

## Cover Sheet

Trust Board Meeting in Public: Wednesday 9 July 2025

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

### 2. People

#### Trust Board news

- 2.1. Mark Holloway, Chief Estates & Facilities Officer, has been appointed to a national Estates role with NHS England. He will be leaving OUH on 22 August to take up his new post with the national team as Director of National Estate Delivery.
- 2.2. On behalf of the Trust Board, I would like to congratulate Mark on his appointment and to thank him for his significant contribution to OUH since he joined us in September 2023.
- 2.3. Mark has provided strong and visible leadership for our Estates & Facilities team and led some significant improvements and new developments including in sustainability, travel and transport, workforce development, and enhancements to the built environment.
- 2.4. We will announce the appointment of a new Chief Estates & Facilities Officer when the competitive recruitment process has been completed.
- 2.5. The Government's 10 Year Plan for the NHS was published on 3 July. The Trust Board will be reviewing the Plan and working through what it means for us here at OUH over the coming weeks and months.
- 2.6. We will be running virtual Q&A sessions for staff later this month to provide colleagues with an opportunity to have their say on the 10 Year Plan, discuss how we will refresh our OUH Strategy to align with the national direction of travel, and to hear how as OneTeamOneOUH we are progressing with delivery of our Annual Plan for 2025/26.

#### Staff Recognition Awards winners revealed

- 2.7. More than 1,500 nominations were received during the annual Staff Recognition Awards nominations window in January and February.
- 2.8. [The winners were announced at the awards event at Oxford Town Hall on Friday 6 June.](#)
- 2.9. Thank you to Oxford Hospitals Charity whose generous support makes the Staff Recognition Awards possible.

- 2.10. [Details of all the winners are available on the Trust website.](#)
- 2.11. Our third [Quarterly Recognition Event](#) will be held on 5 August at the John Radcliffe Hospital in Oxford. Among the invitees will be staff nominated for a Monthly Recognition Award, teams and individuals singled out via our Reporting Excellence programme, and colleagues whose long service is being recognised.

### **OUH People Plan 2025-28 published**

- 2.12. [Our new OUH People Plan for the next three years is now available on the Trust website](#) following approval at the last Trust Board meeting on 14 May.
- 2.13. Hundreds of staff took part in virtual and in-person listening events in December 2024 and January 2025 to shape our People Plan for 2025-28.
- 2.14. Our People Plan has a clear vision – 'Together we make OUH a great place to work where we all feel we belong' – and three key themes which we will focus on to deliver this vision.
- 2.15. These themes are health, wellbeing and belonging for all our people; making OUH a great place to work; and more people working differently.
- 2.16. As I wrote in my introduction, the OUH People Plan 2025-28 is a testament to our commitment to fostering a supportive and inclusive environment in which every member of our OneTeamOneOUH can thrive and succeed.
- 2.17. It is a promise to our people that we value their contributions and are dedicated to their professional growth, wellbeing, and better working lives.
- 2.18. A series of virtual listening events with staff, led by Terry Roberts, Chief People Officer, have been held over the past few weeks to launch the new OUH People Plan.

### **Travel and transport support for staff**

- 2.19. In April 2024, we introduced a range of incentives to encourage staff based on our three main hospital sites in Oxford to use Park & Ride services to travel to and from work.
- 2.20. For example, we provide free Park & Ride bus travel for all colleagues, and this has proved hugely popular with more than 40,000 journeys undertaken since this scheme was introduced.
- 2.21. In addition, if colleagues with a staff car parking permit on any of our three main hospital sites in Oxford surrender this permit, they can receive a one-off £200 payment (pro rata for part-time staff) plus, for at least an initial six months, free parking at the Thornhill, Redbridge, and Oxford Parkway Park & Rides, and free bus travel between the hospitals and Park & Rides.

- 2.22. We are committed to maintaining these incentive schemes for our staff and to providing a range of other support because we know that travel to and from work in Oxford is challenging.
- 2.23. This month we are also hosting virtual Q&A sessions with representatives from Oxfordshire County Council as they consult on the proposed introduction of a temporary Oxford congestion charge from later this year.
- 2.24. We have opened up these events to all staff working at not only OUH but also Oxford Health NHS Foundation Trust and local GP practices
- 2.25. These Q&A sessions are an opportunity for NHS staff to find out what the congestion charge would mean for staff, patients and visitors.

