

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 March 2026

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Title: Chief Executive Officer's Report

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

Board Lead: Chief Executive Officer

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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 21 January, under our four strategic pillars: People, Performance, Patient Care, and Partnerships.

2. People

Veteran Aware status

- 2.1. [The Trust has successfully passed its one-year review as a Veteran Aware organisation](#), reaffirming our commitment to improving care and access for the Armed Forces community.
- 2.2. Over the past year, we have strengthened how veterans, serving Armed Forces personnel, and their families are identified and supported across our services.
- 2.3. There has been an increase in awareness across clinical and non-clinical teams, ensuring that the Armed Forces community is not disadvantaged when accessing care.
- 2.4. I would like to thank all colleagues who are driving forward this important work.

Staff Wellbeing

- 2.5. We launched our new Wellbeing & Occupational Health Programme of Support for all staff working at OUH on 2 February.
- 2.6. It is designed to make it easier for our people to access the right support through a 'one stop shop' approach.
- 2.7. This programme brings together all our wellbeing, occupational health and support services into a single clear and accessible offer, aligned with our OUH People Plan 2025-28 and its focus on promoting a healthy body, healthy mind, and supportive working environment.
- 2.8. Colleagues can access wellbeing support across our six dimensions of wellbeing – emotional, physical, social, financial, occupational and environmental wellbeing – via the staff intranet.
- 2.9. Other activities include financial wellbeing webinars, which have run throughout February and into March, recruiting more wellbeing champions in teams, and delivering [Schwartz Rounds](#) Trustwide.

Staff awards

- 2.10. The Thames Valley and Surrey Secure Data Environment (TVS SDE) project, which is a partnership between OUH, Telefónica Tech and Starlight Consulting, is shortlisted in the 'Data Integration Project of the Year' category of the [Health Service Journal \(HSJ\) Partnership Awards](#). Winners will be announced on 19 March.
- 2.11. Our OUH radiology referral improvement project is shortlisted in the 'Outstanding Achievement in EPR Implementation and Optimisation' category of the [Health Service Journal \(HSJ\) Digital Awards](#). Winners will be announced on 19 May.
- 2.12. [Three Healthcare Support Workers \(HSWs\) from our Neurosciences department who have been honoured with the NHS England Chief Nursing Officer Award](#). Christina Abarno, Cyril Mathew and Martha Stepney were all nominated by nursing colleagues.
- 2.13. [Mr Radu Mihai, an endocrine surgeon at OUH, has been awarded the prestigious Clement Price Thomas Medal by the President of the Royal College of Surgeons](#). The award recognises significant contributions to the field of surgery.
- 2.14. [Two senior surgeons from Oxford University Hospitals NHS Foundation Trust \(OUH\) have been recognised with prestigious national awards from the British Association of Oral and Maxillofacial Surgeons \(BAOMS\)](#). Daljit Dhariwal received the Down Surgical Prize, recognising a lifetime of exceptional service to surgery, while Montey Garg won the BAOMS Surgery Prize for surgeons in the first 10 years of consultant practice.

3. Operational 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.

Elective Care (Month 8 – November 2025)

- 3.2. The percentage of RTT patients waiting within 18 weeks in November was 60.38%, this was off plan by 0.51%, where plan was 60.89%. The key focus of the services has been to drive forward the delivery of 1st Outpatients under 18 weeks – this is above plan at 68.97%, which is a positive movement in our waiting time reduction plan and represents 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.

- 3.3. For RTT patients waiting over 52 weeks, performance did not meet the November operating plan, with 2,263 patients compared to a target of 2,182. Our focus remains on reducing the longest waits (>65ww) with no incomplete pathways over 104 weeks and a reduction in 65-week breaches, at 80 for November. 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 8 – November 2025)

- 3.4. Our Urgent and Emergency Care performance was 76.3% in November 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 focus on a reduction in the percentage of patients with a length of stay in ED of over 12 hours.
- 3.5. 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. This is a real focus for Quarter 4 improvements. We also held an event for staff from across the Trust to learn lessons from this winter on 27 February.

