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 30 September, under our four strategic pillars: Patient Care, People, Performance, and Partnerships.

2. Patient Care

CQC inspects Maternity and Ophthalmology Services

2.1. I would like to thank all colleagues across Maternity and Ophthalmology for welcoming the Care Quality Commission (CQC) inspection teams who carried out unannounced inspections of these services in September and October respectively.

2.2. Initial verbal feedback from the CQC inspectors was positive overall and we are awaiting receipt of their draft written reports for our factual accuracy checks.

2.3. Publication dates for the final reports are to be confirmed by the CQC.

Maternity Services update

2.4. Since my return to OUH at the end of my secondment to NHS England, I met with a bereaved family to listen to their concerns. I want to thank them for meeting me and for speaking so openly and honestly. They shared the impact of their loss and their concerns about their care with me, and about how the Trust has communicated with them. I offered the family my deepest condolences and told them how sorry we are for their loss and for the distress they described.

2.5. We discussed the independent review of the antenatal fetal growth scanning pathway, and I have shared the review's terms of reference with them.

2.6. I have since written to the family on behalf of OUH with an unreserved apology. The letter records what we discussed and agreed when we met and answers the concerns the family raised with me. It also sets out what we have learned and what has changed in our Maternity Services. I will make sure the family receive regular updates on the progress of the scanning pathway review.

Oxfordshire women sought for world-first baby vaccine trial

2.7. Pregnant women in Oxfordshire are being urged to join the world's first clinical trial testing a new vaccine which could prevent infant deaths and stillbirths from a life-threatening bacterial infection.

2.8. The John Radcliffe Hospital in Oxford is one of 10 UK sites administering the vaccine for Group B streptococcus (GBS) as part of the BEATRIX study.

2.9. GBS, which affects one in every 1,000 babies in their first three months of life, is the most common cause of life-threatening infection in newborn babies, causing sepsis, pneumonia and meningitis. Each year it kills 50 babies in the UK and leaves another 70 with long-term disabilities.

Fast-track pathway cuts wait for major cancer surgery

2.10. A new pathway developed at the Churchill Hospital in Oxford is benefiting patients with pancreatic or lower bile duct cancers who have developed jaundice because of a blocked bile duct and are ready for surgery.

2.11. The pathway has more than halved average waits from diagnosis to surgery for eligible patients to undergo an operation known as a Whipple procedure sooner, with around 80 patients treated since March 2025.

2.12. A Whipple procedure is a major operation that involves removing the head of the pancreas, along with nearby parts of the digestive system, before reconnecting the remaining organs.

2.13. These patients would usually have an additional procedure before their cancer surgery to insert a small tube, known as a stent, to help relieve the blocked bile duct.

2.14. The fast-track pathway enables some patients to proceed to their cancer surgery without first having a stent inserted, reducing their waiting time and avoiding the risk of complications associated with the procedure.

2.15. Thank you to all colleagues involved in developing and delivering the new Whipple pathway for improving care for our patients.

Outstanding results for hip fracture care at the Horton General

2.16. The hip fracture team at the Horton General Hospital in Banbury is delivering some of the best patient outcomes in the UK, according to the latest National Hip Fracture Database (NHFD) Annual Report.

2.17. The report, which covers data from January to December 2025 and includes contributions from 174 hospitals across England, Wales, and Northern Ireland, highlights the Horton team's exceptional and consistent performance across a range of key indicators.

2.18. For the 14th consecutive year, the Horton ranked in the top 10 hospitals nationally for achieving the Best Practice Tariff (BPT), a quality-based benchmark for hip fracture care. In 2025, 82.6% of Horton's hip fracture patients met all BPT criteria, compared with the national average of 47.3%.

Surgical Elective Centre and Urgent & Emergency Care development

2.19. Our new Surgical Elective Centre (SEC) at the John Radcliffe Hospital is due to welcome its first patients on Tuesday 8 December as the phased opening draws closer.

2.20. The SEC is good news for both patients and staff. It will provide extra operating theatre capacity in purpose-built facilities in order to reduce waiting lists for elective (planned) surgery.

2.21. Anneliese Dodds, MP for Oxford East, visited our £11 million Urgent and Emergency Care (UEC) development at the John Radcliffe Hospital in Oxford in October.

2.22. A key part of the development is a new 51-bed Emergency Assessment Unit (EAU) for adult patients, with a particular focus on older patients and those with complex needs. The unit will provide short-stay assessment and treatment.

2.23. Working closely with community services, including Hospital at Home, it will help reduce patients' length of stay and support more people to receive care closer to home where appropriate.

3. People

Trust Board news

3.1. I have completed my secondment with NHS England and I am now back full-time at OUH. I would like to thank Simon Crowther for his service as the Trust's Interim CEO during my secondment. He has now resumed his substantive role as Deputy CEO.

