Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 10 September 2025**, George Pickering Education Centre, John Radcliffe Hospital

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Mr Simon Crowther	Acting 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
Mr Terry Roberts	Chief People Officer
Prof Gavin Screaton	Non-Executive Director
Mr Robert Steele	Acting Chief Estates and Facilities Officer
Ms Felicity Taylor-Drewe	Chief Operating Officer
Ms Joy Warmington	Non-Executive Director

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Ms Joan Adegoke	Corporate Governance Officer [Minutes]
Prof Katie Jeffery	Director of Infection, Prevention and Control [Item 8]
Mr Lindley Nevers	Freedom to Speak Up Lead Guardian [Item 13]
Ms Kerri Packwood	RIPEL Programme Manager [Item 5]
Ms Milica Redfearn	Director of Midwifery [Item 6]
Ms Mary Walding	Lead Specialist Nurse [Item 5]

Apologies:

Mr Paul Dean	Non-Executive Director
Ms Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Prof Tony Schapira	Non-Executive Director
Prof Ash Soni	Non-Executive Director

TB25/09/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed attendees including governors present.

TB25/09/02 Minutes of the Meeting Held on 9 July 2025 [TB2025.72]

2. The minutes of the previous meeting were approved as an accurate record.

TB25/09/03 Chair's Business

3. The Chair briefed the Board on the NED recruitment currently underway with recommendations expected to be submitted to the Council of Governors in October.
4. The Annual Public Meeting (APM) was scheduled for 18 September. It was noted that presentations were to be recorded for those unable to attend in person but that this would not be the case for the Q&A session in order to maintain confidentiality for those posing questions.
5. Implementation guidance for the NHS 10-Year Plan had been received, placing responsibility for the neighbourhood model with Health and Wellbeing Boards and local government. A pilot in Buckinghamshire had been approved whilst the Oxfordshire Health and Wellbeing Board (HWB) was planning a stakeholder workshop to explore the model further.
6. The Acting CEO noted early progress on implementation of the 10-year plan, noting that the formal delivery plan was still awaited.
7. The Chair informed the Board that Ms Claire Flint would be standing down from her role as a Non-Executive Director in the coming months, with Ms Joy Warmington taking on the Freedom to Speak Up (FtSU) lead.
8. A decision regarding the Maternity Champion role would be made following the end of Professor Tony Schapira's term of office. The Trust was still awaiting further details of the National Maternity Review, including confirmation of the selected trusts and the associated Terms of Reference.
9. The Board noted the update.

TB25/09/04 Chief Executive Officer's Report [TB2025.73]

11. The Acting CEO highlighted the strong representation of OUH staff in national recognition initiatives and awards.
12. Mr Crowther noted the appointment of Ms Lisa Hofen as Chief Estates and Facilities Officer, joining OUH on 27 October. The Board expressed its thanks to Mr Robert Steele for serving in the acting role until her arrival.
13. The Board heard that the Trust had handled the junior doctors' strike efficiently, with only 6% of services cancelled despite 40–45% participation in the industrial action. This

was compared favourably with other trusts, though some patient impact had been unavoidable. A review of lessons learned was being undertaken to guide future actions.

14. On 29 August, a fire at the Women's Centre had resulted in some damage but no injuries. The Oxfordshire Fire and Rescue Service (OFRS) had commended the response to the incident. An internal review was in progress, and OFRS was to release a public report in due course.

15. The Board noted that NHS England had released performance league tables and provider segmentation as part of the national operating framework. Oxford University Hospitals (OUH) was assigned to Segment 3 due to a financial override which was applied to organisations receiving deficit support; this measure prevented placement above Segment 3 regardless of other performance metrics. OUH was among 54 providers in Segment 3 out of approximately 154 nationally. It was noted that, based on performance metrics, the Trust would have been eligible for Segment 2 had it not been for the financial override.

16. The Chief Operating Officer (COO) explained that segmentation scores relied on rolling averages, which did not fully align with the Trust's Integrated Performance Report (IPR) which was focused on more recent data. The segmentation criteria were being incorporated into the Trust's ongoing performance reporting, with actions identified to address relevant areas. It was suggested that the Board focus on seven key indicators, which would be included in the IPR for regular review and public reporting.

