Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 27 May 2026**, Unipart House, Garsington Road, Cowley, Oxford

Present:

Name	Job Role
Ms Sarah Hordern	Acting Trust Chair
Prof Meghana Pandit	Chief Executive Officer to Minute TB26/05/09 and from Minute TB26/05/14
Mr Simon Crowther	Interim Chief Executive Officer
Mr Ben Attwood	Chief Digital and Information Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Jason Dorsett	Chief Finance Officer
Dr Claire Feehily	Non-Executive Director
Ms Lisa Hofen	Chief Estates and Facilities Officer
Mr Paul Dean	Non-Executive Director
Mr Kenny Kamal	Non-Executive Director
Mr Jay Mistry	Interim Chief Strategy Officer
Dr Rustam Rea	Deputy Chief Medical Officer, [deputising for Chief Medical Officer]
Mr Terry Roberts	Chief People Officer
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Felicity Taylor-Drewe	Chief Operating Officer

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Dr Laura Lauer	Deputy Head of Corporate Governance [Minutes]
Ms Sharon Andrews	Head of Midwifery [Minute TB26/05/08 only]
Mr Peter Kalu	Consultant [Minute TB26/05/07 only]
Mr Lindley Nevers	Lead Guardian, Freedom to Speak Up [Minute TB26/05/12 only]
Ms Amanda Williamson	Patient [Minute TB26/05/07 only]

Apologies:

Prof Andrew Brent	Chief Medical Officer
Mrs Lynne Graham	Non-Executive Director

Dame June Raine	Non-Executive Director
Ms Joy Warmington	Non-Executive Director

TB26/05/01 Welcome, Apologies and Declarations of Interest

1. Members of the Council of Governors, members of staff and members of the public were welcomed as observers.
2. There were no declarations of interest.

TB26/05/02 Minutes of the Meeting Held on 11 March 2026 [TB2026.38]

3. The minutes were approved.

TB26/05/03 Action Log and Matters Arising [TB2026.39]

4. TB26/01/07 – the new Perinatal Assurance Group would be added to the organogram, which would be included in the next report. The action remained open.
5. TB25/11/12 – the action was closed as analysis of Freedom to Speak Up (FtSU) data against NHS Staff Survey results was included in the FtSU update (TB2026.46).

Matters arising from 11 March 2026 Minutes

6. The Chief Operating Officer (COO) reported that she had raised strategic partnership working at the Place meeting. It was recognised that Children and Young People had a neighbourhood team in place and there was good work in this area aligned with the 10 Year Plan.
7. These developments would form part of the Trust's wider strategy discussions.
8. A briefing to the (former) Trust Chair on a specific case referenced in the Perinatal Quality report was to be provided. *Post-meeting note: The briefing had been shared with the former Trust Chair.*
9. The three deep dives into risk areas were confirmed to be: Frailty, Surgical Elective Centre, and Research and Development. These would be reported back to the Integrated Assurance Committee.
10. Following discussion of the Medical Education Annual Report at the 11 March 2026 meeting, it had been agreed that the Chief Medical Officer and Director of Medical Education would consider how the Trust Board would be sighted to key metrics related to stress and burnout for Resident Doctors. It was agreed that this would be added to the Action Log (action TB26/03/13). *Post-meeting note: this was added to the Action Log.*
11. It was confirmed that a deep dive on Patients Medically Optimised for discharge was on the Integrated Assurance Committee's forward plan; a date had yet to be confirmed.

TB26/05/04 Chair's Business

13. The Acting Chair noted that Professor Sir Jonathan Montgomery had taken action on 17 March 2026 to approve submission of a revised 2026/27 Plan.

14. The Council of Governors had been making preparations to recruit a Trust Chair, as Sir Jonathan's term had been due to end in April 2027. When Sir Jonathan was approached by NHSE to apply for and was subsequently appointed to the role of SE Region Chair, the recruitment process was accelerated.

15. The Acting Chair thanked those who contributed to the recruitment process and expressed the hope that the announcement of the new Chair would take place shortly.

16. It was noted that the Trust Board has received a note setting out the current interim arrangements in relation to the Chief Executive and Accountable Officer role. Professor Pandit had returned part-time to the Trust and Mr Crowther would remain Accountable Officer until 1 October 2026.

17. Comments from Trust Board members had been received and the note would updated and recirculated. The agreed note would then be shared with the SE Region.

