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 27 May, under our four strategic pillars: Patient Care, People, Performance, and Partnerships.

2. Patient Care

Maternity Services update

2.1. On 30 June the National Maternity and Neonatal Investigation, led by Baroness Amos, published a national report and also individual reports about 12 NHS trusts, including OUH – our statement is available on our website.

2.2. Included in the statement is an unreserved apology to the women, babies and families who suffered in our care, or whose experience caused them grief or distress. We accept what families have told the investigation, the failings in care they describe in the report, and our responsibility to act.

2.3. We want to thank the women and families who shared their experiences with Baroness Amos and her team. They came forward because they wanted to be heard, because they wanted answers, and because they wanted to spare other families the harm they suffered. We owe it to them to make sure their voices lead to lasting change.

2.4. The implications of this report and our response to it will be covered in more detail at today's Board meeting during the Amos Review agenda item.

2.5. On 4 June the Care Quality Commission (CQC) published reports into our Maternity Services at both the John Radcliffe Hospital in Oxford and the Horton General Hospital in Banbury, following inspection visits in October 2025.

2.6. The CQC rated both JR and Horton Maternity Services as 'Good', compared with their previous ratings of 'Requires Improvement'. As a result, the CQC's overall rating for the Horton site improved to 'Good' while the overall rating for the John Radcliffe site is 'Requires Improvement'.

2.7. While the CQC recognised that change has begun and improvements have been made in our Maternity Services, the experiences in the Amos Review report show how change and further improvement is needed, and we do not underestimate the importance and significance of this.

Saturday Oncology clinics at the Churchill reduce patient waiting times

2.8. Almost double the number of cancer patients are now receiving treatment on Saturdays at the Churchill Hospital's Oncology Day Treatment Unit.

2.9. One year on from expanding its Saturday service, the team has helped improve patient flow, freed up weekday capacity for more complex treatments, and reduced routine waiting times from six weeks to four.

2.10. In June 2025, 112 patients received treatment on a Saturday. By June 2026, that number had risen to 253, showing the impact of the expanded team and improved patient flow.

New dementia-friendly spaces for patients at the John Radcliffe

2.11. Patients and staff are benefiting from two newly refurbished dementia-friendly spaces at the John Radcliffe Hospital in Oxford, thanks to funding from Oxford Hospitals Charity.

2.12. The Quiet Room and Patient Activity Room on the Complex Medical Unit have been redesigned to create a calmer environment for patients.

2.13. Acute Rehab Support Workers use the Quiet Room to help patients in a calm space away from the busy ward environment while the new Patient Activity Room provides staff with a dedicated space to deliver cognitive stimulation and physical activity sessions.

New Paediatric Audiology room at the Horton General

2.14. Children and young people in Banbury and North Oxfordshire will soon be able to access specialist hearing assessments closer to home, thanks to a new Paediatric Audiology room at the Horton General Hospital in Banbury.

2.15. The new facility, which is currently being developed, will provide a dedicated, fit-for-purpose environment for paediatric audiology services. It will include a soundproof room with specialist equipment, enabling clinicians to carry out a range of hearing assessments for children.

2.16. The project represents an investment of approximately £300,000 and is expected to be completed in October.

2.17. Many children and young people from North Oxfordshire travel to the John Radcliffe Hospital in Oxford for specialist audiology appointments.

2.18. Once the new facility is operational, more patients will be able to receive care at Horton General Hospital, reducing travel times and making services more accessible for local families.

Carbon emissions cut by more than 20% in three years

2.19. We have reduced our carbon emissions by more than 20% over the past three years, from 47,349 tonnes of CO_2e in 2022/23 to 37,419 tonnes in 2025/26.

2.20. This reduction reflects a combination of changes to clinical practice, improvements in infrastructure, and everyday actions taken by staff.

2.21. All of which is helping support our strategic aim to reach net zero carbon emissions by 2040.

Surgical Elective Centre update

2.22. The programme to build and commission the Surgical Elective Centre (SEC) at the John Radcliffe Hospital is progressing at pace with recent key milestones including near completion of external cladding, agreeing our go live process for the Level 1 operating theatres in Autumn2026, finalising the design for Level 0 (Sterile Services) to open in Summer 2027, and our commitment to fitting out Level 2 with a further five operating theatres to open in Summer 2027.

