

## Cover Sheet

Trust Board Meeting in Public: Wednesday 21 January 2026

TB2026.03

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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 12 November 2025, under our four strategic pillars: People, Performance, Patient Care, and Partnerships.

### 2. People

#### Trust Board news

- 2.1. On 20 October, the Council of Governors approved the appointment of three new Non-Executive Directors. Details were announced on 28 November after pre-employment checks were completed.
- 2.2. Dame June Raine CBE, Kanwaljit (Kenny) Kamal, and Lynne Graham have been appointed as Non-Executive Directors for an initial term of three years each.
- 2.3. June and Kenny took up their posts on 1 December and 1 January respectively while Lynne will join the Board on 1 April.
- 2.4. We welcome June and Kenny to their first Trust Board meeting today.
- 2.5. [You can read more about our new Trust Board members on our website.](#)

#### Staff flu vaccination programme

- 2.6. Thank you and congratulations to all colleagues who played a part in planning and delivering our 2025 staff flu vaccination programme between 1 October and 31 December.
- 2.7. Ensuring that as many staff as possible were vaccinated, in order to protect themselves, their friends and family, and of course patients in our hospitals, was a key priority for us.
- 2.8. And so I am delighted to report that by the time the programme ended on New Year's Eve, a total of 6,342 frontline healthcare workers at OUH had received their flu vaccination – 52.5% of this staff group.
- 2.9. This represents a significant year-on-year improvement because in 2024 only 4,336 frontline healthcare workers were vaccinated – 40.8%.
- 2.10. Our vaccination rate was significantly better than the national average and one of the best among our peers in the Shelford Group of trusts.

**Staff Recognition update**

- 2.11. More than 1,900 nominations were received during the **annual Staff Recognition Awards** nominations window from 1 December to 12 January. This was significantly more than last year when 1,540 nominations were received.
- 2.12. Our shortlisting panels will now select finalists in each category who will be announced in April with winners revealed at the Awards event on 18 June.
- 2.13. Thank you to Oxford Hospitals Charity whose generous support makes the Staff Recognition Awards possible.
- 2.14. Our latest [Quarterly Recognition event](#) was held on 15 December.
- 2.15. Among the invitees were staff nominated for a Monthly Recognition Award, teams and individuals singled out via our Reporting Excellence programme, and colleagues being recognised for long service.
- 2.16. The event was hosted by our Chief Nursing Officer Yvonne Christley and Chief Digital & Information Officer Dr Ben Attwood with Douglas Graham, Chief Executive Officer of Oxford Hospitals Charity.
- 2.17. Since the **Instant Recognition – A Note of Appreciation** scheme was launched two years ago in January 2024, more than 10,000 Notes of Appreciation have been completed.
- 2.18. The scheme is a way for staff to thank a colleague for their help or support or for a job well done by sending a short personalised message linked to our [Trust values](#).
- 2.19. Staff fill out a simple Instant Recognition form online and their colleague instantly receives an email with the Note of Appreciation.
- 2.20. The **Reporting Excellence** scheme, led by Consultant Cardiac Anaesthetist Elizabeth Russell and Consultant Paediatricians Alison Shefler and Rhiannon Furr, helps us to learn from positive events, to share this learning, and to improve patient care as a result.
- 2.21. Incident reporting is an established way of learning from errors in the NHS but learning from positive experiences, excellent care, service, and innovation, is just as important.
- 2.22. Staff can submit a Reporting Excellence report for a colleague or a team via the same online system which is used for incident reporting. More than 3,000 reports were submitted in 2025.

**Staff awards**

- 2.23. Wendy Cheeseman, Head of Sustainability and Carbon Management, won the Public Sector Sustainability Manager Award at the [Energy Managers Association's Energy Management Awards](#) on 6 November.