### **Our award-winning colleagues**

- 2.26. Congratulations to Neil Stockton, the Chairman of Radio Cherwell, who was awarded the British Empire Medal (BEM) for services to hospital radio and to the community in Oxford in the King's Birthday Honours on 14 June. [Read more in our LinkedIn post celebrating Neil's achievement.](#)
- 2.27. Well done to our partners Mitie who were Highly Commended in the 'Best Facilities Management and Technology Provider' category at the [Partnership Awards](#) on 1 May. Since joining forces with OUH in 2021, our Mitie colleagues have focused on innovation and the use of technology to streamline processes in order to support our frontline clinical teams.
- 2.28. Sarah Havord, a venous thromboembolism (VTE) prevention nurse at OUH, and colleagues won the 'Outstanding Patient Resource, Sharing Information about VTE Prevention for Patients' category at the [Thrombosis UK VTE Awards](#) on 13 May. It was in recognition of their role in the development of a free app [Let's Talk Clots](#) which provides information to patients about blood clots and how to reduce the risk of developing one.
- 2.29. Paediatric orthopaedic colleagues won two categories at the [National Orthopaedic Alliance's Excellence in Orthopaedics Awards](#) on 15 May. They received the Award for Innovation in Orthopaedics for their work on the Children's Ultrasound-Guided Biopsy One-stop Service and the Award for Partnerships and Integration Initiative for advancing children's orthopaedic care in the Thames Valley through collaborative working with Buckinghamshire Healthcare NHS Trust.
- 2.30. Our Specialist Palliative Care Therapy Team won the 'Professional Practice for Excellence in Integrated Service' category at the [Occupational Therapy Excellence Awards](#) on 20 June.
- 2.31. OUH won the 'Best Voluntary Benefits' category at the [Employee Benefits Awards](#) on 27 June – the judges praised the Trust's "holistic, employee-first approach". Congratulations to all colleagues involved in this important

area of support for our OneTeamOneOUH staff and thank you to our partners including [Vivup](#), [Salary Finance](#) and [Adroit Legal Services Ltd](#).

- 2.32. Professor Bee Wee CBE, Consultant in Palliative Medicine at OUH, won the Lifetime Achievement Award at the [Palliative & End of Life Care Awards](#) on 27 June. Our Home Hospice Team was shortlisted in the 'Partnership Working Across Health and Social Care' category.

### 3. 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.

#### Finance

- 3.2. Income and Expenditure (I&E) was a £3.2m deficit at the end of Month 2 (May), which was on plan.
- 3.3. The plan included a £5.7m savings requirement in May, the majority of this has currently been achieved through non-recurrent savings.
- 3.4. Cash was £18.2m at the end of May, £2m higher than the previous month and £14.8m higher than planned.

#### Operational Performance

##### Elective Care

- 3.5. The Trust is no longer in the tiering process for elective recovery. The prioritisation of elective activity continues in order to reduce waiting times for our longest waiting patients. We are balancing our elective pathways and our cancer pathways to ensure that waiting times for treatment are reduced for both cohorts of patients.

##### Urgent and Emergency Care

- 3.6. Our Urgent and Emergency Care four-hour performance for all types was 75.8% in May, this represents an improving position and is in line with our planned improvement trajectory (our target is 78% by end of March 2026). Emergency Department (ED) attendances in the 12 months from June 2024 to May 2025 increased by 4.6% across both sites where we have an ED (John Radcliffe Hospital in Oxford and the Horton General Hospital in Banbury) when compared with the same period in 2023/24. This increase has been driven largely by attendances at the JR. Our main focus is reducing length of stay in both EDs and improving access for patients. A 'task and finish' group is working on reducing waiting times for children

and young people in ED. Delivery of this access standard is a Trustwide priority and we remain committed to supporting the access and flow of emergency patients with our system partners, who are also working with to ensure that patients who are medically fit to leave hospital can do so.