2.23. Chief Officers are monitoring the progress of the programme on a weekly basis. We expect the first patient will now be treated in October 2026, rather than September as originally planned. This follows a short delay in commissioning electrical systems and allowing more time for clinical mobilisation. We anticipate signing our remaining supplier contracts in August and mobilisation has begun under short-term contracts.

2.24. Planning is well underway for using the remaining shell space in the building (two thirds of Level 4 and all of Level 5) with active consideration being given to including both a new Paediatric Intensive Care Unit (PICU) and a surgical training centre.

2.25. We are providing regular updates on social media and via Trustwide internal communications channels.

3. People

Trust Board news

3.1. Sir Andrew Morris OBE has been appointed as our new Trust Chair – he will take up the role on 1 August.

3.2. Sir Andrew is currently Deputy Chair and Senior Independent Director at NHS England and a Non-Executive Director of University Hospitals Birmingham NHS Foundation Trust, having previously been Chief Executive of Frimley Health NHS Foundation Trust from 1991 to 2019.

3.3. Plans have been agreed for him to step down from his current roles over the coming months.

3.4. Thank you to our Vice-Chair, Sarah Hordern, who has been Acting Chair since Professor Sir Jonathan Montgomery left the Trust at the end of March 2025 to take up his new role chairing NHS England South East Region. Sarah will resume her position as Vice-Chair from 1 August.

3.5. Dame June Raine CBE, who started in post as a Non-Executive Director on the Trust Board on 1 December 2025, has stepped down for health reasons. I would like to take this opportunity to thank June for her contribution to the Board and wish her well for the future.

3.6. Paul Dean, who has been a Non-Executive Director since September 2023 and who is currently Chair of the Audit Committee, will be leaving the Board during 2026 once a new Audit Committee Chair has been appointed. I would also like to thank Paul for everything he has done since he joined us three years ago.

3.7. We are currently recruiting two new Non-Executive Directors to replace June and Paul on the Board.

Staff Recognition Awards winners revealed

3.8. More than 1,900 nominations were received for this year's OUH Staff Recognition Awards – congratulations go to all teams, individual members of staff, volunteers, and fundraisers nominated.

3.9. The winners were announced at the Staff Recognition Awards event held at the John Radcliffe Hospital on 18 June, which was live streamed so that it was accessible to colleagues and their friends and family.

3.10. Details of all winners are available on the Staff Recognition Awards and Patients' Choice Award pages of our website.

Thanking and celebrating our diverse #OneTeamOneOUH

3.11. 1 July marked the start of South Asian Heritage Month, which is celebrated throughout July.

3.12. This is an opportunity to honour and learn from the cultures, histories, and lived experiences of South Asian communities — including colleagues with roots in Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka.

3.13. This year's theme, *Unity in Diversity*, celebrates the incredible range of languages, faiths, traditions, and histories that make up South Asian identity.

3.14. As we mark South Asian Heritage Month, we celebrate our South Asian colleagues, honour their heritage, and acknowledge the contributions they make to OUH, the NHS, and society as a whole.

3.15. June was Pride Month and Yvonne Christley, Chief Nursing Officer and Executive sponsor of our LGBT+ Staff Network, sent a personal message to all OUH staff to mark it.

3.16. Yvonne said: “This month holds personal significance for me. I know what it means to navigate a workplace wondering whether you can bring your whole self to work, and I know the difference it makes when the answer is yes. That experience shapes how I lead, and it is why I am committed to making OUH a place where every colleague and every patient feel genuinely seen, valued and safe to be themselves.”

3.17. Our LGBT+ Staff Network and our Oxfordshire Sexual Health Service hosted information stands celebrating OUH as an inclusive employer and healthcare provider at this year’s Oxford Pride event on 6 May.

Staff awards

3.18. Mei Nortley, Consultant Vascular Surgeon at OUH, has received the prestigious Moynihan Lectureship and Medal from the Association of Surgeons of Great Britain and Ireland, in collaboration with the Royal College of Surgeons, in recognition of her work in highlighting and addressing important issues around sexual safety in the NHS.

3.19. Trainee Biomedical Scientist Lucy Harold was named overall Apprentice of the Year and also won the ‘Higher Apprentice of the Year’ category at the Oxfordshire Apprenticeship Awards on 21 May. Shilpa Bhatt, Widening Participation and Schools Engagement Lead at OUH, won the Skills Champion Award in recognition of her work expanding access to apprenticeships and supporting people into healthcare careers.