17. Board members discussed the implications of aligning Trust performance reporting with NHS England's one-year segmentation framework and considered the potential limitations of adopting this model alone. The need to provide comprehensive organisational insights without excessive detail or the omission of positive outcomes was noted. The Chair indicated these discussions could be addressed through the Board development programme.

18. It was noted that many elements within the segmentation framework already aligned with the Trust's annual plan and stressed the importance of defining priorities for the 3–5-year strategy based on patient and organisational requirements, and not solely national measures, recognising that all metrics had limitations.

19. It was proposed that a communications and briefing plan be developed to assist public understanding of the ratings.

20. The Board noted the report.

TB25/09/05 Patient Perspective

21. The Chief Nursing Officer introduced the Lead Specialist Nurse for Palliative Care and the Rapid Intervention for Palliative and End of Life Care (RIPEL) Programme Manager, who presented Mel's Story as an illustrative example of compassionate and coordinated end-of-life care delivery.

22. Mel, a 60-year-old patient diagnosed with glioblastoma, was able to remain at home during her final weeks in accordance with her and her family's preferences. Her care was provided by a comprehensive multi-disciplinary team, including OUH's virtual wards, primary care professionals, and district nursing staff, all of whom facilitated timely access to equipment and emotional support.
23. The RIPEL Programme played a pivotal role by delivering integrated services such as home hospice care, expedited discharge processes, and a centralised support hub. Now incorporated into core services, RIPEL had continued to demonstrate both cost-effectiveness and high-quality end-of-life care, despite ongoing uncertainties regarding future funding.
24. Board members discussed the emotional impact experienced by staff providing these services, emphasised the significance of patient-centred care, and considered the complexities of data sharing and service coordination.
25. The Board commended RIPEL's efficient service access and holistic approach, while acknowledging persisting challenges related to variations across the county and system fragmentation.
26. The Chief Digital and Information Officer reported on advancements in service access tools and advocated for a transition towards citizen records to enhance consistency.
27. The Board recognised the substantial impact that integrated care had on families and extended their appreciation to the family, staff, and programme leads for their commitment and compassion.

TB25/09/06 Maternity Service Update Report [TB2025.74a]

28. The Chief Nursing Officer updated the Board on Maternity services, confirming the launch of Phase 2 of the Perinatal Improvement Programme which was focused on patient experience, staff experience, and safety. The programme was co-chaired with the Chief Medical Officer, with task and finish groups underway and integrated workstreams reporting to the Delivery Committee.
29. A clinic for high-risk pregnancies was being established at Horton General Hospital, with consultant funding secured and Phase 1 refurbishment progressing through the business case process.
30. Engagement continued with groups representing families alongside wider public engagement efforts supported by appropriate data.

TB25/09/07 Perinatal Mortality Quarter 1 Report 2025-26 [TB2025.74b]

31. The Director of Midwifery presented the Q1 Mortality Report, noting an increase in births in July (607), marking the start of the service's busiest period.
32. The Trust had received national recognition for excellence in preterm care. All antenatal and newborn screening quality reports had been submitted and accepted.

33. Staff experience remained a priority, with 38 newly qualified staff joining, continued development of the professional midwifery advocate service, and ongoing Schwartz rounds.

34. Performance challenges persisted in induction of labour and the elective caesarean pathway with a multidisciplinary induction of labour task and finish group established and mitigations in place for a mismatch in demand and capacity for births by caesarean section.

35. Patient complaints had risen, including a number of historic cases. Of the 35% of women birthed who provided feedback, however, 98% rated their experience positively.

36. There had been eight perinatal deaths in Q1. All of these had been reviewed through the PMRT (perinatal mortality review tool) process, with learning actions implemented.

TB25/09/08 Perinatal Quality Surveillance Summary Report – June - July 2025 [TB2025.74c]

37. The Director of Midwifery presented this report and confirmed that the Trust remained on target to achieve all ten safety actions under the Maternity Incentive Scheme. The CQC Action Plan for the Horton General Hospital had been completed and the Board recognised this achievement.