### **Cancer**

- 3.7. Cancer performance against the 62-day combined standard and 28 days Faster Diagnosis standard are below the operational plan. Key challenges include capacity for surgery and diagnostics. The Cancer Improvement Programme is being relaunched, focusing on the 28-day Faster Diagnosis Standard and other key benchmarks.
- 3.8. Using quality improvement methodology, work to support sustainable improvements in three key tumour sites (Lung, Head & Neck, and Gynaecology) has taken place. Further quality improvement meetings are planned in July (Prostate) and August.
- 3.9. Work to improve pathways is taking place across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) through peer challenge across all three acute trusts, and further support on improvement plans is received through Tier 2 meetings with regional colleagues.
- 3.10. The Trust has secured funding from Thames Valley Cancer Alliance to reduce our backlog of patients. This involves working with colleagues in Primary Care on the referral process so that the Trust sees patients with suspected cancer in a timely way, as well as ensuring that patients are ready and prepared for the urgency of appointments and diagnostics.

## **4. Patient Care**

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

- 4.1. A total of 12 patients had breast cancer surgery in just nine hours at the Churchill Hospital in Oxford as part of a 'Super Surgery Day' trial on Saturday 17 May.
- 4.2. It was a feasibility trial of the 'high efficiency list', aimed at reducing waiting times for cancer patients at OUH. The day was designed to deliver rapid surgical treatment to suitable patients, ensuring timely and efficient care. All surgeries proceeded smoothly, and each patient was discharged on the same day.

**Maternity Services developments in Oxford and Banbury**

- 4.3. [A new system installed in the Delivery Suite at the John Radcliffe Hospital in Oxford will improve air quality for both service users and staff, while also reducing the Trust's carbon footprint.](#)
- 4.4. Entonox, a mixture of nitrous oxide and oxygen, is widely used for pain relief during childbirth. An Anaesthetic Gas Scavenging System (AGSS) has been installed to provide continuous extraction of nitrous oxide (N<sub>2</sub>O) from the delivery rooms, significantly improving the air quality in the rooms.
- 4.5. The newly installed system not only extracts 99% of exhaled nitrous oxide but also breaks it down into harmless oxygen and nitrogen, allowing it to be safely released into the atmosphere, further reducing the Trust's greenhouse gas emissions.
- 4.6. The project was completed over 25 weeks without any disruption to services in the Delivery Suite.
- 4.7. Meanwhile, [the Midwifery-led Unit \(MLU\) at the Horton General Hospital in Banbury has been enhanced by the installation of a new birthing pool.](#)
- 4.8. It has innovative features, including a new water filling system which allows better control of the water temperature, and is designed to be easier and more efficient to clean. Additional funding from [Silver Star Maternity Fund](#), which is part of [Oxford Hospitals Charity](#), was received to include additional improvements including artwork, ceiling lights that mimic the sky, and other home comforts.

**Oxford Spinal Sarcoma Service among the world's best**

- 4.9. Cancer recurrence rates for patients under the care of the Oxford Spinal Sarcoma Service are among the lowest in the world, according to a recently published review of the service.
- 4.10. The review, published in the *European Spine Journal*, showed that rigorous surgical techniques, combined with specialist-led planning and multi-disciplinary collaboration, result in excellent long-term outcomes for patients of our OUH service.
- 4.11. Spinal sarcoma is a rare and complex type of cancer that develops in the bones or soft tissues of the spine. The Oxford Spinal Sarcoma Service is one of just four designated primary spinal tumour centres in England, serving a population of more than 10 million people. [Full details are available on the OUH website.](#)

**Enhancing cancer care in emergency care settings**

- 4.12. A treatment pathway is helping to better care for patients diagnosed with cancer at our two Emergency Departments at the Horton General Hospital in Banbury and at the John Radcliffe Hospital in Oxford.
- 4.13. The [Acute Oncology Service aims to address delays in patients receiving specialist support, confirming diagnoses, and starting treatment](#).
- 4.14. It was launched as part of a quality improvement project in April 2023 with seed funding from Thames Valley Cancer Alliance. The team, made up of five nurses who are supported by four oncology consultants, facilitates onward treatment for patients who attend ED and are diagnosed with a likely cancer.
- 4.15. Data collected since implementation has shown an improvement in care, with more patients receiving specialist support from the point of discharge from the Emergency Department.

