

## Cover Sheet

Trust Board Meeting in Public: Wednesday 12 March 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 15 January, under our four strategic pillars: People, Performance, Patient Care, and Partnerships.

### 2. People

#### Listening events shape our OUH People Plan

- 2.1. More than 400 staff participated in face-to-face and virtual listening events in December and January to review the impact of our [OUH People Plan 2022-25](#) and to help inform our priorities going forward.
- 2.2. Terry Roberts, our Chief People Officer, led these engagement sessions and the feedback received from our people will help shape the development of our OUH People Plan 2025-28, which is due to be presented to the next Trust Board meeting on 14 May for approval.

#### NHS Staff Survey results published this week

- 2.3. The results of the NHS Staff Survey 2024 will be published nationally on 13 March.
- 2.4. More than 7,000 of our people had their say about how it feels to work at OUH by taking part in the survey from September to November 2024.
- 2.5. We will share the headline Trustwide results with all staff when they are published on 13 March and we will also provide reports on local results – for teams where at least 11 colleagues have completed the survey in order to maintain confidentiality – to our divisional and directorate teams.
- 2.6. A guide has been developed to support line managers and others who will host meetings to engage and involve colleagues in understanding their local Staff Survey results so that they can co-create and implement improvement plans together.
- 2.7. The Trust Board will have an opportunity to discuss our NHS Staff Survey results at the next Board meeting in public on 14 May.

#### Staff Recognition update

- 2.8. A total of 1,540 nominations were received during the annual Staff Recognition Awards nominations window which was open from 13 January to 18 February.

- 2.9. Our shortlisting panels will now select finalists in each category. Finalists will be announced in April and winners will be revealed at the Awards event at Oxford Town Hall on 6 June.
- 2.10. Thank you to Oxford Hospitals Charity whose generous support makes the Staff Recognition Awards possible.
- 2.11. Our second [Quarterly Recognition Event](#) was held on 17 February at the John Radcliffe Hospital in Oxford.
- 2.12. Among the invitees were staff nominated for a Monthly Recognition Award, teams and individuals singled out via our Reporting Excellence programme, and colleagues who have worked for the Trust for more than 25 years.
- 2.13. The event was hosted by our Deputy Chief Executive Officer Simon Crowther, while OUH Chief People Officer Terry Roberts and Non-Executive Director Paul Dean handed out certificates and gifts to the nominees.

### **Celebrating the diversity of our OneTeamOneOUH at Staff Network events**

- 2.14. Our Staff Networks, run by staff for staff, are key to achieving our OUH People Plan vision which is 'Together we make OUH a great place to work where we all feel we belong'.
- 2.15. Each network has an Executive sponsor to demonstrate our commitment as a Board to equality, diversity and inclusion.
- 2.16. The LGBT+ Staff Network organised an event on 26 February to mark LGBT+ History Month and to celebrate our OneTeamOneOUH LGBT+ staff members. Trust Board visibility was provided by Yvonne Christley, our Chief Nursing Officer who is Executive sponsor of the Network, at the event which included guest speakers and a panel discussion.
- 2.17. The Women's Network held an event on 4 March at which Felicity Taylor-Drewe, our Chief Operating Officer, spoke as the Executive sponsor.

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

- 2.18. Congratulations to **Professor Nick Maynard**, Consultant Upper GI Surgeon, and **Alessandra Morelli**, Senior Research Midwife, who were presented with [Humanitarian Medals](#) at Buckingham Palace.
- 2.19. Well done to **Sam Gould**, an OUH nurse, who has been named [The Open University Faculty of Wellbeing, Education and Language Studies \(WELS\) Postgraduate Student of the Year](#) – Sam is a Living Well Co-ordinator at Sobell House Hospice on the Churchill Hospital site.
- 2.20. Good luck to our partners **Social Finance** who are shortlisted in the Best Not for Profit Working in Partnership with the NHS category of the *Health*

*Service Journal* (HSJ) Partnership Awards 2025 for their work with us on the [Oxfordshire Rapid Intervention for Palliative and End of Life Care \(RIPEL\) project](#). Winners will be announced on 20 March.

### 3. Performance

- 3.1. A comprehensive Integrated Performance Report (IPR) is included in the Board's paper pack for this meeting which sets out how we are performing against the plans we have agreed with NHS England and against national standards more broadly.

#### Finance

- 3.2. At the end of January 2025 (month 10) Income and Expenditure was a deficit of £28.7m which was £16.7m worse than plan.
- 3.3. Cash at the end of January was £9.8m.

#### Operational Performance

- 3.4. In September 2024, it was nationally agreed that the deadline for treating all patients waiting longer than 65 weeks for their treatment would be moved to end of March 2025. The Trust is behind plan with this and is working very closely with the BOB ICB and acute providers, including mutual aid, to try and achieve this deadline.