- 2.24. The OUH Rewards Advent Calendar internal communications campaign won both the 'Excellence in Employee Engagement' category at the [Healthcare People Management Association \(HPMA\) Awards](#) on 20 November and the 'Best Creative Campaign' category at the [Gallagher's Communications and Digital Experience Awards](#) on 27 November.
- 2.25. 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.

### 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 7 – October)**

- 3.2. The percentage of RTT patients waiting within 18 weeks in October was 59.98%, this was off plan by 0.41%, where plan was 60.39%. The key focus of the services has been to drive forward the delivery of 1<sup>st</sup> Outpatients under 18 weeks – this is above plan at 67.61%, 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. Validation, both administrative and clinical is in progress, this supports a right size of waiting list and ensures greater visibility of those patients we have remaining to treat. Validation Sprint initiatives and prioritisation of cancer services contributed to changes in the waiting list size. This can impact the denominator and therefore overall performance but we are committed to reducing the total waiting list to enable us to respond to patient demand. 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 met the October operating plan, with 2,335 patients compared to a target of 2,338. Our focus remains on reducing the longest waits (>65ww) with no incomplete pathways over 104 weeks and a reduction in 65-week breaches, at 90 for October. 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 7 – October)**

- 3.4. Our Urgent and Emergency Care performance was 78.6% in October 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 hospital patient flow across the whole organisation. 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 to around 1% (1.4% in October).
- 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.

### **Cancer (Month 6 – September)**

- 3.6. Cancer Faster Day Diagnosis was on plan at 77.7% and remains stable. Cancer 31-day standard performance was 78.5% in September, below both the operational plan (by 0.7%) 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 61.5%, with plan at 64%.

## **4. Patient Care**

### **Thank you to our OneTeamOneOUH staff**

- 4.1. I would like to personally thank all staff who worked over the festive period in our hospitals to ensure that our patients received the best possible care.
- 4.2. The Christmas and early New Year period is always a challenging time for the NHS in Oxfordshire – and indeed nationally.

- 4.3. It was exacerbated this year by firstly, five days of industrial action by resident doctors from 17 to 22 December and secondly, the cold snap during the first week of 2026.
- 4.4. I would like to thank all staff for keeping our patients safe, especially on 8 and 9 January when the John Radcliffe Hospital in Oxford was at [Operational Pressure Escalation Level \(OPEL\) 4](#).
- 4.5. This was caused by factors including increased attendances at the Emergency Department and Assessment Units, also reduced patient flow out of the hospital.
- 4.6. OPEL 4 is the highest level of operational pressure and we took a number of measures including working with our health and social care partners to ensure timely discharge of patients from our hospitals.

#### **Oxford celebrates 5,000 kidney transplants in 50 years**

- 4.7. [The Kidney Transplant Team at OUH reached a significant milestone in November of completing 5,000 life-saving adult kidney transplants since the first procedure on 30 January 1975.](#)
- 4.8. This achievement reflects decades of dedication, innovation, and collaboration across multi-disciplinary teams, as well as an unwavering commitment to delivering outstanding patient care.
- 4.9. Around 170 total kidney transplants take place at OUH every year, serving the region stretching between Swindon in the south, Gloucester in the west, High Wycombe in the east, and Banbury in the north.
- 4.10. [OUH was recognised as the top-performing NHS trust for adult living kidney transplants in the UK for the year 2024-25.](#)

#### **Neonatal team praised for exceptional care of quadruplets**

- 4.11. A couple have expressed their gratitude for the care they received at the John Radcliffe Hospital in Oxford after the birth of their naturally conceived quadruplets – an occurrence estimated at 1 in 600,000.
- 4.12. Parents Jodie Keeley, 33, and Lyde Darien, 31, welcomed girls Xylia, Xyla and Xyria, and boy Xyri into the world at just 25 weeks in May 2025.
- 4.13. Such pregnancies carry significant risks for both mother and babies, requiring highly specialised care. After months of neonatal care at OUH, all four babies were finally able to leave hospital in October 2025.
- 4.14. Mum Jodie said: “We will forever be grateful for the care and support we received, and we cannot express our thanks enough.”