18. The Trust Board noted the update.

TB26/05/05 Chief Executive's Report [TB2026.40]

19. The Interim Chief Executive Officer (CEO) presented the report.

20. He noted the positive progress made in 2025/26 in improving patient access to urgent and emergency care and thanked staff for their contribution. Areas of performance challenge included: maintaining urgent and emergency care performance levels, reducing elective waiting times and improving cancer performance.

21. The Interim CEO welcomed the redevelopment of the maternity outpatient clinic at the Horton General Hospital.

22. In relation to the Trust Board consideration of Staff Survey results, and in particular scores around morale, the Interim CEO emphasised the importance of staff recognition. The report provided a summary of award received by Trust staff, some of which was noted to be exceptional.

23. The Trust Board's attention was drawn to the partnership section of the report, highlighting collaboration with the Biomedical Research Centre.

24. The Interim CEO addressed national media reports issue of inappropriate access to patient electronic records. He stressed the seriousness with which the Trust viewed patient confidentiality. The Trust had a zero-tolerance approach, reinforced through direct communications with staff and internal meetings.

25. Within the Trust, a number of potential instances of inappropriate access were under active investigation. If staff were found to have accessed data inappropriately, correct disciplinary processes would be followed.

26. The Trust Board would be kept informed.

27. The Trust Board noted the report.

TB26/05/06 Board Assurance Framework and Corporate Risk Register [TB2026.41]

28. The Trust Board received the updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and noted the introduction of a revised reporting format aligned to the ongoing strategy refresh. The Trust Board acknowledged that key strategic risks remained broadly unchanged and that the BAF would be further refreshed as part of the strategy development process, drawing on benchmarking against other Shelford Trusts.

29. The Risk Committee reviewed the BAF at each meeting. The next Risk Committee would look at two cross-cutting risks: Estates and maternity. Cybersecurity risks would be considered at the following meeting.

30. The Risk Committee would review two additional risks – reputational risk related to maternity issues and safety risk in ophthalmology. The maternity risk was already on the CRR but its score would be reviewed.

31. The Board discussed the clarity and usefulness of the current presentation, noting improvements but highlighting the need for a more concise overview, clearer articulation of controls and actions, and better alignment with other sources of assurance. This would be picked up at part of the wider discussion of Board assurance.

32. Estates risks, which had a large number of actions, was given as an example. The Chief Estates and Facilities Officer noted that a statutory compliance audit for the PFI part of the estate had been completed, and one for the retained estate was in draft form. This data would be incorporated into the BAF.

33. Trust Board members focused on risk scores that had not changed. To provide assurance that gaps would be closed, a full explanation of the actions being taken to reduce the score would be required. This would form part of the wider discussion of Board Assurance.

34. It was noted that further assurance on risks relating partnerships would be forthcoming; as part of the strategy work, digital risks would be further developed, with a focus on progress reporting.

35. The Trust Board reviewed the updated BAF and CRR and re-approved the Board Risk Appetite Statement.

TB26/05/07 Patient Perspective

36. Amanda Williamson provided Board members with insights into her breast cancer treatment and reconstruction journey. The Board heard that compassionate, reassuring and responsive care from clinical teams had been central to her experience.

37. She valued remote access to advice, particularly at points of greatest fear, and noted the value of clear communication, and peer support through the Breast Reconstruction Awareness Group in helping patients and their loved ones feel seen and supported throughout treatment and recovery.

38. The Board noted opportunities to improve clarity of terminology, support during transition from hospital to home, and approaches to encouraging screening uptake, including through community outreach and use of social media as there was increasing prevalence of breast cancer in younger people.

39. The Chair thanked Ms Williamson for sharing these insights and noted the importance of applying the learning to strengthen communication and patient-centred care across the Trust.

TB26/05/08 Perinatal Quality Oversight Report [TB2026.42]

40. The Chief Nursing Officer (CNO) introduced the report and focused on three areas:

    a. Patient Experience – a community engagement event in East Oxford had taken place in April, with an event in Blackbird Leys planned for June. A large event was planned for July, structured around the outcomes of the report by Baroness Amos.

    b. Staff Support – structured trauma-informed support was in place including 1:1 support and team-based interventions.

    c. The Perinatal Assurance Group (PAG), chaired by Prof Soni, was initially focused on triangulating data sources on triage and induction of labour. Prof Soni noted that PAG was well-positioned to provide good assurance to the Trust Board. It was noted that membership of the group was still being refined.

