Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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

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Confidential:	**No**
Key Purpose:	Performance

Chief Executive Officer's Report

1. Purpose

1.1. This report outlines the main developments since the last public Board meeting on 29 July, under our four strategic pillars: Patient Care, People, Performance, and Partnerships.

2. Patient Care

Neonatal Services rated 'Good' by the CQC

2.1. On 9 September the Care Quality Commission (CQC) published a report following an inspection of our Neonatal Services at the John Radcliffe Hospital in Oxford which was carried out in January 2026. The CQC rated the services as 'as 'Good' across all five domains of Safe, Caring, Effective, Responsive, and Well-led' with lots of positive feedback about the care which staff provide for babies and families. This was the first time that our Neonatal Services had been inspected by the CQC independently of Maternity or Children's Services.

2.2. The inspection did find some areas for improvement and we will be submitting a plan to the CQC showing the actions which we are taking in response to these concerns.

2.3. I would like to thank all colleagues across Neonatal Services for their contribution to this significant achievement which reflects their dedication to the babies and families in their care." Read more on the Trust website.

Investments improve Maternity Services at the Horton General and JR

2.4. Trust Board members, Maternity staff, and Estates colleagues came together on 5 August to cut the ribbon on the redeveloped and improved Maternity Outpatient Department at the Horton General Hospital in Banbury.

2.5. The project is a significant investment in facilities for pregnant women and their families, and has enhanced the department's capacity to provide safe and high quality care. Three new high-risk obstetric clinics each week will now take place the Horton General Hospital.

2.6. We are investing £8 million in the Women's Centre at the John Radcliffe Hospital in Oxford which houses Maternity Services, as well as Gynaecology and Neonatal Services. The improvements will enhance patient safety, strengthen service resilience, improve air quality, and support more sustainable healthcare.

Release of Thirlwall Public Inquiry Report

2.7. The Thirlwall Inquiry was established to examine the events at the Countess of Chester Hospital and the implications of those events. It investigated the experiences of the families of all the babies named on the original indictment; the conduct of those working at the hospital, including the board, managers, doctors, nurses and midwives; and effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe.

2.8. Lady Justice Thirlwall published her report on 15 September 2026.

2.9. The report finds that the collapse and deaths of some babies could have been avoided had safeguarding practices been followed and recommends a series of urgent reforms to practices in the operation and supervision of NHS neonatal units.

2.10. The report will be reviewed in full and a paper will be submitted to the Trust Board in November 2026.

New digital X-ray room improves care at the Horton General

2.11. Patients across north Oxfordshire are benefiting from a new digital X-ray room at the Horton General Hospital in Banbury, bringing faster, higher quality imaging closer to home. The new equipment produces clearer images, reduces radiation exposure, and enables whole-spine and leg-length imaging to be carried out at the Horton General for the first time.

2.12. This means more patients can access specialist diagnostic services locally, without needing to travel elsewhere. Currently around 50,000 patients undergo approximately 60,000 X-ray examinations at the Horton General each year.

Cancer care rated 9/10 by patients for fifth consecutive year

2.13. Cancer patients have rated their care received at OUH as 9/10 – for the fifth year in a row. More than 1,500 OUH cancer patients took part in the National Cancer Patient Experience Survey 2025.

2.14. I would like to thank all the patients who took the time to complete this survey, and it is encouraging to see that they continue to report positive experiences of cancer care at OUH. These results reflect the compassion, professionalism and commitment shown by colleagues across our Cancer Services every day.

2.15. We will use the feedback from patients about areas for improvement to build on what is working well and identify where more focus is needed.

Life-changing pancreas procedure helps Charlie get his childhood back

2.16. A seven-year-old boy from Oxfordshire has become one of the youngest children in the UK to undergo a highly specialised pancreas procedure at OUH. Charlie Skidmore underwent a Total Pancreatectomy with Islet Autotransplantation (TPIAT) in March this year.