3.20. Rachel Humphriss, Head of Audiology at OUH, was shortlisted in the ‘Most inspiring leader' category at the Advancing Healthcare Awards on 19 June.

3.21. Diabetes Specialist Nurse Katie Hards was a finalist in the ‘Diabetes Technology Nursing Award’ category at the Diabetes Nursing Awards on 10 July.

3.22. 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. Winners will be announced on 28 September.

3.23. Our Infection Prevention and Control team are shortlisted for this year’s *Nursing Times* Awards for their ‘Cleaning Counts: Beyond Compliance’ initiative, which led to a marked reduction in hospital-acquired *C.difficile* infections. Winners will be announced on 29 October.

4. Performance

Elective Care (Month 2 – May 2026)

4.1. The percentage of RTT patients waiting within 18 weeks in May 2026 was 62.43%, this was below plan by 0.69%. A clear delivery plan is in place.

4.2. The key focus of the services continues to be our waiting time reduction plan driving forward the delivery of 1st Outpatients under 18 weeks, representing a significant number of patients receiving their first outpatient appointment by design. 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 our performance systems both support ongoing improvements.

4.3. We are focused on reducing the number of patients waiting over 35 weeks and over 40 weeks (specialty dependent) by September for the 52 weeks March cohort of patients. We are using a range of additional support to enable this over the summer.

4.4. For RTT patients waiting over 52 weeks performance, we did not meet the March operating plan, with 1,692 patients compared to a target of 1576. Our focus remains on reducing the longest waits (>65ww and >52ww). Across the last year we have significantly reduced the number and proportion of people waiting over a year for their care. 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. Progress is monitored through weekly assurance meetings led by the Chief Operating Officer across all specialties.

Urgent and Emergency Care (Month 2 – May 2026)

4.5. Our Urgent and Emergency Care performance in May was 72% for Type 1 attendances, which was above plan, but performance for all types was 78.9%, which was 0.6% below plan. This has been supported by the improvement work within our Emergency Departments and in our Trustwide approach to improving patient flow across our hospitals.

4.6. We are reviewing our May position in relation to the response in the first heatwave of the summer for any system lessons to be learned.

4.7. 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 has started on expanding and improving the Emergency Department at the

John Radcliffe Hospital, which provides an exciting opportunity for the future.

Cancer (Month 2 - May 2026)

4.8. Cancer Faster Day Diagnosis was above plan at 85.3% in May. Cancer 62-day standard performance was 63.5% in May, 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.

4.9. 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.

4.10. The reduction of our patients over 62 days cohort who remain to be treated is a key focus, this can mean our overall % performance in 62 day does not reflect the progress in reducing the number and % of patients who are over 62 days. In May, we had 293 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. Key specialities are Gynaecology, Urology and Lung.

4.11. We know our cancer performance is not acceptable and our Recovery Plan shared our actions to address this.

5. Partnerships

Sobell House Hospice's 50th anniversary

5.1. We provide high quality palliative and end of life care services for the people of Oxfordshire and South Northamptonshire, both in our hospitals and in the community.

5.2. Our two dedicated hospices, Sobell House on the Churchill Hospital site in Oxford and Katharine House in Adderbury, are fundamental to these services.

5.3. This year we celebrate the 50th anniversary of Sobell House Hospice – read more about its history and future in the latest issue of *Sobell Times*.

Nurse-led Fracture Liaison Services improve patient care

5.4. NHS trusts across the Thames Valley, including OUH, have saved £1.5m and avoided nearly 2,000 bed days by introducing Nurse-led Fracture Liaison Services.

5.5. This consistent model of support means that in just over a year an additional 1,000 patients recovering from fractures have been identified, acknowledged as 'at risk' of future fractures, and received treatment.

5.6. Alongside the financial savings and reduction of bed days needed, the Royal Osteoporosis Society also worked out that in the single 12-month period they looked at, 200 potential future fractures have also been avoided.

5.7. This work has been driven by the Acute Provider Collaborative, which was set up in 2023 and brings together OUH, Buckinghamshire Healthcare NHS Trust, Royal Berkshire NHS Foundation Trust and Frimley Health NHS Foundation Trust, to enhance patient care and experience.