#### Elective

- 3.5. The prioritisation of the recovery of elective activity continues. The Trust has taken several actions, including increasing day case capacity and conducting efficiency reviews. Various Elective Recovery Fund schemes have been implemented and a Patient Engagement Validation exercise has been conducted, which would support a greater number of patients moving across to an alternative provider before their first outpatient appointment. All actions are reviewed via weekly meetings, the Elective Delivery Group, and Divisional Performance Reviews
- 3.6. The Trust remains in Tier 1 for elective recovery. This means that fortnightly meetings with Regional and National colleagues (as required) are taking place to address recovery, accelerate mutual aid, and support achieving no patient to wait more than 65 weeks.

#### Urgent and Emergency Care

- 3.7. The Emergency Department's four-hour performance for all types was 72.7% in January (above national average), achieving plan. As part of the new JR ED workforce model, overnight senior medical coverage has now

increased to three nights per week, along with three consultants on duty until midnight.

### **Cancer**

- 3.8. The Trust continues to meet the 28-day Faster Diagnosis Standard for Cancer, however performance against the 62-day standard and 31-day standard are below target. The Cancer Improvement Programme has been relaunched with increased capacity, improved patient engagement and a clear recovery plan.

## **4. Patient Care**

### **OUH Radiotherapy @ Milton Keynes opens to cancer patients**

- 4.1. On Monday 27 January [the first patients were treated at the new Oxford University Hospitals \(OUH\) Radiotherapy Centre at Milton Keynes University Hospital](#).
- 4.2. OUH Radiotherapy @ Milton Keynes is run by an expert multi-disciplinary team from OUH and is funded jointly by OUH and Milton Keynes University Hospital NHS Foundation Trust, with support from NHS England.
- 4.3. Patients living in Milton Keynes and the surrounding areas will now be able to receive life-saving radiotherapy treatment closer to home rather than having to travel to the Churchill Hospital in Oxford for their treatment.
- 4.4. The new centre builds on the success of OUH Radiotherapy @ Swindon – at Great Western Hospital in Swindon – which opened to patients in October 2022. [Almost 600 patients received cancer treatment in Swindon in the first year](#) and the service continues to go from strength to strength.

### **Success for first hernia weekend ‘super clinics’**

- 4.5. Our General Surgical team have run two [hernia 'super clinics' at the Churchill Hospital, seeing more than 400 patients](#).
- 4.6. The weekend clinics provide initial surgical outpatient appointments for patients with symptomatic hernias in order to provide rapid consultations, ensuring that patients receive timely and efficient care.
- 4.7. Patients were either reassured and discharged back to their GP or left with a treatment plan in place.
- 4.8. The clinics received positive feedback from patients, particularly for the convenience of weekend appointments and for reducing the waiting time for an outpatient appointment.

- 4.9. We plan to run more of these weekend 'super clinics' and to explore opportunities to expand the initiative to other specialties.

#### **One-stop respiratory diagnostic service reduces waiting times**

- 4.10. A pilot project to reduce waiting times, and multiple hospital visits, for people who are experiencing breathlessness has been well received.
- 4.11. [Our new breathlessness pathway is a one-stop diagnostic service for patients who need investigations, diagnosis, and management advice for breathlessness](#) – all in one appointment at the Oxford Community Diagnostic Centre (CDC) in Cowley.
- 4.12. The CDC is run by ourselves at OUH with Perspectum in order to provide diagnostic care in a convenient community setting.
- 4.13. One patient said: "This really feels like the way that diagnostics should be delivered and as a healthcare professional myself I was so impressed. Timely, efficient and thorough. It made such a difference to me and my diagnosis and recovery."
- 4.14. The project is funded by NHS England's CDC pathway instigation programme and supported by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

#### **Radiotherapy Late Effects Service launched with Macmillan**

- 4.15. Adults in Oxfordshire and the surrounding areas who have been treated for cancer with radiotherapy can now benefit from a new specialist service that supports them with any long-term side effects.
- 4.16. The [OUH Macmillan Radiotherapy Late Effects Service](#) accepts both GP referrals and self-referrals from patients.
- 4.17. Although radiotherapy is an effective treatment for cancer and many patients make a full recovery, some people experience ongoing physical or psychological effects months or even years after treatment has finished.
- 4.18. Late effects following radiotherapy treatment for cancer can present in a variety of ways, depending on the type of treatment and the area of the body treated.
- 4.19. With support from Macmillan, the service helps people improve their quality of life, cope with chronic symptoms, and access appropriate rehabilitation and follow-up services.