Cancer (Month 8 – November 2025)

- 3.6. Cancer Faster Day Diagnosis was on plan at 81.3% and remains stable. Cancer 31-day standard performance was 76.2% in November, below both the operational plan (by 7.5%) and national standard. Actions include targeted workshops for priority tumour sites, 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, and a series of dedicated workshops have been supporting each tumour site.
- 3.7. The main focus, which will not benefit the performance percentage at this point, is on the reduction of our patients over 62 days cohort who remain to be treated and those patients who are complex over 104 days who

require clear treatment plans. Cancer 62-day standard performance remains slightly behind plan at 63.6%, with plan at 66.4%.

4. Patient Care

Independent Investigation into Maternity and Neonatal Services in England – Interim Report

- 4.1. An interim report from the Independent Investigation into Maternity and Neonatal Services in England was published on 26 February. The investigation is still collecting evidence, and the Trust will continue to remain engaged with Baroness Amos' team in an open and transparent manner.
- 4.2. The interim report will be reviewed to identify any immediate key learning and actions that OUH can take as we continue our improvement journey.
- 4.3. [Our statement in response to the interim report is available on our website.](#)

Martha's Rule

- 4.4. Following a successful pilot scheme, [Martha's Rule](#) was rolled out across all inpatient areas at the John Radcliffe Hospital, Churchill Hospital and Nuffield Orthopaedic Centre in Oxford, and the Horton General Hospital in Banbury from 2 March.
- 4.5. Martha's Rule is a national patient safety initiative that enables patients, families, carers and staff to request an urgent clinical review if concerns about a patient's deteriorating condition remain unresolved.
- 4.6. It strengthens the culture of asking, listening and acting when patients or those close to them report worrying changes.
- 4.7. The programme was introduced nationally following the death of 13-year-old Martha Mills, who developed sepsis in hospital. Her case, and others like it, led to the national rollout of Martha's Rule to ensure serious concerns are always heard and acted upon.
- 4.8. [Read the full story on the Trust website.](#)

Alex Kingston praises her OUH cancer care on national radio

- 4.9. [Actress Alex Kingston has publicly thanked two OUH clinicians](#) for the "warm, sensitive and incredible care" she received during her successful treatment for womb cancer.
- 4.10. Alex was discussing her diagnosis and treatment during a special day of programming on BBC 5 Live to mark World Cancer Day on 4 February.

- 4.11. She thanked Dr Christina Pappa, Consultant Gynaecologist at the John Radcliffe Hospital, and Dr Sally Trent, Consultant Clinical Oncologist at the Churchill Hospital, for their ‘compassionate, excellent care’.
- 4.12. The [national Cancer Plan](#), which was launched on World Cancer Day on 4 February, includes our Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) project as a best practice case study.
- 4.13. RIPEL enables more people to receive personalised palliative care, including being cared for in their own home at the end of their life if that is their preference.

First baby born after a womb transplant from a deceased donor

- 4.14. [Grace Bell has become just the second person in the UK to give birth following a womb transplant – and the first following a transplant from a deceased donor.](#)
- 4.15. She is the first person to have a baby as part of the approved deceased donor womb transplant research programme, which was initiated and funded by the charity Womb Transplant UK and will include 10 transplants.
- 4.16. This is a new, rare form of transplant for this research programme, approved by the UK’s Health Research Authority. It is not therefore part of routine donation and is not covered by the NHS organ donor register (ODR) or deemed consent.
- 4.17. Each donation requires special, extra consent from families of deceased donors after the donation of other organs has already been agreed.
- 4.18. The womb transplant programme is a partnership between OUH, Imperial College Healthcare NHS Trust, and Womb Transplant UK.
- 4.19. It is jointly led by Isabel Quiroga, a leading consultant transplant and endocrine surgeon at OUH.

New high intensity focused ultrasound machine installed

- 4.20. A new state-of-the-art high intensity focused ultrasound (HIFU) machine has been installed at the Churchill Hospital in Oxford, giving OUH cancer patients access to the latest in this innovative technology.
- 4.21. HIFU is a non-invasive treatment that uses ultrasound to heat and destroy targeted tumour cells. It is regarded as an emerging and versatile tool to tackle some solid cancers and non-cancerous tumours. The device is ultrasound-guided and works to target organs inside the body completely non-invasively using only the power of sound, without the need for radiation.