41. Ms Andrews, Head of Midwifery, presented the report.

<u>Incidents of Moderate Harm</u>

42. An increase in incidents had been noted for March, but this had returned to baseline level in April. A deep dive analysis had been conducted and no one theme had been identified.

43. It was noted that most trusts did not classify 3º/4º tears or 1.5l blood loss as moderate harm; therefore the Trust appeared as an outlier. Members were clear that having a lower threshold for moderate harm reporting was the right thing to do for patients. This would be raised again at national level.

44. The Trust's positive reporting culture was suggested as one factor behind the increase in March 2026 figures. It was agreed that a further review of maternity reporting culture and its relationship to incidents of moderate harm would be undertaken and presented to the June meeting of the Integrated Assurance Committee. *Post-meeting note: The review of March 2026 incident reporting will be included in the Perinatal Quality Oversight Report to a future meeting.*

Venous Thromboembolism (VTE)

45. Venous Thromboembolism (VTE) risk assessment performance (81%) remained below target. A comprehensive improvement plan was underway, with weekly spot checks in key areas in place.

46. The Deputy Chief Medical Officer added that there had been inconsistencies between Trust-wide VTE guidance and guidance by the Royal College of Obstetricians and Gynaecologists. This issue was being resolved to ensure there was consistent guidance across the Trust.

47. VTE was one of the Trust's Quality Priorities and the new supporting dashboard would make it clear at ward level who had been assessed and who had received a prophylactic injection.

Triage and Induction of Labour

48. Triage times had reduced from 27 to 21 minutes over the reporting period.

49. A "perfect week in triage" had been held; this enabled 75% of women to be triaged within 15 minutes. The staffing model used for this perfect week had been adopted as business as usual.

50. A new clinical room for triage would be available in the coming weeks; this was welcomed.

51. In April, there were no cases when induction of labour was delayed by more than 24 hours.

52. It was requested that triage and induction of labour be added to the data visualisation page of the report. *Post-meeting note: Triage and induction of labour have been added.*

Patient Experience

53. The Board noted that patient feedback remained positive, with 85% of women rating care as good or very good, based on a 72% Friends and Family Test response rate.

54. All complaints were viewed as opportunities for learning and improvement.

55. A Patient Experience Lead had been appointed.

Other

56. Strong vaccination uptake, particularly of RSV, was noted.

57. Test result endorsement remained below target at 72%, with actions in place targeting key areas.

58. The digital enablers for improvement in maternity were noted and Trust Board members sought to understand how the Trust would prioritise calls on finite resources and respond at pace to issues when raised. This was part of a wider discussion of how the voice of maternity was heard through the layers of the organisation.

59. The Interim CEO told the Trust Board that a collective prioritisation process would be undertaken and shared with the Trust Board.

ACTION: Interim CEO to brief the Trust Board on the collective prioritisation process, outcomes and timelines.

60. The Trust Board noted the report.

TB26/05/09 Patient Experience and Engagement Plan [TB2026.43]

61. The CNO presented the Patient Experience and Engagement Plan which took a strategic, high-level approach to strengthening patient and public involvement over a five-year period, with a focus on improving inclusivity, reducing inequalities, and ensuring care was centred on what matters most to patients. The Plan would establish the skills, training, and governance to support high-quality responses to patient experience.

62. The Plan had been discussed at the Council of Governors' Patient Experience, Membership and Quality Committee (PEMQ). Prof Soni, who attended the PEMQ meeting, commented that it was understood the Plan was a high-level document and it would be important to see its development into a more operational delivery framework.

63. The Trust Management Executive had welcomed the Plan but requested more detail on the Plan's outcomes. Outcome measures would form part of the final Plan, which would be presented to a future meeting of the Trust Board. *Post-meeting note: This has been added to the 30 September Trust Board agenda.*

64. It was noted that the 10 Year Plan suggested a patient experience directorate responsible for analysing and addressing complaints.

65. Board members stressed the importance of ensuring that the voices of under-represented groups were heard and that patient experience learning and accountability was consistently embedded across the Trust.

