Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 11 March 2026**, George Pickering Education Centre, John Radcliffe Hospital

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Mr Simon Crowther	Interim Chief Executive Officer
Mr Ben Attwood	Chief Digital and Information Officer
Prof Andrew Brent	Chief Medical 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
Ms Sarah Hordern	Non-Executive Director
Mr Kenny Kamal	Non-Executive Director
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
Ms Joy Warmington	Non-Executive Director [from Minute TB26/03/06]

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Dr Laura Lauer	Deputy Head of Corporate Governance [Minutes]
Ms Milica Redfearn	Director of Midwifery [Minute TB26/03/10 only]
Ms Aletha Bicknell	Head of Patient Experience
Mr Waqar Taref	Patient [Minute TB26/03/09 only]
Mr Daley Cross	Youth Worker for Transplant [Minute TB26/03/09 only]
Miss Deborah Harrington	Director of Medical Education [Minute TB26/03/13 only]
Ms Lynne Graham	Associate Non-Executive Director

Apologies:

Mr Paul Dean	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Dame June Raine	Non-Executive Director

TB26/03/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed Ms Graham and noted that she would formally join the Trust Board on 1 April 2026.
2. Members of the Council of Governors, members of staff and members of the public were welcomed as observers.
3. There were no declarations of interest.

TB26/03/02 Minutes of the Meeting Held on 21 January 2026 [TB2026.17]

4. The Chair noted that, following approval of the 12 November 2025 minutes at the 21 January 2026 Board, meeting, he approved a further correction to paragraph 39 in the November minutes to note that the neonatal medical workforce met BAPM standards. This was recorded in paragraph 4 of the January minutes.
5. The Chief Medical Officer requested that paragraph 62 of the minutes be amended to state that the national target of 95% compliance with venous thromboembolic (VTE) disease assessment had been achieved. The Trust would continue to strive for 100% compliance.
6. Subject to the correction, the minutes were approved.

TB26/03/03 Action Log and Matters Arising [TB2026.18]

TB25/11/07 Independent Review of Complaints

7. This Item was closed per the discussion at TB26/03/10.

TB26/03/04 Chair's Business

9. The Chair noted that Dr Shelton's term as Lead Governor would end on 31 March 2026. He expressed his personal thanks, as well as thanks on behalf of the Trust Board and Council of Governors, to Dr Shelton for his contributions in the role. The Chair welcomed the incoming Lead Governor, Mr Krasopoulos.
10. The Trust Board noted the update.

TB26/03/05 Chief Executive's Report [TB2026.19]

11. The Interim Chief Executive Officer (CEO) presented the report.
12. The Board noted that staff survey results were expected to be published later that day and, whilst subject to embargo at the time of the meeting, would be available publicly in due course. It was noted that the results would provide important insight into staff experience and would inform actions.
13. The Board also noted recent national updates relevant to the Trust's maternity services, including publication of MBRRACE data and an interim report by Baroness

Amos. The Trust would continue engage transparently with patients, the public and staff and was committed to taking forward the work arising from the thematic issues identified.

14. The Interim CEO referenced recent national media coverage relating to a historic incident in maternity services and confirmed that the Trust had responded and would continue to respond appropriately.

15. Board members were briefed on recent national updates, including the need to maintain focus on delivery and improvement in the quality of care. There was increased national focus on corridor care and best practice guidance had been released. Reporting would continue to be refined to ensure clarity for Board oversight of performance.

16. The Interim CEO referenced the national emphasis on access to clinical trials and noted recent partnership work across the Oxford Academic Health Partners network. A Trust Board seminar on research & development was scheduled for later in the day.

17. He highlighted improvements in operational performance over the past year: a 10-13% improvement in urgent care, 62 day cancer performance improved by 7% against a 10% increase in referrals and the number of patients waiting over 52 weeks had reduced from 3.2% to 2.2% of the total number of patients.

18. The Trust Board recognised the effort made to drive these improvements and the importance of supporting and thanking staff for their contribution to these, even as the Board supported the ambition to accelerate improvement.

19. It was anticipated that operational pressures over the year would likely result in a decrease in staff morale scores in the staff survey. The Trust launched a new Wellbeing & Occupational Health Programme of Support to provide a ‘one stop shop’ for staff. The effectiveness of this initiative would be measured through the annual staff survey results, supplemented by feedback obtained through quarterly staff events.