## 5. Partnerships

### Acute Provider Collaborative

- 5.1. A development seminar was held on 24 February, which looked at ways of working for the next 12 to 18 months and the draft priorities for 2025/26 – see below.
- 5.2. **Elective Care Board:** Improvement in elective care and waiting times is a top priority. The Elective Care Board is an Executive forum that promotes system working across elective care, as well as overseeing and facilitating performance improvement against the operational targets set by NHSE.
- 5.3. Throughout the remainder of this year, there will be a strong focus on achieving the 65 week target as a system and ensuring long-term, sustainable success next year. A load balancing plan will be embedded into ways of working to match capacity with demand across the system. Improvements in diagnostic services (starting with Endoscopy) and theatre productivity will be supported.
- 5.4. **Clinical Services:** a key aim is to break down traditional organisational boundaries and think differently about the way in which services that best suit our citizens are delivered. Local pathways and practices will be tested through collaboration with colleagues from different hospitals to support the development of single or harmonised pathways. Components of best practice will be aligned to benefit the greatest number of patients, reduce inefficiencies, and realise the benefits from scalable processes.
- 5.5. A further two to three clinical deep dives (specialties to be agreed) will be undertaken, building on the programmes in Rheumatology, Bariatric Surgery and Osteoporosis, which started in 2024/25. 'Bottom up' initiatives identified by clinical teams who wish to work together across the provider trusts will be supported to deliver improvements in patient outcomes, access and experience. Leadership across the collaborative, for example to the Elective Care Board, will be provided, so that all the programmes are clinically led.
- 5.6. **Corporate Services:** The Acute Provider Collaborative offers opportunities to work together at scale to improve resilience, address skills shortages, provide a better service, and deliver better value for money for staff and the system.
- 5.7. In 2025/6 productivity and efficiency improvements in the identified workstreams – People Services, Digital and IM&T, Transactional Finance and Procurement – will be delivered. Deliverables and savings targets will be agreed through the 2025/6 planning round.

**New staff housing development officially opened**

- 5.8. The first phase of a new development of high quality housing for staff working at OUH was officially opened on the John Radcliffe Hospital site in Oxford on 29 January.
- 5.9. Tenants had recently moved into the [new Ivy Lane flats](#) which have been made possible by our partnership with Oxford Hospitals Charity, housing association A2Dominion, and construction firm The Hill Group.
- 5.10. The ribbon cutting by new resident Dorcas, who works as a nurse at OUH, marked the completion of phase one of the project, which will eventually replace the old Ivy Lane flats with seven modern buildings.
- 5.11. Oxfordshire is one of the most expensive places to live in the country and so providing high quality, affordable accommodation is key to our recruitment and retention strategy.
- 5.12. Phase two of the project is now well underway and more staff will move into the new Ivy Lane flats when it is complete.

**Visitors from Government department check out our green plans**

- 5.13. Our multi-million pound project to enhance energy efficiency and reduce carbon emissions at the John Radcliffe Hospital in Oxford and the Horton General Hospital in Banbury is due to be completed later this year.
- 5.14. We recently showed colleagues from [Salix Finance](#) and the Department for Energy Security and Net Zero (DESNZ) the [scale and progress of the £38m initiative as part of the Public Sector Decarbonisation Scheme \(PSDS\)](#).
- 5.15. They saw the works underway group at the John Radcliffe Hospital, including the installation of new energy efficiency technologies such as solar PV panels, energy efficient fans in air-handling units, and air-to-water heat pumps.
- 5.16. [Following the completion of works last year at the Horton](#), 1,200 tonnes of carbon will be saved annually. Improvements at the Horton include energy-efficient heating and ventilation system upgrades, insulation enhancements, and the installation of heat pumps and solar panels.
- 5.17. The PSDS is initiated by DESNZ and delivered by Salix.

**Local MPs meet our teams**

- 5.18. Three of our local MPs visited the Trust in February on three different hospital sites and in the community.
- 5.19. Anneliese Dodds MP was at Sobell House Hospice on the Churchill Hospital site on 14 February to meet the team and find out more about

music therapy and other therapies which are provided to patients – colleagues at Sobell House and also at Katharine House Hospice in Adderbury are part of the #ThisIsHospiceCare campaign, which is shining a light on the vital role of hospice care.

- 5.20. Layla Moran MP visited the Hospital at Home team on 18 February, firstly in their base at the John Radcliffe Hospital in Oxford and then in the community with the team as they visited patients.
- 5.21. She met Mavis, 91, and saw how the use of mobile ultrasound equipment in her own home meant that she did not have to come to hospital for her care.
- 5.22. We welcomed Sean Woodcock MP to the Horton General Hospital in Banbury on 28 February where he met with Professor Andrew Brent, our Chief Medical Officer, and Yvonne Christley, Chief Nursing Officer as well as colleagues from our Maternity Services.

