

## Cover Sheet

Trust Board Meeting in Public: Wednesday 27 May 2026

TB2026.40

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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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**Board Lead:** Chief Executive Officer

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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 11 March, under our four strategic pillars: Patient Care, People, Performance, and Partnerships.

### 2. Patient Care

#### **OUH among most improved NHS trusts for urgent and emergency care**

- 2.1. The Trust improved its urgent and emergency care performance significantly in 2025/26 thanks to the hard work of colleagues across the organisation.
- 2.2. There was a real step-change in terms of how many patients were seen, treated and either discharged or admitted to hospital within four hours of attending our two Emergency Departments at the John Radcliffe Hospital in Oxford and at the Horton General Hospital in Banbury.
- 2.3. The Trust's performance improved from 68.4% of patients being seen within four hours in March 2025 to 80.2% in March 2026. [More details are available on the OUH website.](#)

#### **Virtual triage clinic reduces waiting times for gastroenterology patients**

- 2.4. [The introduction of an innovative virtual triage clinic model has significantly reduced waiting times for gastroenterology patients at OUH.](#)
- 2.5. It enables our clinicians to review patient referrals remotely so that they can direct patients to the most appropriate pathway without the need for people to come to hospital for an initial face-to-face appointment. By using the virtual triage model, clinicians can review 24 patients per session, compared with 8-12 patients in a traditional outpatient clinic.
- 2.6. Around 40% of patients still require an in-person appointment but 60% are redirected to the correct specialty or are referred directly for diagnostic tests.
- 2.7. This has reduced waiting times and improved patient experience, leading to the initiative being [cited as an example of best practice in elective \(planned\) care for patients by NHS England](#). The virtual triage clinic model is due to be rolled out to other specialties at OUH.

### **'Super Surgery Day' at the Churchill Hospital**

- 2.8. Another successful '[Super Surgery Day](#)' has taken place at OUH. Nine endocrine surgery procedures were carried out in a single theatre by a specialist team in under eight hours at the Churchill Hospital in Oxford.
- 2.9. The 'Super Surgery Day' initiative continues to receive positive feedback from patients, particularly for the convenience of a weekend appointment.
- 2.10. These surgery days are held on Saturdays to make use of theatre capacity at weekends and aim to reduce waiting times across the Trust.
- 2.11. Thank you to the multi-disciplinary team who made this possible including surgeons, anaesthetists, anaesthetic nurses, a scrub team, and a consultant, supported by health support workers and administrative staff.

### **'Prehabilitation' supports patients before and after cancer surgery**

- 2.12. [Patients who are about to undergo thoracic \(lung\) cancer surgery at OUH are now getting individually tailored support at a community gym to help them prepare themselves both physically and mentally.](#)
- 2.13. This is aligned with one of the key priorities of the new national Cancer Plan, published in February, which is to ensure that cancer care is designed around people who are living with cancer. Patients who are better prepared for surgery are more likely to have a positive experience and to recover more quickly afterwards.

### **New and improved Maternity outpatient clinic at the Horton General**

- 2.14. [A £115,000 redevelopment project to improve the Maternity outpatient clinic at the Horton General Hospital in Banbury has now been completed.](#)
- 2.15. This represents a significant investment in facilities for expectant mothers and their families, and has enhanced the clinic's capacity to deliver safe, high quality care. It also paves the way for the introduction of new high-risk obstetric clinics at the Horton General, delivered by specialist teams from the John Radcliffe Hospital in Oxford. These are due to start in early summer, and there will be three clinics every week.

## **3. People**

### **Staff Recognition Awards finalists announced**

- 3.1. 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 who were nominated, and thank you to everyone who took the time to nominate staff colleagues.

- 3.2. Thank you also to colleagues who took part in selection panels for each award category, and to the Trustwide panel who considered their recommendations and selected our finalists.
- 3.3. Details of all finalists are available on the [Staff Recognition Awards](#) and [Patients' Choice Award](#) pages of our website. Winners will be announced at the Staff Recognition Awards event on 18 June – it will be live streamed so that the event is accessible to all colleagues.

### **Thanking and celebrating our nurses and midwives**

- 3.4. More than 300 colleagues came together on 8 May for our annual [OUH Nursing and Midwifery Conference](#) in the Oxford Hospitals Education Centre (OxHEC) at the John Radcliffe Hospital – staff were able to attend either in person or online
- 3.5. This was a great opportunity to celebrate the contribution of all nurses and midwives to patient care, aligning with International Day of the Midwife on 5 May and International Nurses Day on 12 May.
- 3.6. The day opened with a vibrant flag parade, showcasing flags from more than 30 countries represented within our OneTeamOneOUH workforce.
- 3.7. I was honoured to be invited to say a few words to colleagues in my closing address which enabled me to say a personal thank you to our nurses and midwives.