20. The Trust Board noted the report.

TB26/03/06 Update on Implementation of Revised Standing Financial instructions and Scheme of Delegated Authorities [TB2026.20]

21. The Chief Finance Officer (CFO) introduced the paper, which summarised proposed changes following Trustwide rollout of the Standing Financial Instructions and Scheme of Delegated Authorities in July 2025.

22. The Trust Board approved the proposed changes.

TB26/03/07 Counter Fraud, Bribery and Corruption Policy Review [TB2026.21]

23. The CFO explained that the revised policy had been expanded to explicitly cover bribery and corruption and to provide a single framework for the management of financial crime risk.

24. The structure of the policy had been redesigned to be clearer and more accessible and to explicitly cover relevant legislative and regulatory frameworks, the Trust's financial crime strategy and approach to anti-fraud culture, and policy and process for identifying, reporting and investigating fraud.

25. The Trust Board approved the updated policy.

TB26/03/08 Developing and Managing Policies & Procedural Documents Policy – Phase 1 Review [TB2026.22]

26. The Interim CEO presented the multi-phase approach to the review of the policy. The initial phase had proposed changes to the list of policy approvals reserved to the Trust Board.

27. It was suggested that, as part of policy review cycle, it should be considered whether it was still appropriate to have a particular policy. This would form part of review and would be presented to the Trust Board in due course.

28. The Trust Board:

- Noted the multi-phase approach to the review; and
- Approved the approach and proposed changes.

TB26/03/09 Patient Perspective

29. The Chair welcomed Waqar Taref and Daley Cross to the meeting to present Mr Taref's journey through the Oxford Renal Young Adult Clinic.

30. Mr Taref had a heart transplant at another trust just before the age of 6 and a kidney transplant at the Churchill Hospital in 2020. He met Mr Cross at that time.

31. The Board learned that Mr Taref had been affected by the longer-term complications of immunosuppression including avascular necrosis requiring bilateral hip replacements and had developed secondary diabetes, which he was determined to "beat".

32. Mr Taref stressed the genuine bond that had developed over the course of their relationship. Mr Cross had provided regular review, monthly contact, practical assistance (including transport), advocacy and facilitation of peer support (including a fantasy football league), helping to address anxiety and reduce barriers to engagement with care.

33. Mr Taref praised the positive impact Mr Cross had made to his physical and mental health; as a result, Mr Taref wanted to support other patients in a similar situation.

34. Mr Cross told the Trust Board that his role was originally funded by a fixed-term charitable grant, with a focus on supporting 16-25 year olds diagnosed with chronic kidney disease and provide ongoing post-transplant care.

35. Young people were at an increased risk (30-40%) of the transplant not being successful; his work at the Young Adult Clinic reduced this to 10%. He felt that this model of support, if expanded, had the potential to benefit other patients with chronic conditions, giving the example of the youth service team at Leeds Teaching Hospitals NHS Trust.

36. There could be strategic opportunities for partnership working and the Chief Operating Officer offered to discuss this at the next Place meeting.

37. Members commented that this was a powerful example of person-centred care that provided a model other clinical areas could adopt.

38. The Chair thanked Mr Taref and Mr Cross; the Trust Board noted the report.

TB26/03/10 Maternity Items

39. The Chief Nursing Officer (CNO) reported that the Clinical Director for Maternity would attend future meetings of the Trust Board.

Perinatal Quality Oversight Report [TB2026.23]

40. The CNO reported that there had been no alerts on the Maternity Outcomes Signalling System during the period.

Director of Midwifery update

41. January 2026 was a particularly busy period, with an increase of 10.6% in births as midwifery-led units.

42. Incidents of moderate harm were within national standards; an increase in term admissions to the neonatal unit was the subject of a thematic review.

43. Work continued with Estates to improve environmental issues, especially temperature.

44. An increase in complaints was reported; of the 19 complaints, five related to care received over 12 months ago.

45. Common complaint themes were: communication, attitudes and behaviours, and access and scheduling issues. Friends and Family Test results remained consistent.