- 4.22. Studies in some conditions have found that outcomes for patients with HIFU are similar to surgery with faster recovery and fewer adverse effects. [Read the full story on the Trust website.](#)

5. Partnerships

Oxford Eye Hospital improvements

- 5.1. Oxford Eye Hospital, based in the West Wing of the John Radcliffe Hospital in Oxford, has the busiest waiting area across the whole of our Trust with around 180,000 appointments and procedures every year.
- 5.2. We are grateful to Oxford Hospitals Charity for funding a series of improvements to the waiting area and also enabling us to purchase new equipment. New seating, artwork and colour-coded designs featuring scenes from across Oxford have created a more welcoming, accessible space that is easier for patients with eye condition to navigate.
- 5.3. It has been designed by Jonathan Brett, a member of the Eye Hospital team, who worked closely with the charity to address the unique needs of patients.
- 5.4. Thanks to the charity, £200,000 of state-of-the-art medical equipment has been purchased to speed up diagnosis, monitoring, and treatment of a number of serious eye conditions. [Read the full story on the Trust website.](#)

Oxford Hospitals Charity Wall of Thanks

- 5.5. Terry Roberts, Chief People Officer, joined supporters of Oxford Hospitals Charity at a very special event on 25 February when a new Wall of Thanks was unveiled at the John Radcliffe Hospital in Oxford. The display is a tribute to the generosity, dedication and compassion of those who have supported the charity and OUH over the past two years. [More details are available on the Oxford Hospitals Charity website.](#)

Successful NHS Careers Café and Apprenticeship event

- 5.6. More than 350 young people, parents and carers attended an inspiring event at the John Radcliffe Hospital on 2 March to find out more about career opportunities and apprenticeships here at OUH.
- 5.7. Our NHS Careers Café and Apprenticeship event proved hugely popular and was a great example of the key role which we play as an Anchor organisation and major employer in Oxfordshire.
- 5.8. I would like to thank everyone who was involved in organising the event and also those colleagues who took the time and trouble to speak with young people who attended.

Oxford Biomedical Research Centre (BRC) news

- 5.9. Researchers supported by the Oxford BRC have discovered that the most common liver disease follows a strong day-night pattern, and the [metabolic changes that drive the disease](#) – metabolic dysfunction-associated steatotic liver disease (MASLD) – are most pronounced overnight, when the body is least able to process sugar and fat. They also found that these night-time problems continue even after people lose weight and reduce fat in their liver, suggesting that these night-related metabolic issues may be an important driver of the disease.
- 5.10. Women who develop high blood pressure during pregnancy may be able to [protect their long-term brain health](#) through better blood pressure management soon after giving birth, according to a study supported by the Oxford BRC. The research found that women who managed their blood pressure at home – guided remotely by a doctor – had larger brain white-matter volumes nine months after giving birth than those who received standard postnatal care. Lower volumes of white matter have been linked to cognitive decline.
- 5.11. Social care following hip fractures costs more than £15,000 per patient every year, according to a new study by Oxford researchers. This amounts to a [total cost of £1.25 billion per year](#). Hip fracture affects over 80,000 people in the UK every year, with many requiring additional support after discharge – whether formal paid care, informal care from family and friends, or changes to the home environment – and the cost of this has been poorly quantified to date. This new study, supported by the Oxford BRC, provides the most comprehensive evidence to date that social care represents a major, and often hidden, component of the overall burden of hip fracture.
- 5.12. Several commonly used drugs could significantly reduce the risk of delirium in older people following surgery, a new Oxford BRC-supported study has found. Delirium affects around one in seven older adults after an operation. It can slow recovery, lengthen hospital stays, and often lead to long-term health problems, including dementia. The research team analysed 158 clinical trials involving more than 41,000 participants and found that dexmedetomidine, a painkiller and sedative that also reduces inflammation, [prevented delirium](#) in almost every type of surgery. Several other medicines worked in specific types of surgery but often only in smaller studies.
- 5.13. The first three patients have undergone revolutionary brain surgery in a bid to treat the chronic pain they have experienced since suffering a stroke. The EPIONE study, involving Oxford neurosurgeons and engineers, is trialling whether [deep brain stimulation](#) – delivering an electrical pulse into

affected areas of the brain – can help to relieve central post-stroke pain. The results of this study, which is supported by the Oxford and Oxford Health BRCs, will inform whether this treatment could be delivered by the NHS in future.