66. The CNO emphasised that the Plan had person-centred care as its core and that qualitative data would be included.

67. The Trust Board:

- approved the Patient Experience and Engagement Plan 2026–2030;
- noted the timelines and measures set out in the Patient Experience and Engagement Plan Delivery Actions; and
- noted that a final version of the Plan, including outcome measures, would be presented to a future meeting.

TB26/05/10 Learning from Deaths Report Q3 [TB2025.44]

68. The Deputy Chief Medical Officer presented the report, which showed that the Trust's Summary Hospital-level Mortality Indicator (SHMI) remained lower than expected, with

the Hospital Standardised Mortality Ratio (HSMR) as expected. The Board noted that significant improvements had been implemented in response to learning from deaths in previous quarters.

69. It was agreed that, as part of the wider review of regular assurance reporting and Trust Board governance, the Trust Board would consider receiving this report three times per year.

70. The Trust Board noted the report.

TB26/05/11 NHS Staff Survey Post Embargo Nationally Benchmarked Report 2025 [TB2026.45]

71. The Chief People Officer (CPO) presented the NHS Staff Survey results. He noted that the Trust's response rate was 40%, which was below the national average. Overall performance was above average across most People Promise domains except morale. The Board noted a decline in six of the nine domains, reflecting a broader national trend.

72. The CPO noted that scoring related to experience of bullying and harassment and violence had improved and were above the national average. However, BAME and disabled staff scores indicated a poorer experience when compared to while and non-disabled staff.

73. The CPO outlined the Trust's two-pronged approach to improvement, combining corporate action on Trust-wide issues with locally driven, team-level engagement and co-produced solutions. The importance of strengthening the 'you said, we did' narrative and clearly communicating organisational responses to staff feedback was emphasised.

74. Prof Soni sought to understand the percentage of BAME and disabled staff in the organisation to have completed the survey in order to draw more effective conclusions from the data. The CPO noted that it was known that disability was underreported in the organisation, making the data only a partial representation. It was agreed that this discussion would continue informally. *The CPO and Prof Soni concluded their discussion outside the meeting.*

75. The Trust response to the survey focused on ownership of actions: what initiatives needed to be led centrally, what would be led from Divisions, and what actions individuals could take within clear boundaries. These conversations were being had within teams, Divisions, and at corporate level now.

76. The Trust Board considered staff perceptions of key national financial and activity priorities and how these influenced survey responses, in particular around patient care. Communications would be structured to demonstrate action in key areas – "you said, we did".

77. The CPO reported that it was expected to have feedback by September 2026 and the Board would receive an update. *Post-meeting note: this was placed on the September Trust Board agenda.*

78. The Trust Board noted the report.

TB26/05/12 Freedom to Speak Up Update [TB2026.46]

79. Mr Nevers, Lead Guardian, presented the Freedom to Speak Up (FtSU) update. Activity in Q1-Q3 had increased, indicating both increased awareness of, and confidence in, the speaking up process.

80. Several themes relating to concerns had been identified: staff safety and wellbeing, inappropriate behaviours including bullying and harassment, and issues of discrimination and psychological safety.

81. The FtSU team had identified three priorities: strengthening case management and responsiveness, improving the management of detriment risk, and increasing visible leadership and organisational response to concerns raised.

82. The Board discussed the risk of detriment to individuals who raise concerns, noting that detriment could take different forms. It was agreed that further work would be undertaken by Chief Officers to strengthen oversight of detriment and ensure that staff were supported and protected when speaking up.

ACTION: Chief People Officer to coordinate a discussion at Chief Officers on the levers available to the Trust to ensure staff who spoke up did not suffer detriment.

83. The Board noted the report and supported the proposed improvement actions.

TB26/05/13 Guardian of Safe Working Q4 Report [TB2026.47]

84. The Guardian and Deputy Guardian of Safe Working were both working clinically; the Deputy Chief Medical Officer presented the report.

85. Members noted that the implementation of the 10-point plan was progressing well, alongside continued development of a more mature exception reporting process. The Board welcomed the quality and clarity of the report, recognising it as an improvement in both content and presentation.

86. The Board discussed the importance of triangulating information from the Guardian of Safe Working report with related sources, including medical education reporting and workforce initiatives, to provide a more comprehensive view of the resident doctor experience. It was agreed that consideration would be given to a consolidated report or future deep dive to support enhanced oversight and assurance.