46. The service was undertaking a Birthrate Plus® review to report in due course. The midwifery workforce establishment was aligned to BirthRate Plus® staffing levels with an additional uplift of 23 WTE to cover maternity leave. The service consistently supported a pipeline to cover maternity leave.

47. There were two exception reports to note: complaints and VTE. There had been changes in VTE guidance and improvements in data collection.

48. The neonatal workforce sickness rate was noted. This was being addressed through training and recruitment as well as strengthening wellbeing and psychological support. Sickness absence would form a key area of the ward performance dashboard.

49. The Trust aimed to have 70% of the neonatal nursing workforce Qualified in Speciality. A training programme focused on Band 5 staff was in place and the trend would be made more explicit in future reporting.

50. The Director of Midwifery agreed to obtain further details of one case for the Chair, to provide assurance that the parent's concerns had been listened to. It was noted that the rollout of Martha's Rule included Maternity.

51. The Director of Midwifery confirmed that, in cases of referrals or shared care, there were processes in place to ensure any learning from the case was included as part of the referring/partner organisation's reporting.

52. When reviewing the risk register, Board members sought a clearer link between missed referrals and outcomes and patient experience. It was noted that Risk Committee was undertaking a series of thematic deep dives in risk areas. Consideration would be given to how these sessions were reported the Integrated Assurance Committee.

53. The Trust Board noted the report.

Perinatal Mortality Q3 Report 2025-26 [TB2026.24]

54. The Director of Midwifery told the Board that, in the reporting period, there had been 15 perinatal deaths; nine of these had come from tertiary referrals.

55. 12 cases had been reviewed through the perinatal mortality review process; the care in 11 had been graded A or B. The care in one was graded C up to the point of birth as mother was not initially advised to attend the Maternity Assessment Unit (MAU). An alert has been created in the BadgerNet system to address this.

56. Bereavement care was now available 24/7.

57. Local data supported national evidence that women with ethnicities from the global majority experienced poorer perinatal outcomes than white women.

58. The service was supporting Equal Start Oxford at Flo's – The Place in The Park to provide antenatal education, clinics and obstetric outreach to women and families in OX4. The service was committed to providing accessible and immediate language services and ensuring that this was available at every appointment and in the acute setting.

59. A planned schedule of community listening events had been developed, in collaboration with the Equality, Diversity and Inclusion midwives to ensure representation from all communities.

60. The Trust was compliant with all elements of the Maternity and Perinatal Incentive Scheme.

61. The Trust Board noted the report.

Thematic Review of Maternity Complaints [TB2026.25]

62. The CNO presented a review of complaints between the period 2020-2025.

63. An increase in complaints was observed in 2025; this increase was driven primarily over concerns around communication, not clinical care. Subthemes underpinning the increase rise included delays and expectation setting, timely/clear pain relief information, partner/visiting updates and support, not feeling listened to, and consent/explanations for procedures. These concentrated around MAU/triage, induction and labour, and early postnatal care.

64. The Director of Midwifery outlined improvements made by the service, including:

    a. introduction of the Birmingham Symptom specific Obstetric Triage System to improve the prioritisation of cases;

    b. a revised induction of labour pathway;

    c. strengthened training, including active bystander training;

    d. launch of the BadgerNet system;

    e. creation of information videos (for example, epidurals); and

    f. the Perinatal Development Programme, including a Behaviour Charter.

65. Strengthened governance had been put in place and all complaints had been given a RAG rating.

66. In response to feedback, self-administered pain relief was planned.

67. Work with the Complaints team continued to improve triangulation with other feedback mechanisms.

68. Members welcomed the analysis and sought to understand how usual it was for some complaints to be delayed. This was not uncommon as a family's focus would be on the newborn; a reflection on the whole experience often came later. A lag between "say on the day" data and later reflection was to be expected.

69. All complaints, whether made on the day or later, received the same level of attention and complainants were offered the same level of support.

70. Analysis by ethnicity was not possible due to the limitations of the historic data, but future analysis of complaints trends would include this.

71. The Trust Board noted the report.

TB26/03/11 Quality Priorities for 2026/27 [TB2026.26]

72. The Chief Medical Officer (CMO) presented the proposed Quality Priorities for 2026/27. These had been developed through a strengthened process, including engagement with stakeholders through the annual Quality Conversation.