2.17. TPIAT is a complex and rare procedure which has only been performed in two NHS trusts in England. In Charlie's case the procedure involved removing his pancreas, spleen, and gallbladder. During the operation, specialists isolated the insulin-producing islet cells from his pancreas and transplanted them into his liver, where they can continue producing hormones that help control blood sugar levels. Read Charlie's story on the Trust website.

Surgical Elective Centre update

2.18. Our new Surgical Elective Centre (SEC) at the John Radcliffe Hospital is due to welcome its first patients soon as the phased opening of our new facility draws closer.

2.19. Around 800 staff attended an open day on 8 September which enabled colleagues to see the new SEC facilities. The event gave staff from across the Trust the opportunity to learn more about how it will operate and understand the benefits it will bring to patients and teams across OUH.

2.20. The SEC is one of the most significant projects undertaken by the Trust in recent years. Located adjacent to the West Wing and Children's Hospital at the JR, the centre will provide extra operating theatre capacity to reduce waiting lists for complex routine procedures and meet the needs of the growing population across Oxfordshire and the wider Thames Valley.

2.21. The first phase will provide seven additional operating theatres, two of which are dedicated hybrid theatres.

2.22. NHS Chief Executive, Sir Jim Mackey visited the SEC on 17 August. He met with members of the Trust Board and clinical staff.

3. People

Trust Board news

3.1. Sir Andrew Morris OBE took up his role as our new Trust Chair on 1 August and he will be chairing his first public Board meeting today.

3.2. The Council of Governors appointed two new Non-Executive Directors on 24 September. These appointments will be announced and start dates confirmed when pre-employment checks are completed.

3.3. The Trust's Annual Public Meeting is being held at the John Radcliffe Hospital on 30 September – both our Annual Report and Quality Account for the 2025/26 financial year have both been published in advance.

'You said, we did' – listening to our staff and responding to their feedback

3.4. We recognise that it is important to listen to our staff, understand how they feel about their working lives here at OUH, and – most importantly – respond to their feedback and act on it positively. This year's national NHS Staff Survey window opened on 14 September and almost 10% of eligible staff completed it in the first week.

3.5. I would like to encourage as many staff as possible to complete the survey before the window closes on 27 November. The more colleagues, teams and professions we hear from, the better we can understand the experience of working at OUH, and make improvements that make a difference.

3.6. Terry Roberts, our Chief People Officer, and his team are hosting 'you said, we did' virtual listening events, in person roadshows, and regular Q&A drop-in virtual sessions for colleagues.

3.7. In addition, we are encouraging staff to help shape our new OUH values for the future by registering to attend a Staff Values Workshop as part of our *'Your voice. Your values.'* programme. We are inviting all colleagues to join a workshop, either in person or virtually, so they can share their views on the values which they feel are most important in shaping the way we care for patients and work with one another.

3.8. We are also holding 'In your shoes' workshops for patients and running a survey for patients – more information is available on the Trust website.

3.9. Finally, we are encouraging colleagues working in Maternity Services and Neonatal Services to take part in a national listening exercise called 'Your Voice: Building a Better Future for Maternity and Neonatal Care'. NHS England is running this national staff listening exercise which went live on 21 September and is due to end on 12 October.

Values Based Appraisal window

3.10. I am delighted to report that 91.47% of eligible staff (all colleagues except doctors who have a medical appraisal) had a Values Based Appraisal conversation during this year's window, which was open from 1 April to 31 July.

3.11. Appraisals are a very important opportunity for colleagues to reflect on the last year, celebrate their successes, and plan for the next 12 months.

Staff awards

3.12. A pilot programme designed to reduce the risk of premature birth has been shortlisted for a national award. The collaboration between OUH, Buckinghamshire Healthcare NHS Trust and Health Innovation Oxford and Thames Valley is a finalist in the 'Early Stage Innovation' category of the *Health Service Journal* Patient Safety Awards. The awards take place on 28 September.