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

- 5.23. Researchers at the University of Oxford have unveiled a new blood test – powered by machine learning – which shows real promise in detecting multiple types of cancer in their earliest stages, when the disease is hardest to detect. The [TriOx liquid biopsy test](#) analyses multiple features of DNA in the blood to identify subtle signs of cancer, which could offer a fast, sensitive and minimally invasive alternative to current detection methods. The research was supported by the Oxford BRC.
- 5.24. A study has identified 28% more cases of atrial fibrillation (AF), a common and serious cardiac condition, in primary care data than secondary care data alone. Evidence of atrial fibrillation was also recorded an average of 1.3 years earlier. The researchers at Oxford Population Health, who are supported by the Oxford BRC, used data from 230,060 participants in UK Biobank. The [findings highlight the importance](#) of access to comprehensive health care data, as well as communication across NHS settings, to inform our understanding of AF and other conditions, and so improve patient care and save lives.
- 5.25. Researchers have found a way to identify people with inflammatory bowel disease (IBD) who are at the highest [risk of developing bowel cancer](#). IBD, which affects around 500,000 people in the UK, includes ulcerative colitis and Crohn's disease, which irritate the lining of the bowel and can cause abnormal pre-cancerous cells to form if left untreated. The study revealed that people with IBD, whose pre-cancerous cells had lost or gained multiple copies of their DNA, were far more likely to go on to develop bowel cancer. The study was led by The Institute of Cancer Research

(ICR) and included researchers from the University of Oxford, supported by the Oxford BRC.

- 5.26. Leading Oxford BRC researchers will play a key role in a major new collaboration between the University of Oxford and global biopharma company GSK to [advance the understanding of how cancer develops](#), which could inform future development of vaccines to prevent cancer. The £50 million GSK-Oxford Cancer Immuno-Prevention Programme leverages the complementary expertise of GSK and Oxford in the science of the immune system, vaccine development and cancer biology.
- 5.27. An Oxford BRC-supported researcher has become the first rheumatologist to be awarded a prestigious [Research Professorship from the NIHR](#). Professor Laura Coates, an expert in psoriasis and psoriatic arthritis and an Honorary Consultant Rheumatologist at OUH, received one of seven professorships awarded this year. Each recipient will get a five-year award of up to £2 million. This includes three support posts, research costs and access to a leadership and development programme.

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

- 5.28. A case study from Oxfordshire featured in the national Innovation for Healthcare Inequalities Programme ([InHIP](#)) [impact and learning report](#). The partnership between OUH, Health Innovation Oxford and Thames Valley (HIOTV) and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) identified and reviewed people with severe asthma and referred them for specialist support and treatment. The case study can be found on page 50 of the report.
- 5.29. Dr Eleri Adams, OUH Consultant Neonatologist, was among the speakers at the annual Regional Maternity and Neonatal Shared Learning Conference on 5 March. The network, co-ordinated by HIOTV, is now in its second decade supporting improvements in safety through collaboration.
- 5.30. On 18 March HIOTV is hosting a webinar highlighting how artificial intelligence (AI) brain imaging is transforming delivery of thrombectomy, an emergency treatment following stroke which removes clots blocking arteries in the brain reducing disability and death. Six years ago just a handful of stroke units in England were using AI brain imaging. Following an extensive evaluation and implementation programme led by HIOTV, today all 107 units are doing so, including OUH. The webinar will include contributions from senior figures at NHS England. [More information about the webinar](#).

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

- 5.31. The Oxford Academic Health Partners (OAHP) Board met on 21 February and welcomed new members including Grant Macdonald (CEO, Oxford

Health NHS Foundation Trust), Professor Astrid Schloerscheidt (Dean of the Faculty of Health, Science and Technology, Oxford Brookes University), Professor Rachel Upthegrove (Director, Oxford Health Biomedical Research Centre), and Nick Broughton (CEO, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board).

- 5.32. The OAHB Board discussed items including the development of governance arrangements aimed at increasing the effectiveness between partners, for example the Joint Research and Development Committee that includes members from all five partners of the OAHB.
- 5.33. In line with Charity Commission requirements, the [OAHB Charity](#) #1174725 submitted its annual report and accounts following review by the Trustees who are members of the OAHB Board.
- 5.34. The OAHB is working with its partners to organise the [Celebrating NMAHPPS in Research Conference 2025](#) on 2 July. This event is for all nurses, midwives, allied health professionals, healthcare scientists, pharmacists and clinical psychologists (NMAHPPs) who are employed by one of the OAHB partner organisations.

## 6. Recommendations

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