### **High quality Values Based Appraisals for all colleagues**

- 3.8. Our annual Values Based Appraisal (VBA) Window opened on 1 April and will continue until 31 July. This includes all colleagues except doctors and dentists who have a medical appraisal.
- 3.9. Every member of staff has the right to a high quality appraisal with their line manager. This is a chance to pause and look back on the past year, take pride in achievements, and talk through new opportunities for personal and professional development for the year ahead.
- 3.10. We know that the benefits of a good appraisal conversation can lead to improved patient care and develop a positive working culture. We are proud to have the best appraisal rate of any acute trust and this year we are looking to build on this achievement by enhancing the quality of appraisal conversations.
- 3.11. Support for colleagues to achieve this goal includes twice weekly webinars which are being hosted by our Culture, Leadership and Organisational Development team.

### Staff awards

- 3.12. The Thames Valley and Surrey Secure Data Environment (TVS SDE) project, which is a partnership between OUH, Telefónica Tech and Starlight Consulting, was Highly Commended in the 'Data Integration Project of the Year' category of the [Health Service Journal \(HSJ\) Partnership Awards](#).
- 3.13. Our OUH radiology referral improvement project was shortlisted in the 'Outstanding Achievement in EPR Implementation and Optimisation' category of the [Health Service Journal \(HSJ\) Digital Awards](#). Winners were announced on 19 May.
- 3.14. [Two Maternity Support Workers from our Infant Feeding team, Maddy Ellison and Jasmin Conway, have received national recognition from NHS England](#). They were presented with Chief Midwifery Officer Award certificates for their outstanding work supporting families with infant feeding, including delivering daily sessions and developing accessible breastfeeding information videos used across our maternity services.
- 3.15. [Professor Kokila Lakhoo](#), Consultant Paediatric Surgeon at OUH and a Professor of Global Paediatric Surgery at the University of Oxford, was selected as the 2026 recipient of the [Denis Browne Gold Medal](#). Her distinguished career spans transformative work in clinical leadership, research, and education.
- 3.16. Interventional Radiologist [Dr Raman Uberoi](#) has been awarded the [CIRSE Gold Medal – Europe's highest honour in Interventional Radiology](#) in recognition of his exceptional contributions to clinical practice, innovation, leadership, and education.

## 4. Performance

### Elective Care (Month 12 – March 2026)

- 4.1. The percentage of RTT patients waiting within 18 weeks in March 2026 was 63%, this met plan. This was an improvement in the last year of 6% performance.
- 4.2. The key focus of the services continues to be our waiting time reduction plan driving forward the delivery of 1<sup>st</sup> 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. We improved our 1<sup>st</sup> Outpatient within 18 weeks by 5%, our

focus continues on moving our waiting times down for 1<sup>st</sup> Outpatient attendances.

- 4.3. For RTT patients waiting over 52 weeks, performance we met the March operating plan, with 1590 patients compared to a target of 1650. Our focus remains on reducing the longest waits (>65ww) with no incomplete pathways over 104 weeks and a reduction in 65-week breaches, at 46 for March 2026. 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 12 – March 2026)**

- 4.4. Our Urgent and Emergency Care performance was 80.2% in March 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 our Trustwide approach to improving patient flow across our hospitals. 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 (1.8% in March 2026 against a target of 4.4%).
- 4.5. We are driving further improvements by using any breaches as an opportunity for thematic review and we have a specific improvement plan for improvements in the four-hour access standard for children and young people. We look forward now to implementing the capital works on level 1 to further enhance the environment, improve flow and improve patient and staff experience.

#### **Cancer (Month 12 - March 2026)**

- 4.6. Cancer Faster Day Diagnosis was above plan at 82.87% and remains stable. Cancer 62-day standard performance was 56.47% in March, below both the operational plan and national standard. 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.
- 4.7. 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 March, we had 262 patients over 62 days and this was our lowest patient number in over 18 months, through 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.

## 5. Partnerships

### Quality Priorities co-created with stakeholders

- 5.1. Professor Andrew Brent, Chief Medical Officer, presented the Trust's draft Quality Priorities for the next 12 months for approval at the Trust Board meeting on 11 March. This was the culmination of a cycle of engagement and involvement with a wide range of both internal and external stakeholders to shape the development of our Quality Priorities, including the annual [Quality Conversation event](#) in December 2025. [The Board approved the Quality Priorities which have now been published on the Trust website.](#)

### Charity-funded kitten scanner helps children having scans

- 5.2. Thanks to funding from Oxford Hospitals Charity, staff at the JR are using a new [child-friendly 'kitten scanner' to help reduce fear and anxiety for children needing MRI scans](#). The miniature replica helps prepare young patients for their scan, meaning many no longer need a general anaesthetic so that they spend less time in hospital, while improving children's experience of their care.

### Charity funds new artwork on the Neonatal Unit

- 5.3. Families and staff have welcomed the [installation of new nature-themed artwork along the corridor leading to the Neonatal Unit](#) at the John Radcliffe Hospital in Oxford. Funded by the charity [SSNAP](#) (Support for the Sick Newborn and their Parents), the refreshed space aims to create a more welcoming and reassuring environment for families on their way to see their babies.