38. There had been an increase in safeguarding concerns, notably those associated with homelessness. The Board underscored the growing need to support pregnant women residing in hotel accommodation with appropriate services. The homelessness programme was linking with the work of the Health and Wellbeing Board.

39. Collaboration continued with Oxford Health and other providers striving to deliver holistic care and safeguarding resources had been reinforced, though the need for further review was noted. It was suggested that examples of good practice in neighbourhood health be shared with the aim of providing a comprehensive service.

40. Access to care and addressing health inequalities had been prioritised. A comprehensive report was being prepared, accompanied by a research project aimed at enhancing communication for patients who did not speak English. The Trust was among six organisations nationally engaged in this initiative.

41. Positive breastfeeding outcomes were noted. Discussion was held on the increasing volume of feedback received through the Friends and Family Test (FFT), attributed to a consistent approach and active encouragement during each patient interaction, complemented by diverse and accessible feedback options.

42. The Board noted the report.

TB25/09/09 Patient Experience Annual Report 2024/25 [TB2025.75]

43. The Chief Nursing Officer (CNO) introduced this report.

44. The Board noted that it reported a year-on-year increase in complaints, reflecting rising service pressures and patient expectations. The complaints handling process had been revised, with a reduced response timeline of 25 days and a target to meet this in 85% of cases. A new triage system was in place to prioritise complex cases more effectively, supported by weekly divisional monitoring.

45. Friends and Family Test (FFT) response rates had been impacted by reliance on BadgerNet and SMS collection methods, highlighting the need for more diverse feedback mechanisms. To address this, 'Say on the Day' digital devices had been introduced to improve accessibility. Ensuring local visibility and ownership of data in clinical areas remained a priority.

46. The Triangulation and Learning Committee was making progress, though longer-term structures still needed to be established. The need to ensure equitable feedback representation for some groups had been highlighted.

47. The Board recognised that resolving complaints quickly benefitted both patients and the organisation. The CNO emphasised the need to balance timeliness with maintaining high-quality responses. Digital tracking tools were being explored to better support this. The Acting CEO confirmed that the management of complaints was reviewed at Delivery Committee and divisional performance meetings, with complex cases requiring coordinated input across divisions.

48. It was noted that monthly performance reviews allowed triangulation with other data sources and helped manage public expectations, particularly around waiting times. The importance of resolving issues at the bedside and targeting specialty-specific concerns was emphasised. Ward-level training was taking place to address complaints in real time when patients were still in hospital as once issues became formal complaints resolution became more difficult and often less satisfactory. In was recognised that this was preferable in allowing clinical issues to be addressed in a timely fashion.

49. It was suggested that any recurring themes be assessed to ensure that these were already being addressed through existing improvement plans, noting that the national complaints coding scheme was not granular enough to readily support targeted improvement.

50. Ms Aletha Bickell was introduced as the new Head of Patient Experience and discussions were underway to develop a comprehensive Patient Experience Strategy, which would be brought back to the Board.

51. The Board noted the report.

TB25/09/10 Infection Prevention and Control Annual Report [TB2025.76]

52. The Director of Infection Prevention and Control (DIPC**)** presented the IPC report in line with the Health and Social Care Act.

53. The antimicrobial stewardship team was performing above national contract standards and had demonstrated a return on investment following its successful business case.

54. The Board noted that the Trust had not met the national MRSA trajectory which required zero cases, due to a single case reported in Q1, but had seen a positive reduction in MSSA against a backdrop of rising national rates. A new Nursing Lead Manager had been appointed and would commence in post in October.

55. It was noted that engineering work at Churchill Hospital to close the legionella SIRI, which was still to be completed by the PFI provider team.

56. The Board heard that the Trust continued to operate as a designated airborne high-consequence infectious disease centre, led by the infection prevention nursing team, with the current highest risk disease being avian influenza which would require full quarantine.

57. Work was underway to develop a case for investment in an integrated IPC surveillance system. The Chief Digital and Information Officer highlighted the need for a strategic approach, noting that early EPR adoption had led to a mosaic of systems.