## 5. Partnerships

### UK first for patients with brain tumours thanks to Oxford Hospitals Charity

- 5.1. Brain tumour patients being treated at the Churchill Hospital in Oxford are the [first in the UK to benefit from a new way of carrying out MRI scans to plan specialist radiotherapy treatment](#).
- 5.2. Thanks to £115,000 of new equipment funded by Oxford Hospitals Charity, we can provide faster, more precise, and targeted radiotherapy, while also saving valuable time for staff. Initially, 250 patients per year will benefit from the new technology.
- 5.3. The electromagnetic coil ensures patients' heads can be kept in the same place during both CT and MRI scans. Previously, the two images were different due to the positions of the head and had to be manually overlaid to provide a single image to plan treatment. With the new coil, the images can now be lined up without the need for manual adjustment.

### New Radiotherapy Centre in Milton Keynes officially opened

- 5.4. I was delighted to attend [the official opening of our new OUH Radiotherapy Centre @ Milton Keynes on 30 June](#). It has been funded jointly by [Milton Keynes University Hospital](#) (MKUH) with the aid of a grant from Milton Keynes Council and us here at OUH, and additional financial support from NHS England.
- 5.5. Our partnership with MKUH allows the local population to have better access to specialist care closer to home. Previously, almost all patients from Milton Keynes and the surrounding area who needed radiotherapy



travelled much further afield to the Churchill Hospital in Oxford and elsewhere for their treatment. The centre has also been built to allow for expansion, providing the opportunity to increase capacity in the future.

- 5.6. [The centre opened its doors to patients in January this year.](#)

### **Spotlight on our partnership with Maggie's**

- 5.7. [Maggie's Centre Oxford](#), which is based on our Churchill Hospital site, hosted the national Board meeting of Maggie's on 24 June. This was an opportunity to spotlight the partnership between OUH and [Maggie's](#), which is a charity providing free expert care and support for people living with cancer and their friends and family. Colleagues from our Cancer team attended on the day in order to showcase how this collaboration strengthens the holistic care which we provide together.

### **Oxford Biomedical Research (BRC) News**

- 5.8. Researchers and clinicians have developed [major new guidelines](#) for the monitoring of patients with inflammatory bowel disease (IBD) to prevent them going on to develop bowel cancer. The new guidelines were developed for the British Society of Gastroenterology by academics at the Universities of Oxford, Newcastle and Central Lancashire with support from the Oxford BRC. Among recommendations in the guidelines are that all IBD patients have a colonoscopy around eight years after their symptoms start.
- 5.9. Researchers at the University of Oxford have uncovered a [potential new therapeutic target](#) for blast phase myeloproliferative neoplasm (BP-MPN), one of the most aggressive and hard to treat forms of leukaemia. The Oxford BRC-supported researchers investigated the role of chromothripsis —in which chromosomes shatter and are stitched back together in disordered ways — in BP-MPN. They found that a quarter of patients with BP-MPN carried an abnormal gain of genetic material from chromosome 21, sometimes caused by chromothripsis. The study showed that this chromosome amplification was linked to poorer outcomes in patients, making it a potential biomarker for more aggressive disease.
- 5.10. Structures of different immune cells in the gut lining may be driving [the response to gluten in people with coeliac disease](#) and could provide a target for future therapies, according to Oxford researchers. These structures may act as a 'control centre' driving the changes seen in coeliac disease and as local 'factories' for the immune response. The research team, supported by the Oxford BRC, also found that many of these changes in the gut persisted despite treatment with a gluten-free diet, suggesting there may be an immune 'scar' in the gut, which could explain why some patients experience ongoing symptoms.