3.2. Congratulations to Jason Dorsett, our Chief Financial Officer, who has been appointed as the new CEO of Health Innovation Oxford and Thames Valley (HIOTV) – he will take up his new role in April 2027.

3.3. Welcome to our two new Non-Executive Directors, Professor Aidan Fowler and Adrian Gardner, who joined the Trust Board on 1 November. Read more about Aidan and Adrian in our website news story.

3.4. Thank you and farewell to Paul Dean whose term of office as a Non-Executive Director ends on 30 November.

3.5. Our OUH *At a Glance* publication was launched at the Trust's Annual Public Meeting on 30 September – it is also available via the Publications page of the Trust website.

3.6. The new OUH Strategy for 2027-32 is being finalised and is due to be approved at the next public Trust Board meeting on 27 January 2027. It will be launched and embedded in the new year following Board approval.

Staff vote for our new values

3.7. We have encouraged staff to help shape our new OUH values by completing an online survey and attending workshops as part of our *'Your voice. Your values.'* programme. We also ran a survey for patients.

3.8. Finally, we invited all colleagues to vote for their preferred set of values so they could 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.

3.9. All this feedback will be provided to Board members who will make the final decision on our new values, which will be launched and embedded in the new year following formal approval at the public Trust Board meeting on 27 January 2027.

Gold award for Armed Forces support

3.10. OUH has received Gold status in the Defence Employer Recognition Scheme, the highest level of recognition for organisations supporting the Armed Forces community.

3.11. The award recognises the Trust's commitment to reservists, veterans, service leavers, military spouses and families, including through its Armed Forces Working Group and Step into Health programme.

Staff awards

3.12. The Trust's Acute Spinal Cord Injuries (SCI) Inreach Team won the 'Outstanding SCI Team of the Year' category at the Spinal Injuries Association's Rebuilding Lives Awards on 1 October.

3.13. Colleagues from Oxford Medical Illustration (OMI) were recognised at the Institute of Medical Illustrators Awards on 3 October. A welcoming new installation at Oxford Children's Hospital earned the Design team a Silver Award while Clinical Photographers Millie Hudson and Scott Selwyn both won Bronze Awards for their clinical images.

3.14. Kerrie Woods, OUH Director of Research & Development Clinical Informatics, received an Info-Tech Women Leading IT Award on 13 October. Kerrie has also been shortlisted in three categories of the Women in Tech Excellence Awards. Winners will be announced on 26

November. Read about Kerrie's achievements in detail in our website news story.

3.15. Our Energy and Sustainability team was Highly Commended in the 'Public Sector Energy Management Team' category at the Energy Management Awards on 5 November.

3.16. OUH teams were shortlisted in four categories of the *Health Service Journal* (*HSJ*) Awards – find out more about the shortlisted projects in our news story. Winners were announced on 19 November.

3.17. Our Communications Team's internal communications campaign in support of the Trust's Staff Recognition Programme has been shortlisted in the 'Best Creative Campaign' category at the Gallagher's Communications and Digital Experience Awards on 26 November.

4. Performance

Elective Care (Month 6 – September 2026)

4.1. The percentage of RTT patients waiting within 18 weeks in Septembe 2026 was 63.85%, which met our plan.

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. Reducing the numbers of our longest waiting RTT patients (>52ww and >65ww) remains challenging. In September we had 1,731 patients waiting over 52 weeks, against a performance target of 1,447, and 78 patients 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 7 – October 2026)

4.4. Our Urgent and Emergency Care performance in October was 74.2% for Type 1 attendances, which was below plan of 76.5%, and performance for all types was 80.1%, which was below plan of 82.7%.

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 6 – September 2026)

4.7. Cancer Faster Day Diagnosis was above plan at 82.1% in August but dropped below plan to 77% in September – plan is 80%. Similarly, Cancer 62-day standard performance was above plan at 66.2% in August but fell below plan to 56.8% in September – plan is 63.2%.

4.8. Our Cancer Delivery Plan has a clear focus by tumour site on the 62-day standard 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 that our overall % performance in 62 day does not reflect the progress in reducing the numbers 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.

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

5. Partnerships

New kidney transplant pilot launches at OUH

5.1. OUH launched a new NHS Blood and Transplant pilot on 9 November that could help enable more life-changing kidney transplants.

5.2. Based in the Oxford Transplant Centre at the Churchill Hospital in Oxford, the new Assessment and Recovery Centre (ARC) gives specialists more time to assess donated kidneys that might otherwise not be used, helping them decide whether they can be safely transplanted and potentially allowing more patients to benefit from organ donation.

OUH event inspires new generation of medics

5.3. More than 200 young people attended an event at the John Radcliffe Hospital in Oxford to hear about the options available for anyone hoping to start out on a medical career.

5.4. It was organised in partnership with local schools in the context of the NHS 10 Year Plan's national drive to improve access to careers in medicine for previously underrepresented groups.