58. On C. difficile the DIPC confirmed rates had declined since the data points shown in the report, attributing improvements to coordinated cleaning efforts across estates, clinical teams, and PFI staff. The Board noted that it was difficult to assess the impact of changes to antimicrobial guidance due to the relatively small numbers involved.

59. The Chair recommended briefing the Board on the IPC league table metrics to assess their strategic value. It was noted that MRSA remained a key focus, with 11 cases in the previous year against a zero-case target. The current screening method, a single nose swab was noted to be suboptimal, and plans were in place to expand sampling sites, though this would introduce additional costs.

60. The Board noted the report.

TB25/09/11 Learning From Deaths Annual Report [TB2025.77]

61. The Chief Medical Officer presented this annual report which continued to provide assurance that the mortality review process remained robust and effective. All deaths were subject to review, with 99% completed within the eight-week timeframe set out in the policy. The remaining cases had also been fully reviewed.

62. The Trust's Hospital Standardised Mortality Ratio (HSMR) was 94.6, which was lower than expected. While the Board had previously noted an upward trend, the rate had now declined over the past three consecutive quarters, which was reassuring.

63. The Summary Hospital-level Mortality Indicator (SHMI) was currently 0.91, placing the Trust within the 'as expected' range.

64. The Board noted the report.

TB25/09/12 Combined Equality Standards Report 2025 (incl. WRES/WDES/GPG/EDS) [TB2025.78]

65. The Chief People Officer (CPO) presented the Combined Equality Standards report, noting positive developments across the Trust's EDI agenda, with progress in key areas. Targeted actions were in place to address the remaining gaps.

66. Key High Impact Actions (HIA):

- Board members now had measurable EDI objectives to reinforce leadership commitment.
- BME staff representation in clinical roles had risen, with near-equity at interviews for BME and disabled applicants. However, perceptions of equal opportunities for advancement had declined, requiring cultural and systemic change.
- The mean gender pay gap narrowed slightly, but the median widened and fewer women occupied top-paid roles; BME women faced the largest pay gaps, especially in medical/dental positions.
- Fewer staff reported managerial pressure to work when ill, yet disabled staff still experience higher presenteeism, indicating a need for inclusive management.
- Internationally educated colleagues report less support and sense of belonging, highlighting the need for targeted induction and development programmes.
- Bullying and harassment metrics had improved, but discrimination against BME had staff increased, showing a continued need for anti-racism initiatives and inclusion.

67. Strategic priorities included promoting diverse career progression in line with the workforce strategy, addressing presenteeism, enhancing support for international recruits, introducing bystander training, and launching a campaign to build psychological safety and inclusivity among leaders.

68. It was noted that current induction supported new international recruits, but that long-serving internationally educated staff might lack ongoing support. The CPO agreed that teams receiving international staff needed targeted support to foster integration and belonging.

69. The Board emphasised the importance of considering the intersection of multiple identity factors and their impact on staff experiences, highlighting the need for more nuanced and inclusive support strategies. The Chief People Officer noted the value of identifying specific areas where staff report a diminished sense of belonging in order to implement targeted interventions that enhanced inclusion and engagement.

70. It was recommended that current priorities be assessed in relation to last year's action plan to verify ongoing progress, with particular attention given to the increasing need for a comprehensive understanding of staff experience within a global workforce context.

71. The Board noted the report.

TB25/09/13 Responsible Officer's Revalidation Annual Report [TB2025.79]

72. The Chief Medical Officer presented Responsible Officer's Revalidation Annual Report, noting that the Trust had discharged its statutory responsibilities for medical revalidation, including oversight of Helen and Douglas House.

73. Appraisal compliance was 95.4%, consistent with the previous year. One revalidation recommendation missed the deadline due to a new starter whose upcoming revalidation was not flagged. A new process had been implemented to prevent recurrence.

74. The Board noted the report.

TB25/09/14 Health and Safety Annual Report [TB2025.80]

75. The Chief Nursing Officer presented the Health and Safety Annual report, noting that the Trust remained compliant with the required standards, with key metrics achieved and a robust internal audit programme in place. There was an opportunity to improve the visibility of audit outcomes.