- 5.11. A pioneering clinical trial for people with a sleep disorder that puts them at higher risk of developing Parkinson's disease has [recruited its first UK participant](#) in Oxford. The trial involves 40 people with iRBD (idiopathic REM sleep behaviour disorder), recruited from the Discovery Cohort study at the Oxford Parkinson's Disease Centre, which is supported by the Oxford BRC. The trial, part of a global effort with Australian drug company Syntara, is investigating a potential treatment, known as SNT-4728, and whether it can reduce inflammation in the brain and slow down or stop the condition from developing.
- 5.12. Interleukin-17 (IL-17) is a key inflammatory protein that drives joint inflammation in spondyloarthritis (SpA), a chronic immune-mediated condition affecting the spine and other joints. Now Oxford researchers have made an important step forward in the understanding of the condition by [identifying the cells](#) that are likely to be the primary producers of IL-17 in the synovial tissue of SpA patients.
- 5.13. A new study led by University of Oxford researchers has revealed that the common and usually harmless virus cytomegalovirus (CMV) may positively [influence how skin cancer patients respond](#) to current treatments. The study, supported by the Oxford BRC, suggested that CMV might improve the immune responses and outcomes of some melanoma patients receiving immunotherapy, while also markedly reducing the frequency of severe side-effects. The researchers also found that CMV infection potentially delays melanoma from developing and spreading, indicating that the immune response to CMV might also impact cancer development.
- 5.14. The Academy of Medical Sciences has [elected two Oxford BRC scientists to its fellowship](#) in 2025, Professors Charalambos Antoniades and Simon Draper. They were elected in recognition of their exceptional contributions to the advancement of biomedical and health science, cutting edge research, and translating developments into benefits for patients and wider society.
- 5.15. Researchers from Oxford's two NIHR Biomedical Research Centres took over the city's Westgate Centre on 29 May for an annual [Health Research Showcase](#). Hundreds of visitors were able to find out about the work of researchers looking to improve diagnosis, treatment and care for a wide range of health conditions. The event was also a chance to encourage people to get involved in research.

### **Health Innovation Oxford and Thames Valley news**

- 5.16. [Pregnant volunteers have played a role in delivering a pioneering training programme to help doctors identify preterm birth risks](#). The pilot session at OUH on 22 June was the first in a series co-ordinated by Health

Innovation Oxford and Thames Valley (HIOTV) in order to improve outcomes for babies born too soon.

- 5.17. [One young family told their inspiring preterm story at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board meeting in May.](#) Luna was delivered safely at OUH thanks to effective collaboration between maternity units fostered by HIOTV.
- 5.18. Innovation in prostate surgery was the focus of a webinar in May hosted by HIOTV and delivered by experts from OUH and the University of Oxford. It highlighted improvements in patient outcomes due to advances in surgical techniques, diagnostics and AI-powered decision support. [A recording of the webinar is available to watch on the HIOTV YouTube channel.](#)
- 5.19. Switching from paper forms to digital consent could bring big benefits to patients, improve safety and increase productivity if adopted more widely across the NHS, according to [an impact assessment carried out by HIOTV in collaboration with OUH.](#) It demonstrated strong support for wider use of digital tools to obtain informed consent in the NHS.
- 5.20. Bringing together NHS services for patients with Long Covid and ME/Chronic Fatigue Syndrome could improve care, according to an evaluation carried out by HIOTV. [More information is available on the HIOTV website.](#)
- 5.21. HIOTV has published its 2024/25 Annual Report, incorporating the quarterly activity report for January to March 2025. [The report is available on the HIOTV website.](#)

### **Oxford Academic Health Partners news**

- 5.22. The Oxford Academic Health Partners (OAHP) Board met on 18 May and discussed topics including a presentation from Professors Kam Bhui and Shivani Sharma, Co-Directors of the current bid to the NIHR for the Oxford and Thames Valley Applied Research Collaboration (ARC). The initial bid was presented in January and further updates were submitted in June. Formal interviews will be held in July and, if successful, ARC 2 will be designated from 1 April 2026. The ARC is hosted by Oxford Health NHS Foundation Trust.
- 5.23. The Board had an update from Professor Helen McShane on the recent mid-term review of the Oxford BRC and future plans.
- 5.24. The [Celebrating NMAHPPS in Research Conference 2025](#), sponsored by the OAHP, was held on 2 July and drew strongly on the active work in this area being done by OUH and its partners, particularly Oxford Health NHS Foundation Trust and Oxford Brookes University. The conference was open to all NMAHPPs (nurses, midwives, allied health professionals,

healthcare scientists, pharmacists, and clinical psychologists) employed by one of the OAHP partner organisations..

## **Recommendations**

5.25. The Trust Board is asked to

- Note the report.