87. Trust Board noted the report.

TB26/05/14 Integrated Performance Report M1 [TB2026.48]

88. The Interim CEO drew the Trust Board's attention to the segmentation dashboard which focused on key targets. This section and its supporting commentary would continue to be refined.

89. Discussion focused on cancer performance. The COO acknowledged that performance was not at an acceptable level. Over the last 12 months, the total waiting list had been reduced and the number of patients waiting over 62 days was now under 300. This had not translated into a percentage change in the Patient Tracking List due to the change in the denominator. Work focused on treating the longest-waiting patients and communicating to those patients who did not have cancer.

90. Improvement actions per tumour site were in place and the Integrated Performance Report included Urology and Gynaecology performance figures. Other key tumour sites would be included in future reports.

91. It was agreed that the further deep dive into cancer performance be scheduled. This would include an analysis by cancer site to understand whether barriers to performance were down to staffing, internal processes, or to demand/capacity mismatch. This analysis would also look at the clinical interface with research. *Post-meeting note: this would take place in October 2026.*

92. The COO reminded the Trust Board of the hockey-stick shaped trajectory in the plan. Support for workforce changes in radiotherapy would take time to translate into improvements in performance. Improvements in performance would also come through clinical engagement and adoption of best practice.

93. The Trust Board noted the report.

TB26/05/15 Finance Report M1 [TB2026.49]

94. The Acting Trust Chair invited Mr Dean, Chair of Audit Committee, to summarise key points from the monthly Non-Executive Director held on 26 May 2026.

95. Mr Dean noted that I&E performance was in line with plan and highlighted the following areas of concern:

    a. The underlying deficit was £9.1m;

    b. Divisions were off-target by £1.8m with the Trust relying on one-off and PFI penalty income;

    c. Bank expenditure had increased but it was expected that this was seasonal variation and would resolve;

    d. The pace of CIP delivery, both at Divisional and Corporate level;

    e. Delays in understanding non-pay drivers, which would be considered at its next meeting.

96. Mr Dean reported that there were good processes in place for cash management and monitoring and the group was broadly confident that the Trust would not need central cash support. This position was contingent on CIP delivery.

97. The CFO reported that budgets had been uploaded in April, earlier than in previous years. Also in April, the Trust had incurred £900k in industrial action costs.

98. The M1 income report indicated the Trust was only £70k under on variable income. The impact of industrial action on income had not yet been seen.

99. Headcount had returned to 2023 levels.

100. The CFO emphasised the need to take early corrective action rather than deferring decisions to early autumn.

101. The Trust Board noted the report.

TB26/05/16 Regular Reporting Items

Trust Management Executive Report [TB2026.50]

102. The Trust Board noted

- the regular report to the Board from TME's meetings held on 12 March, 26 March, 16 April, 30 April and 14 May 2026; and
- the Enforcement Notices Standard Operating Procedure.

103. The Trust Board approved:

- the Artificial Intelligence Policy; and
- the Modern Slavery Statement.

Audit Committee Report [TB2026.51]

104. The Trust noted the report.

105. The Trust Board approved:

- the Audit Committee's recommendation that the Trust Board delegate authority to the Director of Finance to submit the costing submission during the week commencing 29 June 2026; and
- the revised Board Scheme of Reservation and Delegation.

Integrated Assurance Committee Report including Terms of Reference [TB2026.52]

106. The Trust Board noted the Integrated Assurance Committee's report to the Board from its meeting held on 29 April 2026; a further Trust Board discussion on assurance would take place in June 2026.

107. The Trust Board approved revised Terms of Reference for the Committee.

Consultant Appointments and Sealing of Documents [TB2026.53]

108. It was clarified that the land transaction recorded in the report related to the repurchase of the freehold of the land for staff accommodation.

109. The Trust Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and the signings that had been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday11 March 2026.

Trust Board Fit and Proper Persons Assurance and Register of Interests 2025/26 [TB2026.54]

110. The Trust Board noted:

- that the Fit and Proper Persons test had been conducted for the period 2025/26 and that all Board members satisfied the requirements;
- that the review of interests, gifts, hospitality and sponsorship for the period 2025/26 had been conducted; and
- the contents of the Register of Interests, Gifts, Hospitality, and Sponsorship for the Trust Board.

TB26/05/17 Any Other Business

111. None.

TB26/05/18 Date of Next Meeting

112. A meeting of the Trust Board was to take place on **Wednesday 29 July 2026.**