### Biomedical Research Centre (BRC) Oxford news

- 5.4. An experimental imaging agent could be an exciting new non-invasive tool for [diagnosing and monitoring endometriosis](#), potentially benefiting millions of women around the world. Researchers from the Nuffield Department of Women's & Reproductive Health, supported by the Biomedical Research Centre (BRC) Oxford, say the new tracer, maraciclacide, allowed them to locate endometriosis lesions that standard scans missed. This technique could be particularly useful for diagnosing the earliest stage of

endometriosis, which currently requires laparoscopic surgery for a definitive diagnosis.

- 5.5. Oxford researchers have developed a pioneering AI tool that is the first ever programme that can accurately [predict heart failure](#) using routine cardiac CT scans. The tool, developed with support from the BRC Oxford and the British Heart Foundation, can predict a person's chance of developing heart failure at least five years before the condition develops by identifying textural changes in the fat around the heart that indicate inflammation.
- 5.6. Biomedical engineering researchers in Oxford have developed a [new AI 'foundation model'](#) that could significantly improve how heart conditions are detected, monitored and managed, whether in intensive care units or in people's own homes. This new model can adapt to multiple tasks and data types – even when information is incomplete or inconsistent.
- 5.7. Most children with a severely broken wrist can be treated without surgery due to their remarkable capacity to heal and grow broken bones straight again, according to researchers at the Universities of Oxford and Liverpool. The BRC-supported study showed that in most children with severely displaced distal radial fractures, there was [no difference in recovery](#) between surgery and a non-surgical, cast-first approach, with the latter reducing NHS costs by £1,600 per patient.
- 5.8. The UK's [COVID Inquiry](#) has praised the speed with which the Oxford/AstraZeneca COVID vaccine was developed and the rapid set-up of the Oxford-led RECOVERY trial, which identified the first effective treatment for COVID. The Inquiry was publishing its fourth report, on vaccines and therapeutics.
- 5.9. A BRC Oxford researcher is playing a leading role in a new national NHS programme to use machine perfusion to preserve and assess organs for transplantation. Professor James Hunter has been named [national lead for the kidney arm](#) of the pilot assessment and recovery centres (ARC) set up by NHS Blood and Transplant. Much of the evidence underpinning what can be achieved with organ perfusion was developed in Oxford with BRC support.
- 5.10. Researchers in Oxford have shed light on why the most [aggressive oesophageal cancers are so difficult to treat](#) and how the body's own defence systems help them to thrive. The BRC Oxford-supported study analysed tumour samples and found that the most dangerous types of oesophageal cancers share a key feature: high chromosomal instability.
- 5.11. Two BRC Oxford researchers have been named [NIHR Senior Investigators](#). Professor Paul Leeson, Head of Oxford Cardiovascular Clinical Research Facility, and Professor Najib Rahman, Director of the

Oxford Respiratory Trials Unit, were recognised for their track record of high-quality research and leadership.

- 5.12. Four OUH health and care professionals have become the first to be awarded a new [Academic Clinical Lectureship](#), based in the University of Oxford's Clinical Academic Graduate School. The BRC Oxford is funding three of the lectureships, as well as a new Academic Training Programme Director to support these roles.
- 5.13. The BRC Oxford's biggest public engagement event of the year, the [Health Research Showcase](#), takes place on Thursday 28 May at Oxford's Westgate Centre. Held jointly with the BRC Oxford Health, it's an opportunity for members of the public of all ages to meet our researchers, get involved in fun, hands-on activities and find out about the latest research being carried out in Oxford to transform healthcare.

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

- 5.14. In March Dr Zubir Ahmed, Parliamentary Under-Secretary of State in the Department of Health and Social Care, launched the [Respiratory Transformation Partnership \(RTP\)](#). This is a new national collaboration, led by Health Innovation Oxford and Thames Valley (HIOTV), which brings together the NHS, Government and industry to improve care for people living with asthma and COPD. The RTP aims to support earlier diagnosis, improve access to effective treatments, and reduce avoidable hospital admissions. [Find the latest quarterly report from HIOTV here.](#)

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

- 5.15. At the Oxford Academic Health Partners (OAHP) Board meeting on 23 April, Board members received a welcome and presentation on the work of [Oxford Equinox](#) from Dr Olga Kozlova, Director of Innovation and Engagement. It was agreed that the potential for a collaborative approach with OAHP would be explored for mutual benefit, particularly in terms of engagement with the NHS.
- 5.16. The Board endorsed the Financial Plan for 2026/27 which was previously circulated to members.
- 5.17. The Board recorded its thanks to Professor Sir Jonathan Montgomery for his work as Chair, following [his appointment as NHS England South East Regional Chair](#), and noted that he would attend the June Away Day as his last meeting as OAHP Chair. Board members then considered and agreed the process for the appointment of a new OAHP Chair.

## **6. Recommendations**

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