73. The CFO added that the Board-approved plan for 2026/27 included an estimate of activity plan delivery. The delivery of the Quality Priorities was likely to bring a net financial benefit to the Trust. He offered to provide a more detailed financial analysis to a future meeting.

ACTION: Chief Finance Officer to consider an appropriate format for presenting the financial analysis of the Quality Priorities to a future meeting.

74. The CMO clarified that a review of the 2025/26 Quality Priorities would form part of the Trust Board's approval of the 2025/26 Quality Account.

75. The Trust Board approved the Quality Priorities for 2026/27.

TB26/03/12 PSIRF Annual Report [TB2026.27]

76. The CMO explained that, after 2½ years, PSIRF was a mature process in the Trust, as reflected in a recent internal audit report.

77. He highlighted the following achievements:

a. The Human Factors podcast, in collaboration with the Oxford Simulation, Teaching and Research team;

b. Engagement leads in place to strengthen patient and family engagement;

c. The development of training to support the after action review and learning process which had resulted in improved quality of Patient Safety Incident Investigations; and

d. Improved reporting to demonstrate real-world impact from incident-driven actions.

78. He thanked the Patient Safety team and Dr Rea for his leadership

79. The Trust Board noted the report.

TB26/03/13 Medical Education Annual Report [TB2026.28]

80. The CMO recognised the leadership of the Director of Medical Education, who presented the report.

81. The Department had oversight of over 40 training programmes, with approximately 1,000 doctors in training and a further 400 locally employed doctors requiring education support. The Trust was the largest provider within the Thames Valley deanery. The University of Oxford had 540 undergraduate medical students.

82. Key achievements included: nationally recognised programmes, high response rates to the national training survey, and positive feedback on supervision and educational culture, whilst noting areas for improvement in Trust-wide induction.

83. A long-standing item on the risk register regarding cataract surgery had been closed and excellent training was now being delivered.

84. The Board noted ongoing work through the 10-point plan for resident doctors following the Board Seminar in November 2025.

85. Key challenges were highlighted, including the impact of industrial action, national limits on training places, financial constraints and increasing accountability for training monies, the growing support needs of resident doctors, and rising concerns regarding burnout and wellbeing, particularly earlier in careers.

86. Board members expressed concern about burnout. While the Trust had supportive supervisors, an unreformed training system and anxiety over places on training programmes contributed to stress levels. The Director of Medical Education was a strong supporter of increasing training places to mitigate. It was note that there was a national push to create places.

87. It was possible to write training provision into contracts for Trust-commissioned services. This had been done successfully to address the training risk in Ophthalmology.

88. Members discussed how the Trust Board could be sighted to key metrics related to stress and burnout. The Director of Medical Education and CMO would consider how this could best be done using existing data points and in the context of current Trust Board reporting (Guardian of Safe Working Hours, 10 Point Plan: Getting the Basics Right for Resident Doctors, Medical Education Report).

89. Trust Board noted the report.

TB26/03/14 Establishment Control Policy [TB2026.29]

90. The Chief People Officer explained that the policy codified the process to be followed each year and was aligned with the Trust's financial planning.

91. The process provided assurance that there were appropriate controls in place for in-year changes.

92. Budget-setting for ward-based nursing followed a process based on national guidelines. National guidance did not exist for other categories of staff and the Trust had implemented tactical solutions, while putting evidence-gathering in place to inform future decisions.

93. The Trust Board noted the Establishment Control Policy.

TB26/03/15 Biannual Nursing Establishment Reviews [TB2026.30]

94. The CNO presented the report, which provided assurance to the Trust Board that nursing establishments remained safe, sustainable and aligned with national safe staffing guidance. No increases were required.

95. The CNO noted that teams had delivered major changes without additional investment and were proactively managing vacancies.

96. The Trust Chair expressed the Trust Board's gratitude to the nursing workforce.

97. Further reviews, for theatre staff and Allied Health Professionals, were planned.

98. The Trust Board noted the report.

TB26/03/16 2026/27 Annual Plan Update

99. The COO reported that a summary of the plan had been shared with members of the Trust Board and Council of Governors.

100. Following submission, the Trust had received feedback from Region; there were discussions within the Integrated Care Board regarding contract alignment.