3.13. Congratulations to our Infection Prevention and Control team colleagues who have been shortlisted in the *Nursing Times* Awards for their 'Cleaning Counts: Beyond Compliance' initiative, which has led to a marked reduction in hospital-acquired C.difficile infections as well as a host of other improvements, including collaboration, education, and leadership. Winners will be announced on 29 October.

3.14. Congratulations to colleagues whose work has been recognised in the shortlist for the *Health Service Journal* (*HSJ*) Awards. OUH teams have been shortlisted in four categories recognising excellence, innovation and collaboration – find out more about the projects in our news story. Thank you to everyone involved in the shortlisted projects for all that you do. Winners will be announced on 19 November.

4. Performance

Elective Care (Month 5 – August 2026)

4.1. The percentage of RTT patients waiting within 18 weeks in August 2026 was 62.2%, this was above plan by 0.2%.

4.2. The key focus of the services continues to be on reducing waiting times with an emphasis on first outpatient appointments. Actions include pathway validation, rollout of Advice & Guidance, early adoption of Patient Initiated Follow-Up to optimise appointment slots, and increased capacity through targeted funding and digital tools. Weekly 'Check & Challenge' meetings and our system performance meetings both support and drive continuous improvement.

4.3. For our longest waiting RTT patients (>52ww and >65ww) we achieved our over 52 weeks performance target of a reduction to 1,520 in August, however 54 patients had been waiting over 65 weeks. Our focus remains on reducing these waiting times. Actions include insourcing for key specialties, patient engagement validation, and a delivery action plan. Progress is monitored through weekly assurance meetings led by the Chief Operating Officer across all specialties.

Urgent and Emergency Care (Month 5 – August 2026)

4.4. Our Urgent and Emergency Care performance in August was 75.7% for Type 1 attendances, which was below plan of 77.9%, and performance for all types was 81%, which was 3% below plan.

4.5. We continue to focus on the quality improvement work within our Emergency Departments and in our Trustwide approach to improving patient flow across our hospitals.

4.6. The focus of our work continues to be the eradication of 12-hour length of stay in our Emergency Departments, supporting patient experience and flow. We are working on the reduction of corridor care in our Emergency Departments, with a Task and Finish Group set up, and building work continues to expand and improve the Emergency Department at the John Radcliffe Hospital in Oxford.

Cancer (Month 4 – July 2026)

4.7. Cancer Faster Day Diagnosis was above plan at 83.4% in July. Cancer 62-day standard performance was 64.3% in July, also above plan. The Cancer Delivery Plan, with a clear focus by tumour site on the 62-day standard, has been discussed at Trust Board. We are reducing the backlog of patients waiting over 62 days and we are working to significantly reduce this level by December 2026 to ensure that we meet our performance in March 2027.

4.8. Targeted workshops for priority tumour sites continue along with mobilisation of change initiatives using a quality improvement process, 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 with ongoing oversight from the Chief Officers.

4.9. The reduction of our patients over 62 days cohort who remain to be treated is a key focus. This can mean that our overall % performance in 62 day does not reflect the progress in reducing the number and % of patients who are over 62 days. In July, we had 294 patients over 62 days which is lower than this time last year. By focusing on this and our specific pathway improvements, we are working to deliver sustainable improvement in our access targets, especially in key specialities including Gynaecology, Urology and Lung.

4.10. We know our cancer performance is not acceptable and our Recovery Plan sets out our actions to address this.

5. Partnerships

Operation Cavell launched to protect staff from violence and abuse

5.1. We are taking decisive action to tackle violence and abuse against our staff by partnering with Thames Valley Police (TVP). Operation Cavell sees OUH, TVP and the Crown Prosecution Service come together to strengthen protections for NHS staff, improve conviction rates, and support victims.