#### **Groundbreaking digital advance for mouth cancer patients**

- 4.15. Our Restorative Dentistry, Maxillofacial Surgery and Orthodontic team is now able to provide even better care for patients needing reconstructive care for mouth cancer surgery, trauma and craniofacial conditions thanks to funding by Oxford Hospitals Charity.
- 4.16. More than £170,000 of state-of-the-art 3D imaging and printing equipment has been funded by the Charity to fully digitise processes to scan and reconstruct parts of the mouth and face.
- 4.17. Gregory Head, a head and neck cancer patient from High Wycombe, described the new equipment as "groundbreaking" and "a huge improvement for patients".
- 4.18. [Read the full story on the Trust website.](#)

## 5. Partnerships

### **New virtual access guides to improve accessibility**

- 5.1. We have introduced virtual access guides for the Horton General Hospital in Banbury and the Nuffield Orthopaedic Centre (NOC) in Oxford to improve the experience of patients and visitors with accessibility needs.
- 5.2. Created in partnership with AccessAble and funded by Oxford Hospitals Charity, these guides provide detailed information on entrances, lifts, toilets, parking, signage and more for more than 60 services, wards and departments across the two hospitals.
- 5.3. Designed to reduce anxiety and make visits easier, the guides are available for free on the OUH and AccessAble websites. They were co-produced with disabled people.
- 5.4. AccessAble, originally called DisabledGo, was set up in 2000 by Dr Gregory Burke as a result of his own experiences as a wheelchair user.
- 5.5. This initiative reflects our commitment to inclusivity and enhancing patient experience. [More details are available on the Trust website.](#)

### **Quality Conversation event**

- 5.6. I joined patients, staff and stakeholders at our annual [Quality Conversation](#) on 15 December which will help shape our Quality Priorities for 2026-27.
- 5.7. The event brought together people from many backgrounds, each with an interest in selecting those areas that would benefit from increased focus over the next 12 months.
- 5.8. [Our current Quality Priorities for 2025-26 are on the Trust website.](#)

**Successful bids for inaugural Quality Improvement Fund announced**

- 5.9. The OUH Quality Improvement Fund is a new joint initiative between the Trust and Oxford Hospitals Charity which we piloted in September and October to drive improvements in patient care.
- 5.10. Thanks to the generous support of the Charity, all colleagues were invited to bid for up to £5,000 from a prize pot of £50,000.
- 5.11. I would like to thank everyone who submitted an application form – 152 bids were received – and congratulate all those shortlisted bidders who pitched their improvement projects to a Dragons’ Den style panel made up of Trust and charity colleagues on 27 and 28 November.
- 5.12. I look forward to hearing how the 10 projects which were successful in bidding for funding benefit patient care once they have been implemented.

**Oxford Biomedical Research Centre (BRC) news**

- 5.13. The largest and most detailed review of post-colonoscopy colorectal cancers (PCCRCs) to date has revealed that [most bowel cancers diagnosed late](#), after a false-negative colonoscopy, could have been prevented or detected earlier. The study, supported by the Oxford BRC, analysed 1,724 cases across 126 NHS hospitals in England and found that nearly 70% of these cancers were avoidable, with 44% of patients experiencing harm as a result of delayed diagnosis. Until now, reviews of such cases have been inconsistent and incomplete. This new audit has created the first national system for identifying PCCRCs and understanding why they arise.
- 5.14. Oxford researchers have found that unequal access to early pregnancy scans delays detection of serious conditions. The study, which analysed more than 1 million pregnancies across England, revealed that NHS trusts using the most detailed early pregnancy screening protocols [detected 40% of major foetal anomalies](#) before 16 weeks, compared with 28% in trusts with no formal anatomical assessment at this stage. This Oxford BRC-supported research could have significant implications for national screening policy, parental decision-making and equity of care.
- 5.15. Taking an innovative approach to clinical research in hip fracture, the World Hip Trauma Evaluation ([WHiTE](#)) Platform Trial has been launched. Hosted by the University of Oxford and developed through the Oxford BRC and with patient involvement, the WHiTE Platform Trial will allow researchers to simultaneously test multiple treatments for hip fractures to improve outcomes and care for patients.
- 5.16. An international study has identified a blood-based indicator of intestinal damage and inflammation that [strongly predicts mortality in sick children](#). The new biomarker could help to identify those children at greatest risk of