101. It was likely that the Trust would be asked to further revise its financial plan, with the operational and workforce plans to remain as submitted.

102. The CFO indicated that if cost and income assumptions could not be resolved, a revised plan would show lower income and reduced costs and perhaps a small deficit. The Trust's aim was to maintain a breakeven plan.

103. Any changes would be communicated to the Trust Board.

104. The Trust Board noted the report.

TB26/03/17 Integrated Performance Report M10 [TB2026.31]

105. The COO reported that additional support from the Region and Thames Valley Cancer Alliance had made a positive impact on cancer performance in March. Efforts continued to prioritise the longest-waiting patients. There would be a further update on cancer performance in May 2026.

106. The COO briefed members on a recent meeting with the Regional team, who again pressed the Trust to revise its plan to get closer to compliance. The Trust would continue to keep to its original plan. The Regional team understood the Trust's position

107. Monthly performance was reviewed by the local Regional team and not at Regional Director Level, which indicated that the Trust was viewed positively.

108. The Trust Board was briefed on work in the Acute Provider Collaborative (APC) in Urology, which had successfully re-routed patients to trusts with more capacity. The COO reported that all trusts were under pressure in Gynaecology, and no mutual aid was possible.

109. The Interim CEO added that a longer-term planned care strategy was being considered by the APC.

110. Members also noted the requirement to deliver improvements in advice and guidance and e-triage across ten specialities by October 2026; there was good learning within the system to draw on.

111. The Trust Board noted the report.

TB26/03/18 Finance Report M10 [TB2026.32]

112. The CFO reported that flash reporting data would shortly be available. This would show that the Trust was on plan for M11.

113. The Trust Board noted the report.

TB26/03/19 Urgent and Emergency Care Oxfordshire System Dashboard [TB2026.33]

114. The Chief Operating Officer (COO) presented the Urgent and Emergency Care (UEC) Oxfordshire System Dashboard.

115. In light of the number of patients medically optimised for discharge, assumptions made approximately two years ago regarding bed capacity and discharge to assess should be reviewed. This pressure was also felt in neighbouring counties.

116. There was no expectation that patients medically optimised for discharge would reduce to previous levels. While there was seasonal variation, the increase represented a new normal. The COO confirmed that the numbers reflected both an increase in patients arriving and an increase to length of stay. She was confident that admission decisions at the Horton General Hospital and John Radcliffe Hospital were robust.

117. The Board further discussed the contribution and timing of “left-shift” investment and strategic commissioning intended to reduce admissions and support discharge, noting the need for clarity on the anticipated benefits and timescales.

118. The COO reported good Quality Improvement partnership working with Oxford Health NHSFT and South Central Ambulance Service on ambulance diversion.

119. The Board also discussed 12-hour trolley waits and the requirement to cease corridor care, recognising the close interdependency with discharge performance.

120. The Board heard that trolley waits had increased. This was due to increased winter pressures, demonstrably worse than the previous year, with the Trust spending 72 hours at OPEL 4. To illustrate, the COO drew the Board’s attention to the number of medically optimised patients for discharge during OPEL 4 (155 patients) against 88 patients in early March 2026.

121. The ambulance corridor in the Emergency Department was in place to support the timely offloading of ambulances and prevent breaching of the 45 minute release window.

122. The COO referenced recent guidance and reporting metrics for corridor care. These would be included in the Integrated Performance Review. The aim of the guidance was the elimination of corridor care.

123. The Integrated Assurance Committee could consider patients medically optimised for discharge in the context of "left-shift" and in light of guidance on corridor care, potentially through a Deep Dive.

124. The Trust Board noted the UEC Dashboard.

TB26/03/20 Regular Reporting Items

Trust Management Executive Report [TB2026.34]

125. The Trust Board noted the report.

Audit Committee Report [TB2026.35]

126. The Trust Board noted the report.

Integrated Assurance Committee Report [TB2026.36]

127. The Trust Board noted the report.

Consultant Appointments and Sealing of Documents [TB2026.37]

128. The Trust Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that have been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 21 January 2026.

TB26/03/21 Any Other Business

129. None.

TB26/03/22 Date of Next Meeting

130. A meeting of the Trust Board was to take place on **Wednesday 27 May 2026.**