly 5,000 patients referred to the [SCAN Pathway](#), originally developed at OUH with Oxford BRC support. The findings confirm the value of such pathways in identifying hard to diagnose cancers.
- 6.20. A first of its kind UK registry for people at risk of type 1 diabetes has been launched at the University of Oxford. With more than £600,000 of funding from Diabetes UK, the [UK Islet Autoantibody Registry aims to transform](#) how people in the earliest stages of type 1 diabetes are monitored and supported, and act as a gateway to ground-breaking clinical trials and treatments. The registry has been developed with support from the Oxford BRC.
- 6.21. A wearable electrocardiogram (ECG) patch increases diagnosis of the common heart rhythm disorder, atrial fibrillation (AF), according to a study supported by the Oxford BRC and the British Heart Foundation. Early

detection of AF is important because it allows for timely treatment that can reduce stroke risk. Working with GP surgeries, [the AMALFI trial](#) recruited more than 5,000 participants with known stroke risk factors.

- 6.22. Another trial found that while a structured weight loss programme helped older adults with AF lose weight safely and sustainably, it did not improve their heart rhythm symptoms or reduce the need for further treatment. The Oxford BRC-supported [LOSE-AF randomised trial](#) is the first to test weight loss as a treatment strategy for older people with AF.
- 6.23. An agreement has been reached for the acquisition of OrganOx, a University of Oxford spin-out company transforming kidney and liver transplantation, by the Japanese medical technology company Terumo Corporation for \$1.5 billion. The transaction, which is subject to regulatory approvals, would be the [largest acquisition of a University of Oxford spin-out](#) to date. Founded in 2008, OrganOx originated from Oxford's Institute of Biomedical Engineering and the Nuffield Department of Surgical Sciences, with support from the Oxford BRC. It has since become a leader in advanced organ preservation technology.
- 6.24. A new national online course designed to equip every surgical trainee in the UK with the skills to critically engage with, and contribute to, surgical research has been developed in Oxford. The [National Online Teaching Programme](#) (NOTP) Surgical Research Course provides core research methods training for all surgical specialties and is endorsed by all four Surgical Royal Colleges, as well as the Joint Committee on Surgical Training (JCST). The programme was developed in the Oxford Surgical Intervention Trials Unit and supported by the Oxford BRC.
- 6.25. A project led by the University of Oxford aims to develop a novel breathing test that could detect asthma and COPD earlier, more accurately and closer to home. Supported by the Oxford BRC, the ACCESS project will receive £1.3 million over three years from the Engineering and Physical Sciences Research Council (EPSRC). [The new test, known as computed cardiopulmonography](#) (CCP), uses laser technology and advanced mathematical modelling to give a detailed picture of how evenly air flows through the lungs.
- 6.26. Two world firsts have taken place in [trials at OUH to tackle the blood cancer myeloma](#). One of the trials is testing a new tracer to be used on myeloma patients during PET-CT scans while the other is investigating a new potential drug combination therapy. A key factor in both trials is the Oxford Biobank, which is supported by the Oxford BRC.
- 6.27. The NHS incurs an estimated £340 million in additional healthcare costs annually due to [weight-related health problems in children](#) but it is not just obesity driving the costs. New research from the University of Oxford

reveals that underweight children also need medical support. The study, funded by organisations including the Oxford BRC, provides the first national picture of healthcare costs linked to children's weight, using NHS electronic health records from more than 268,000 children.

- 6.28. How can bias in the medical devices used during pregnancy and the neonatal period affect health outcomes, especially for ethnic minority and socio-economically disadvantaged groups? The University of [Oxford's PROMISE study](#), supported by the Oxford BRC, is aiming to use the experiences of women to better understand how these devices are used in clinical settings and identify specific biases in how they perform and are accessed. It aims to develop clear policy and research recommendations to ensure these technologies support equitable and effective care for all.
- 6.29. The first ever trial comparing microsurgical suture repair with nerve alignment for digital nerve injuries suggests [suture repair does not improve outcomes](#). Digital nerve injuries are the most common type of nerve injury treated surgically in the UK, often caused by sharp cuts to the fingers. The Oxford BRC-backed NEON trial, the largest study of its kind, recruited 122 patients across 17 NHS hospitals and compared outcomes between patients treated with traditional microsurgical suture repair and those who had their nerve ends carefully aligned without stitches.

#### **Health Innovation Oxford and Thames Valley (HIOTV) news**

- 6.30. Three HIOTV case studies are featured in a new [King's Fund report](#) which explains how the life sciences sector supports the UK health and care system.
- 6.31. They include harnessing AI imaging to improve outcomes following stroke and adopting a blood test for pre-eclampsia, both of which began at OUH.
- 6.32. HIOTV has published timelines highlighting the impact of two established partnerships with innovators developing digital solutions for the NHS which have been adopted at OUH and elsewhere.
- 6.33. These focus on [Brainomix](#) – whose AI-powered software helps clinicians interpret brain scans so that patients who have had a stroke can be treated as quickly as possible – and [Ufonia](#) whose AI assistant 'Dora' supports clinicians with post-operative management of patients who have had cataract surgery.

#### **Oxford Academic Health Partners (OAHP) news**

- 6.34. Dr Harriet Teare, previously interim Director of Partnerships with the Medicines and Healthcare Regulatory Agency, joined the OAHP as Chief Operating Officer in September.

- 6.35. At the OAHP Board meeting on 10 October, the Board reviewed its objectives within the context of the new national NHS 10 Year Plan and the Life Sciences Sector Plan, which were both published in July.
- 6.36. The Board also discussed the development of a joint approach to estates developments, including travel and transport, strategic and operational issues, as well as similar joint approach on workforce alignment and reciprocal arrangements to support service delivery across sites, professional development and potential changes in care pathways.
- 6.37. The Board received an operational update and also agreed dates for Board meetings in 2026.

## **7. Recommendations**

- 7.1. The Trust Board is asked to:
- Note the report.