New Maternity videos now available

5.8. Team Maternity at OUH have worked in partnership with colleagues across the Thames Valley and local patient engagement group, the Oxfordshire Maternity and Neonatal Voices Partnership (OMNVP), to create supportive and informative videos.

5.9. The videos reflect a wide range of experiences and needs, providing clear, reassuring guidance to help women and their families feel informed, confident and supported throughout their pregnancy. They cover different aspects of pregnancy, labour, childbirth and the postnatal period.

5.10. The videos are all available via the Maternity section of the OUH website.

Biomedical Research Centre (BRC) Oxford news

5.11. Scientists have identified the missing link between a long-known genetic signal in inflammatory bowel disease (IBD) and a damaging immune response that switches off the body's natural control of inflammation. The discovery reshapes our understanding of the condition and opens the way to targeted approaches to diagnosis and treatment in some patients. The findings suggest that IBD is not a single condition, but a group of biologically distinct diseases driven by different underlying mechanisms.

5.12. BRC Oxford-supported researchers have developed an artificial intelligence (AI) tool that may help doctors better understand how high blood pressure damages different organs in different people. It could potentially allow clinicians to move beyond treating hypertension based purely on blood pressure numbers, towards a more personalised understanding of how the disease affects the body.

5.13. Scientists supported by the BRC Oxford have developed a faster way to identify the organisms causing bloodstream infections and to predict antibiotic resistance. Their method of using real-time DNA sequencing could be a gamechanger in efforts to tackle sepsis in hospitals, as the right drugs could be given to patients within hours rather than days.

5.14. The largest and longest clinical trial of its kind has recommended that surgeons should consider kneecap resurfacing – replacing the damaged underside of the kneecap with a smooth artificial surface – as part of standard care for most patients undergoing total knee replacement. The BRC Oxford-backed study found that the differences in clinical outcomes between patients who had kneecap resurfacing and those who didn't were small, but resurfacing provided more long-term health benefits for patients and better value for the NHS.

5.15. A major international study led by University of Oxford researchers has found that osteoarthritis – the most common form of arthritis worldwide – is not a collection of separate diseases, as many scientists had previously speculated, but rather a single condition with common core underlying biological pathways.

5.16. Oxford researchers have taken part in one of the largest studies to date exploring how genetic differences influence the proteins circulating in our blood, offering new clues about why diseases develop and where new treatments might be found.

5.17. Oxford's annual Health Research Showcase, which brings researchers together with members of the public, attracted hundreds of half-term visitors to Oxford's Westgate Centre on 28 May. The event, organised by Oxford's two NIHR BRCs, is aimed at letting the public know about the amazing healthcare research taking place in their city, as well being a chance to encourage people to get involved in research.

Health Innovation Oxford and Thames Valley (HIOTV) news

5.18. Health Innovation Oxford and Thames Valley (HIOTV) is recruiting a new Chief Executive Officer. Professor Gary Ford is due to retire at the end of 2026 having held the position since the formation of HIOTV (then Oxford Academic Health Science Network – AHSN) in 2013. Applications for the role closed on 23 July and interviews are due to take place in September.

5.19. HIOTV has worked with OUH to transform inpatient lower limb care in line with the National Wound Care Strategy Programme. A new pathway, led by advanced tissue viability nurse practitioners, was piloted on two medical wards at the Horton General Hospital in Banbury.

5.20. The pathway enabled earlier identification of suitable patients, structured clinical decision-making, and improved integration between acute and community services.

5.21. The next phase of the programme will focus on scaling and embedding the pathway across additional wards and services.

Oxford Academic Health Partners (OAHP) news

5.22. Senior leaders and OAHP Board members from OUH, Oxford Health NHS Foundation Trust, the University of Oxford, Oxford Brookes University, Health Innovation Oxford and Thames Valley (HIOTV), NHS Thames Valley ICB, Oxford Health and Oxford NIHR BRCs and the NIHR Thames Valley ARC attended the OAHP away day on 29 June.

5.23. Key areas discussed at the away day included the Joint Research Office (JRO) transformation programme, the importance of developing and providing a means for stronger development of clinical academic pathways and other key aspects of workforce planning, and the need for strengthened relationships within life sciences and the pharma industries.

6. Recommendations

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