- 5.14. On 12 February, two of the key figures in the EPIONE study – Alex Green, Professor of Neurosurgery, and Ben Seymour, Professor of Clinical Neuroscience – gave a public talk organised by the Oxford and Oxford Health BRCs. [Watch the talk](#).
- 5.15. Researchers in Oxford and Liverpool have found that surgery for a common elbow fracture in children offers [no clinical benefit](#) compared to non-surgical care. The findings could have significant implications for treatment and offer significant cost savings to the NHS. The SCIENCE study, supported by the Oxford BRC, provides evidence on the treatment of children with displaced medial epicondyle fractures of the elbow, which accounts for about 10% of paediatric elbow injuries.
- 5.16. The first patient has been treated in Oxford in the second phase of an international clinical trial testing a new [gene therapy for Stargardt disease](#), an inherited eye condition that leads to progressive vision loss and eventually blindness in children and adults. The ASTRA trial is evaluating a new protein-splicing treatment delivered using two harmless viruses.
- 5.17. An international clinical trial to test a potential [treatment for people with coronary inflammation](#) has got under way at OUH, with the recruitment of the first participant in Europe. The FORTIFY study is testing orticumab, a human monoclonal antibody used as an anti-inflammatory treatment for heart inflammation.
- 5.18. People tend to regain weight rapidly after stopping weight-loss drugs – and faster than after ending behavioural weight loss programmes – [according to new research](#) supported by the Oxford and Oxford Health BRCs. The systematic review and meta-analysis looked at 37 studies involving 9,341 adults.
- 5.19. The University of Oxford has announced the creation of the [Kadoorie Institute for Trauma, Emergency and Critical Care](#), based at the John Radcliffe Hospital. The move reflects the fact these three interconnected fields are among the most significant challenges facing patients and healthcare systems worldwide. Building on the internationally recognised research of the university in these areas and the world-renowned patient care at OUH, the new institute will design and test innovative treatments and care pathways. The institute's two co-directors are both senior Oxford BRC researchers, and many of the advances made in Oxford in critical care, trauma and musculoskeletal sciences have been achieved with BRC support.

- 5.20. A group of patient and public involvement contributors have [drawn up key recommendations](#) for researchers when engaging with under-served communities. The research was carried out by members of the Oxford and Oxford Health BRCs' Diversity in Research Group. Their paper was chosen by the Springer Nature journal as its [article of the month](#).
- 5.21. Eight mid-career researchers identified as having the potential to become future translational research leaders have been appointed as the next cohort of [NIHR Oxford Senior Research Fellows](#). The selection process was a coordinated effort by the Oxford and Oxford Health BRCs.

Health Innovation Oxford and Thames Valley (HIOTV) news

- 5.22. Health Innovation Oxford and Thames Valley (HIOTV) is at the heart of a major new national programme to transform care for people with asthma and COPD. The [Respiratory Transformation Partnership](#) brings together the NHS, Government and leading life sciences companies.
- 5.23. HIOTV has become an [Equinox Charter](#) partner. Equinox is a collaboration across Oxfordshire to unlock and accelerate regionally anchored, nationally significant growth. It aims to link health innovation, investment and policy to deliver impact for patients, services and communities.
- 5.24. Obstetrics and gynaecology resident doctors are better prepared to identify those at increased risk of giving birth prematurely following a pilot programme, co-ordinated by HIOTV, which brought together preterm birth specialists and more than 250 pregnant volunteers. The aim is to contribute to better outcomes for mothers and babies, with fewer unnecessary transfers between hospitals and less pressure on beds and services. Four of the six sessions took place at OUH between June 2025 and February 2026. More than 40 doctors, most from OUH, were given practical help to carry out an additional ultrasound scan to measure the length of the cervix in pregnant women at 16-34 weeks gestation. [More details are available on the HIOTV website](#).
- 5.25. [Find the latest quarterly report from HIOTV here](#).

Oxford Academic Health Partners (OAHP) news

- 5.26. At the OAHP Board meeting on 5 February, plans to develop the Oxford Joint Research Office were discussed and significant key factors and areas for action were agreed. Work will continue on this with the support of all the partners.
- 5.27. The Board also considered the importance of additional work to refresh the governance arrangements in place for OAHP. These included a Memorandum of Understanding (MoU) that had been put in place in 2020. It was agreed that further discussion should take place on this for

proposals to be put to the Board on both an updated MOU and wider governance arrangements, including potential additional partners.

- 5.28. A facilitated workshop was held on 2 March focusing on accelerating the success of clinical trials. Senior leaders from OAHP and senior research staff from the partners attended. The focus was on agreeing actions and immediate steps to be taken.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the report.