dying after hospitalisation in parts of the world with limited resources. The Oxford BRC-supported study was carried out by the University of Oxford and the international CHAIN Network across nine sites in six countries in sub-Saharan Africa and South Asia. It found that high levels of plasma lipopolysaccharide, a molecule derived from bacteria that colonise the human intestine, were strongly associated with an increased risk of death.

- 5.17. A major UK-wide audit has shown significant improvements in outcomes for patients admitted to hospital with acute upper gastrointestinal bleeding, and highlighted clear areas for further progress. [This re-audit](#), which followed a landmark earlier audit in 2007, was led by Oxford BRC-supported scientists. Analysing data from more than 5,000 patients across 147 UK hospitals, it found lower mortality and rebleeding rates compared to 2007, reflecting advances in emergency endoscopy and interventional radiology services and less reliance on surgery.
- 5.18. The pharmaceutical multinational GSK is investing £10 million over five years to establish the [Experimental Medicine Collaboration](#) (EMC) with the University of Oxford. This partnership aims to redefine the approach to studying and treating immune mediated inflammatory diseases. GSK will provide a £10 million infrastructure grant for the Oxford Experimental Medicine Clinical Research Facility, which plays a key role in the clinical translational strategy of the Oxford BRC.
- 5.19. The first volunteer has received a dose in a first-in-human [trial of a vaccine](#) developed in Oxford against Lassa fever, marking a major milestone in the fight against the deadly virus. It is estimated that up to 700 million people could live in regions at risk of Lassa fever by 2070. The trial, conducted by the Oxford Vaccine Group, will assess the safety and immune response of the ChAdOx1 Lassa vaccine, which uses the same viral vector platform as the Oxford/AstraZeneca COVID-19 vaccine. Research into the vaccine has been supported by the Oxford BRC.
- 5.20. Scientists at the University of Oxford, have identified how rare populations of abnormal cells drive the [formation and persistence of fistulas](#) – painful, tunnel-like tracts that develop in around 30% of people with Crohn's disease. The discovery could pave the way for new treatments for these patients.
- 5.21. An international clinical trial to [tackle moderate asthma](#) involving BRC-supported University of Oxford researchers has been launched, thanks to a \$10 million grant from the biopharmaceutical company Sanofi and its partner Regeneron. The HOTHOT trial, which will be led by the Université de Sherbrooke in Canada, will evaluate an injectable biologic drug called dupilumab (Dupixent®), which is already being used for a number of diseases caused by underlying type-2 inflammation.

- 5.22. Researchers from the University of Oxford have [benchmarked artificial intelligence \(AI\) tools](#) capable of automatically removing personal information from patient electronic health records in a key step towards enabling large-scale, confidential medical research. These routinely collected data are driving advances in research, education and quality improvement, but interest in using them to train deep-learning models aimed at improving patient outcomes is raising questions over whether current de-identification methods are robust enough to fully protect patient privacy.
- 5.23. Dr Joanna Crocker, the Oxford BRC's Senior Researcher for Patient and Public Involvement, has been [appointed Chief Scientific Advisor](#) to lead community-engaged research tackling health inequalities in Oxfordshire. She is one of three Chief Scientific Advisors appointed to the Local Policy Lab, a partnership between the University of Oxford, Oxford Brookes University and Oxfordshire County Council. She will lead a three-year research programme under the theme 'Ensuring a healthy standard of living for all'.
- 5.24. The next Oxford BRC public talk will be held on Thursday 12 February at Rewley House in Oxford. In this joint talk with Oxford Health BRC, Professors Alex Green and Ben Seymour will discuss the use of deep brain stimulation to treat chronic pain.