76. There had been a 10% increase in reported incidents of violence and the Trust had a "No Excuses" campaign operating. The Trust would be hosting a national conference on this theme.

77. Fire safety risks had been identified, primarily due to aging infrastructure. While mitigations such as revised evacuation plans were in place, further investment was needed. The Chief Nursing Officer and Acting Chief Estates and Facilities Officer were to develop a programme of work aligned with recommendations from the recent fire report. It was recognised that this might require reprioritising the capital programme, with the possibility that regional funding might be available to support this work.

78. Staff wellbeing and inclusion remained a priority. The Board noted an increase in aggression and harassment towards staff, with most incidents involving minor harm. There had, however, been distressing cases of racist abuse directed at staff outside the workplace. Professor Montgomery raised the need to better capture the emotional impact of incidents that occurred beyond the work environment.

79. The CPO confirmed that support was available through the Employee Assistance Programme and that the BAME Network was being consulted to understand what staff needed before implementing solutions. The Trust had committed to co-creating solutions with staff.

80. Ms Warmington reported a national increase in various forms of abuse, including racist abuse, and shared concerns about staff feeling unsafe in the community. She proposed a Trust-wide webinar to address this issue and emphasised the importance of visible support from the organisation.

81. It was hoped that the national event in October would help to bring together related workstreams by listening to staff experiences and using their feedback to shape improvement efforts.

82. It was suggested that, as one of the region's largest and most diverse employers, the Trust might consider making formal representations to the Council and Police regarding emerging safety and wellbeing concerns.

83. The Chair requested that reflections and learning from the upcoming Black History Month 2025 Conference and Violence Prevention and Reduction Summit be brought back to the Board to inform future action.

84. The Board noted the report.

TB25/09/15 Freedom to Speak Up Policy [TB2025.81]

85. The Lead Freedom to Speak Up Guardian outlined the key changes following a three-year review of the FtSU policy. The updated policy better reflected modernised services and aligned with national guidance to protect staff from detriment when speaking up.

86. The policy now included:

- Clear guidance on how to raise concerns using the new Work in Confidence platform, which guaranteed anonymity;
- Improved clarity on where staff could seek support;
- Updated job titles, with the Chief People Officer now named as the FtSU lead;
- Reference to the National Guardian's Office, with a note that this might be revised in line with the 10-Year Plan and Dash review, which suggested that the office might be discontinued; and
- New arrangements for monitoring staff completion of FtSU training modules.

87. Overall, the changes strengthened the Trust's commitment to an open and supportive culture.

88. The Chair thanked Mr Nevers and the team for their work as the policy had been made clearer, noting that national changes to the FTSU programme were not material to the Trust's policy and would not affect the Trust's commitment to supporting staff who speak up.

89. The Acting CEO added that these changes should strengthen the Trust's approach, as they brought greater autonomy and responsibility.

90. Mr Nevers confirmed that staff engagement with the new Work in Confidence platform had been strong, with many staff activating accounts. Promotion of the platform had increased awareness of FtSU, contributing to a rise in cases. Of the 73 cases raised, 43 were submitted via Work in Confidence, with many staff choosing to convert anonymous

reports into open discussions. The platform was often used for ease of access rather than anonymity.

91. The Chair commended the work done to enable anonymous concerns to be escalated through more formal and actionable routes.

92. The CPO requested delegated authority from the Board for future updates to the policy. This was agreed subject to the requirement that any substantial changes be discussed first with the Chair.

93. Mr Nevers informed the Board that FtSU Week would take place next month.

94. The Board approved the policy.

TB25/09/16 Integrated Performance Report M4 [TB2025.82]

95. The Acting Chief Executive Officer reported on performance across the four pillars and domains, highlighting the following points:

- ED performance remained above plan;
- Cancer performance continued to present challenges and remained a key focus;
- Sickness absence was being closely monitored, with a focus on reduction ahead of winter; and
- The Trust had received an NHSE request to improve flu vaccination uptake by 5%, with efforts underway to exceed last year's performance.