5.5. The event was hosted by OUH Chief Medical Officer Professor Andrew Brent and a range of medical professionals, including consultants, resident doctors and medical students.

Quality Improvement Fund projects presented at showcase event

5.6. Earlier this year OUH staff were invited to share their ideas for how funding of £5,000 could bring positive change to their areas.

5.7. The Quality Improvement (QI) Fund sought small-scale, but big impact, projects with creative, patient-focused ideas to address healthcare challenges in new ways.

5.8. It was made possible by financial support from Oxford Hospitals Charity.

5.9. Of the 152 bids received, 10 were awarded funding and in September we held a showcase event for the staff leading these projects to explain what impact they have already made.

5.10. Read the full story on our website.

Biomedical Research Centre (BRC) Oxford news

5.11. Oxford researchers have shown that wearable chest patches can be used to effectively monitor vital signs in many acutely unwell patients receiving hospital-level care in their own homes. The study, which involved 26 patients being cared for by the OUH acute Hospital at Home service, found that data from the automated devices were captured more reliably than when patients and carers recorded the measurements.

5.12. Researchers have developed an experimental blood test that could help to identify biological changes linked to Parkinson's disease (PD), opening a potential path towards earlier and less invasive diagnosis. The study, supported by the BRC Oxford, developed a test using a highly sensitive

electronic sensor to measure the protein responsible for PD in tiny particles released by nerve cells into the blood.

5.13. The same Oxford neuroscience team has found a previously unrecognised protective role for microglia, the brain's resident immune cells, which could selectively remove the harmful protein clumps that cause PD from nerve cells, pointing to possible new treatments for the disease.

5.14. A Phase I clinical study evaluating a candidate vaccine against Bundibugyo virus disease, a severe form of the Ebola virus that has claimed more than 4,000 lives in the Democratic Republic of Congo since May, has begun in neighbouring Uganda. The vaccine candidate, which uses the same ChAdOx1 viral vector platform as the Oxford/AstraZeneca COVID-19 vaccine, has been developed by University of Oxford scientists supported by the BRC Oxford, the only NIHR BRC to have a vaccines research theme.

5.15. A new gene therapy being developed to treat the most common cause of blindness in young people has shown encouraging results in a major clinical trial. The VISTA trial demonstrated that laru-zova improved the ability of people with X-linked retinitis pigmentosa to read in low-light conditions. The therapy has been developed by Beacon Therapeutics whose work builds on earlier research supported by the BRC Oxford.

5.16. A regional event was held in Reading on 13 October to mark the 20th anniversary of the NIHR and celebrate the research successes achieved across the South Central region with NIHR support in that time. A video of the event is available to watch. Among the speakers was Professor Matt Costa, the Oxford BRC Musculoskeletal Theme Lead, who spoke about how patients drive his trauma research. The BRC's Patient and Public Involvement, Engagement and Participation Lead, Rachel Taylor, and two of its public contributors, Richard Mandunya and Magdalen Wind-Mozley, took part in a panel discussion on how patient and public involvement, engagement and participation has evolved over the last 20 years.

Health Innovation Oxford and Thames Valley (HIOTV) news

5.17. Jason Dorsett, OUH Chief Finance Officer, will be the next Chief Executive Officer at Health Innovation Oxford and Thames Valley (HIOTV). Jason will take over from Professor Gary Ford in April 2027. Gary has been HIOTV's CEO since its formation as the Oxford Academic Health Science Network (AHSN) in 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.

5.18. The Health Innovation Network has published its national Patient Safety Impact Report 2025/26 which demonstrates large-scale progress in

support of the NHS Patient Safety Strategy. HIOTV contributed across a number of programmes including Martha's Rule to detect deterioration and implementing the Patient Safety Incident Response Framework (PSIRF).

5.19. HIOTV's latest quarterly report is available online.

Oxford Academic Health Partners (OAHP) news

5.20. 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.

5.21. The JRO held a successful away day on 6 October which highlighted the substantial progress being made in the transformation work and the engagement of all partners.

5.22. Congratulations to Nigel Byng, Sadia Ahmad, and our Research Radiation Assurance Team, who were recognised in the inaugural JRO Awards to celebrate the dedicated research support staff whose work helps make health research happen. We were delighted to see OUH colleagues recognised for their outstanding service, professionalism, innovation and dedication.

5.23. The OAHP Board met on 8 October and agreed the updated Memorandum of Understanding between the OAHP partners. It sets out how the five partners work together for the benefit of each partner, and the life sciences and health ecosystems across the region, as well as areas for collaboration and shared working.

5.24. The Board also noted that a detailed discussion would take place at its December meeting on the development of clinical academic careers.

5.25. The Board recorded its thanks to Professor Sir Jonathan Montgomery, because the 8 October Board meeting was his last as Chair, and noted that steps were underway to identify a successor.

6. Recommendations

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