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

- 5.25. Stroke patients in England are getting life-changing treatment more than an hour earlier thanks to a revolutionary 'fast-track' AI tool, according to a major study co-authored by OUH clinicians, Health Innovation Oxford and Thames Valley (HIOTV) and others.
- 5.26. The landmark analysis was carried out by HIOTV and [published in The Lancet Digital Health](#). It captured data from more than 450,000 patients admitted to 107 NHS hospitals in England over a five-year period. Publication of the report generated local, regional, national and international media coverage. It was also included in the *British Medical Journal's* end of year round-up of [10 global 'good news' stories](#).
- 5.27. The AI tool – now rolled out by the NHS to a network of more than 70 hospitals – helps doctors spot deadly clots in minutes, speeding up clinical decision-making and transfer to specialist stroke centres like OUH. It accelerates access to thrombectomy – a minimally invasive but time sensitive clot-removing procedure – which doubles patients' chances of regaining independence after a major stroke.
- 5.28. The evaluation focused on the 360 Stroke imaging tool developed by Oxford-based Brainomix which analyses CT scans in real time, identifying

key features of a major stroke within minutes. This is particularly valuable in hospitals without on-site neuroradiology expertise, where rapid interpretation is critical, and where the study found the biggest improvements in treatment rates and transfer times.

- 5.29. The technology forms part of a wider NHS programme that has introduced AI decision support across every regularly admitting stroke service in England.
- 5.30. [Read more about the HIOTV evaluation of stroke AI imaging](#)
- 5.31. A case study highlighting a key opportunity to shift from paper to digital informed by a trial at OUH was featured in an HIOTV poster presentation at an international conference. It was based on an HIOTV evaluation of implementing the Concentric digital consent tool at OUH.
- 5.32. The analysis found improved workflow efficiency, data integrity and patient engagement. These operational gains translated into significant cost savings and eliminated consent-related cancellations. [The poster](#) was one of five presented by HIOTV at the [ISPOR health economics conference](#) in Glasgow. [Read the full Concentric case study here](#).
- 5.33. [Find the latest quarterly report from HIOTV here](#).

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

- 5.34. At the OAHP Board meeting on 12 December, Board members discussed plans to develop the Oxford Joint Research Office following discussions with all parties.
- 5.35. It was agreed that work would continue on this with the strong support of all the partners. A workshop in February will be led by Dr Harriet Teare, OAHP Chief Operating Officer, who was thanked by the Board for her work on this.
- 5.36. The Board heard an informative presentation from Kam Bhui and Shivani Sharma on the recent success of the [Thames Valley Applied Research Collaboration ARC bid](#). A number of other bids had not been successful and it was also noted that the Thames Valley ARC had been asked to take on additional areas.
- 5.37. The Board agreed that a number of key factors, including the development and location of partnerships and the widest possible relationships, had been key in the success of the bid. This approach would be widely shared across other bodies, including with the Oxford and Oxford Health Biomedical Research Centres (BRCs) in advance of their renewal applications.

- 5.38. The Board has agreed a forward programme for discussion to include the development of clinical academic careers and estates infrastructure and co-ordination.
- 5.39. The corporate trustees of the OAHP Charity #1174725 agreed to review and sign off the Annual Returns and Accounts for 2024-25, in accordance with the requirements of the Charity Commission for submission by 31 January 2026. Documents would be circulated in due time following review of the Account by a senior member of the OUH Finance Team.

## **6. Recommendations**

- 6.1. The Trust Board is asked to:
- Note the report.