96. The Chief Operating Officer reported steady progress in July on RTT (Referral to Treatment) waiting times, with outpatient performance improving and more patients seen within 18 weeks. While overall performance remained below target, a recovery trajectory was in place.

97. There was a balance between improving RTT performance and reducing the longest waits, which were interlinked. No patients were now waiting over 104 weeks, though some still faced delays due to clinical complexity. A few specialties remained behind plan, but overall progress was positive. Clear communication at referral was helping manage expectations and prioritise care.

98. The Trust was now meeting the Faster Diagnosis Standard (FDS) for cancer, achieving 81.9% in July. However, performance on the 31-day standard remained below target, and while there had been some recovery on the 62-day standard, overall performance at 61.9% still required improvement.

99. Backlog clearance continued to impact short-term performance. Quality improvement workshops, including one focused on Lower GI, were supporting efforts to improve.

100. The need to balance internal challenges with system-wide issues was noted.

101. It was noted that there had been a 3.2% increase in cancer referrals, but that this had not been matched by a rise in diagnoses. There was a desire to focus on earlier detection, particularly in areas of deprivation.

102. Mutual aid had proven effective in Urology, especially at the point of referral. However, gynaecology services remained under pressure across all APC (Acute Provider Collaborative) providers, and Oncology capacity within the APC was also constrained, highlighting the need for greater system resilience.

103. It was noted that referral volumes were above plan for most commissioners. In the absence of an activity management plan, commissioners were obliged to pay for overperformance. The July Board had agreed to accept the financial risk associated with potential non-payment. Monthly bilateral meetings with ICB executives were in place to reinforce the Trust's overperformance and ensure that payment mechanisms were recognised. This situation presented both financial and performance risks. Direct engagement with primary care remained a key strategic priority.

104. The Board noted the report.

TB25/09/17 Finance Report M4 [TB2025.83]

105. The Chief Finance Officer reported that the Trust had been on plan since Month 4 and was expected to remain so in Month 5, though the current position included more non-recurrent funding than anticipated. The underlying deficit, supported by £6m deficit funding might need revisiting given its prominence in the new oversight framework.

106. The importance of all organisations understanding and improving their underlying position had been emphasised.

107. The Board heard that the 10-year NHS plan would require resource shifts, which would be more challenging for organisations facing significant financial pressures.

108. The Acting CEO noted ongoing work to review non-pay expenditure identified as the largest area of variance. A programme of work was being developed to better understand processes around non-pass-through drugs with further analysis underway to determine whether to act at service level or by tightening controls.

109. The Board noted the report.

TB25/09/18 Winter Preparedness Plan to include: Winter Plan Board Assurance Statement [TB2025.84]

110. The Chief Operating Officer informed the Board of her attendance at a regional simulation event from which the BOB team was reviewing outputs. It was noted that the current year carried added risk due to more medically optimised patients awaiting discharge. Subject to Board approval, feedback from the event would inform the assurance submission. There were also opportunities to revise pathways based on ED Level 1 development work.

111. The issue of surge capacity from outside Oxfordshire was raised and it was noted that this needed discussion at the Oxfordshire Place level, including a clearer approach to rapid discharge. Regional expectations linked to the Trust's increased critical care capacity were also raised and the COO confirmed that no formal request had been made in relation to this.

112. The Board noted the Winter Plan.

TB25/09/19 Urgent and Emergency Care Oxfordshire System Dashboard [TB2025.85]

113. The Board noted this UEC Dashboard.

TB25/09/20 Trust Management Executive Report [TB2025.86]

114. The Board acknowledged the report and approved the Energy Policy and SAS Doctor Pay Progression.

TB25/09/21 Integrated Assurance Report [TB2025.87]

115. The Board noted the report.

TB25/09/22 Consultant Appointments and Sealing of Documents [TB2025.88]

116. The 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 9 July 2025.

TB25/09/23 Any Other Business

117. No additional business has been highlighted on this occasion.

TB25/09/24 Date of Next Meeting

118. A meeting of the Trust Board was to take place on **Wednesday 12 November 2025.**