5.2. As a result of this closer collaboration, every assault or hate crime against a member of OUH staff will be reviewed by senior police officers, and dedicated investigators with an understanding of healthcare environments. This co-ordinated approach is designed to send a clear message that violence and abuse against OUH staff is taken seriously, and should not be tolerated as 'part of the job'.

Expansion of pioneering robotic surgery training programme announced

5.3. The Shelford Group has announced a major expansion of its pioneering Surgical Training in Advanced Robotic Technology (START) programme and OUH will lead delivery across Thames Valley and Wessex.

5.4. The expansion comes as the Government's 10 Year Health Plan for England commits the NHS to adopting robotic-assisted surgery as standard for an expanded range of procedures over the next decade.

Oxford father's transplant story highlights urgent call for organ donors

5.5. We teamed up with NHS Blood & Transplant during Organ Donation Week in September as the NHS launched its first-ever urgent response to falling donation rates.

5.6. An Oxford father whose life was saved by a liver transplant worked with us to highlight the life-changing impact of organ donation. James Lawton was given a second chance at life in 2022 thanks to a liver donation. A patient of our hepatology service since 2006, James told his story during Organ Donation Week (21-27 September) as NHS Blood and Transplant (NHSBT) warned that donor numbers have fallen significantly, with more than 8,700 people across the UK currently waiting for a transplant.

Biomedical Research Centre (BRC) Oxford news

5.7. BRC Oxford vaccine researchers have launched the world's first clinical trial of a vaccine against the Bundibugyo species of Ebola virus and successfully vaccinated the first volunteer in Oxford. The vaccine, developed in response to the ongoing outbreak in the Democratic Republic of the Congo and neighbouring Uganda, uses the same ChAdOx1 viral vector platform as the Oxford/AstraZeneca COVID-19 vaccine. The BRC

Oxford, the only BRC to have a vaccines research theme, supports essential infrastructure that underpins Oxford vaccine trials.

5.8. Every newborn baby in England will be screened for spinal muscular atrophy (SMA) following the expansion of a pioneering BRC Oxford-supported pilot that introduced the country's first routine test for the condition. This national evaluation programme, also led from Oxford, assesses the feasibility, clinical effectiveness and cost-effectiveness of SMA screening in the NHS Newborn Blood Spot Screening Programme. SMA is a rare, but treatable, genetic disease.

5.9. University of Oxford researchers have found that how fat accumulates in the body is just as important for identifying different health risks as a person's overall weight or body mass index (BMI). Their study, supported by the BRC Oxford, analysed MRI scans from almost 25,000 UK Biobank participants and found six distinct patterns of fat build-up across various organs and tissues. The findings suggest that looking at how fat is distributed across the whole body could help identify people at higher risk of specific health conditions.

5.10. The first participant has received an investigational vaccine that researchers hope will help to prevent cancer in people with Lynch syndrome (LS). The trial, which is supported by the BRC Oxford, is using an mRNA vaccine designed to train the immune system to recognise and eliminate pre-cancerous cells in LS patients.

5.11. Another BRC Oxford-backed cancer vaccine trial has given its first patient an experimental vaccine designed to help the immune system recognise and attack oesophageal cancer. The VISTA trial is testing a vaccine called ITOP1, and assessing whether giving it before surgery, while the tumour is still present, can generate a stronger immune response. ITOP1 was developed by the University of Oxford spin-out company Infinitopes.

5.12. Recruitment has begun for a BRC Oxford-supported study that could be an important first step towards future testing of vaccine candidates against hepatitis C virus (HCV). In the first phase, adult volunteers with chronic or acute HCV who have not started treatment are donating their blood, which will later be used in a human challenge model, where healthy volunteers are intentionally infected with the virus, so they can then be treated and cured. This would be the first controlled human infection model for HCV, a disease that is fully treatable but lacks a much-needed vaccine to prevent infection.

5.13. Oxford researchers have identified a surprising immune cell signature that may help to explain what happens in the early stages of idiopathic pulmonary fibrosis (IPF), a serious condition that causes scarring of the lungs and makes breathing difficult. These new findings offer clues to how

the disease develops before extensive lung scarring happens and may help to identify new ways to detect and treat the condition sooner.

5.14. A new study supported by the BRC Oxford has revealed a key mechanism by which a protein associated with Parkinson's disease damages neurons by blocking a vital cellular gateway. The findings help to explain how the disease begins and highlights a potential new target for treatment. Until now, scientists had struggled to understand how a build-up of abnormal clumps of the protein alpha-synuclein inside brain cells caused neurons to malfunction and die.

5.15. New evidence shows that the current shingles vaccine reduces the risk of major cardiovascular events – including coronary heart disease, heart failure and stroke – compared to the previous shingles vaccine. A study of more than 70,000 people found a 9% reduction in cardiovascular disease burden in the seven years after the recombinant shingles vaccination Shingrix, with a 10% reduction in coronary heart disease and a 12% reduction in heart failure. The study was supported by both the Oxford and Oxford Health BRCs.

5.16. Routinely collected social care records can help predict which people will need hospital admission or who may die in the next one to three years, according to new research by BRC Oxford-supported researchers. The findings – based on analysis of pseudonymised records from 27,590 adults receiving social care in Oxfordshire - suggest there is huge potential in linking health and social care information to identify people who may need support sooner, before problems become more serious, resulting in earlier reviews, better care planning and more joined-up working between health and social care teams.

5.17. On 21 July, cardiovascular researchers Dr Jamie Kitt and Dr Winok Lapidaire gave a BRC public webinar entitled 'Beyond the bump: how managing blood pressure around pregnancy shapes your future health'. Their research has shown that by monitoring and managing their blood pressure after giving birth, new mothers could cut their risk of future heart disease, stroke and dementia.

5.18. Two researchers whose work is supported by the BRC Oxford have been recognised with prestigious national research leadership prizes for their outstanding contribution to health and care research. Professor Matthew Costa, a leading orthopaedic trauma surgeon, and Dr Rachel Kuo, who specialises in the use of AI in healthcare, were among the winners of the NIHR20 Research Leaders Prizes.

Health Innovation Oxford and Thames Valley (HIOTV) news

5.19. Interviews took place this month for a new Chief Executive Officer at Health Innovation Oxford and Thames Valley (HIOTV). Professor Gary Ford is stepping down at the end of 2026 having held the position since 2013. HIOTV is hosted by OUH and is part of the national Health Innovation Network commissioned by NHS England and the Office for Life Sciences.

5.20. HIOTV's new Chief Medical Officer, Mr Ryan Kerstein, took up his role at the start of September. Ryan will work for HIOTV three days a week and will continue to work clinically at Buckinghamshire Healthcare NHS Trust where he is a Consultant Plastic Surgeon.

5.21. The national Patient Safety Commissioner Henrietta Hughes was briefed on collaborative work to improve wound care, including a successful pilot on two wards at the Horton General Hospital in Banbury, during a fact-finding visit to HIOTV in August.

5.22. HIOTV's latest quarterly report and 2025/26 impact report are available online.

Oxford Academic Health Partners (OAHP) news

5.23. Work has continued across the OAHP partners with a particular focus on the Joint Research Office (JRO) Transformation Project which has now reached its halfway stage. Good progress is being made with the teams and other colleagues involved.

5.24. The JRO is holding an away day in early October to review progress, share ideas and, importantly, to celebrate the JRO Awards.

5.25. The next OAHP Board meeting will take place on 8 October where an updated Memorandum of Understanding between the OAHP partners will be agreed and an update on the process for the appointment of a new Chair will be received. The meeting will be Professor Sir Jonathan Montgomery's final Board meeting as Chair and we extend our thanks for his work and support over the last two years.

6. Recommendations

6.1. The Trust Board is asked to note the report.