

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 21 January 2026**, Unipart House, Garsington Road, Oxford

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 Paul Dean | Non-Executive Director |
| Mr Jason Dorsett | Chief Finance Officer |
| Dr Claire Feehily | Non-Executive Director, [to Minute TB26/01/07 and from Minute TB26/01/14] |
| Ms Claire Flint | Non-Executive Director |
| Ms Lisa Hofen | Chief Estates and Facilities Officer |
| Mr Kenny Kamal | Non-Executive Director |
| Dame June Raine | Non-Executive Director, [to Minute TB26/01/13] |
| Mr Terry Roberts | Chief People Officer |
| Prof Gavin Screatton | Non-Executive Director |
| Prof Ash Soni | Non-Executive Director |
| Ms Felicity Taylor-Drewe | Chief Operating Officer |
| Ms Joy Warmington | Non-Executive Director |

In Attendance:

| | |
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| Dr Neil Scotchmer | Head of Corporate Governance |
| Dr Laura Lauer | Deputy Head of Corporate Governance [Minutes] |
| Ms Sharon Andrews | Head of Midwifery [Minute TB26/01/07 only] |
| Ms Aletha Bicknell | Head of Patient Experience [Minute TB26/01/06 only] |
| Dr Amit Gupta | Clinical Lead for Neonates [Minute TB26/01/07 only] |
| Ms Barbara Shaw | Patient Safety Partner [Minute TB26/01/06 only] |

Apologies:

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| Ms Sarah Hordern | Non-Executive Director |
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TB26/01/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed Mr Kamal and Dame June to their first meeting of the Trust Board. Members of the Council of Governors, staff, and members of the public observing the meeting were also welcomed.
2. There were no declarations of interest.

TB26/01/02 Minutes of the Meeting Held on 12 November 2025 [TB2026.01]

3. Correction to two paragraphs was requested:
 - a. Paragraph 89 – clarification that Ms Fint was thanked for serving as NED Champion for Freedom to Speak Up and Ms Warmington was welcomed to the role;
 - b. Paragraph 119 – that the presentation to the Integrated Assurance Committee should include PFI contract management and clarity on one-off actions to deliver the plan.
4. Subject to these minor corrections, the minutes of the previous meeting were approved as an accurate record. *Post-meeting note: following approval of the minutes, the Chair took action to approve a further correction to paragraph 39 to note that the neonatal medical workforce met BAPM standards.*

TB26/01/03 Action Log and Matters Arising [TB2026.02]TB25/11/06 Patient Perspective – updating patient records

5. The Chief Digital and Information Officer (CDIO) highlighted a successful pilot of ambient voice technology in the Trust. 80% of clinicians found that the technology improved the speed and quality of patient notes.
6. The NHS app was not currently in use in inpatient settings; with appropriate safeguards it could provide patients with access to records in real-time.
7. It was agreed that the action could be closed.

Matters Arising

8. The Trust Board received an update from the CDIO on procurement of a pharmacy system, noting that the details were commercially sensitive. The CDIO was confident that an award would be made before the next meeting of the Trust Board.
9. The Chief Medical Officer (CMO) reported that the Trust was preparing for National Institute of Health and Care Excellence (NICE) approval of Givinostat; however, the timeline for a NICE decision was not clear. The Board confirmed its previous decision to wait for NICE approval.

TB26/01/04 Chair's Business

11. The Chair noted the recent appointment of Andrea Young as the incoming Chair of Oxford Health NHS Foundation Trust. She would take up the role in April 2026. Grant McDonald, the Chief Executive at Oxford Health NHS Foundation Trust would be retiring later in the year.
12. The Chair confirmed that he and Ms Young would meet in due course to consider opportunities for strengthened partnership working between the organisations, with support from the ICB as future options for Oxfordshire were developed. A short paper on partnerships had been provided for the Board's information, with more detailed discussion planned as part of the Board Development Programme.
13. The Chair also updated the Board on a constructive introductory meeting with the new Vice-Chancellor of Oxford Brookes University, Professor Helen Laville, noting that it offered a timely opportunity to consider shared ambitions for the longer-term development of Oxfordshire and the wider region.
14. The Trust Board noted the update.

TB26/01/05 Chief Executive's Report [TB2026.03]

15. The Interim Chief Executive Officer (CEO) welcomed Mr Kamal and Dame June to the Trust Board.
16. Over 50% of frontline staff had been vaccinated as part of the staff flu vaccination programme. This was an improvement on the previous year and the CMO was thanked for his leadership of the programme. The Trust Board heard that staff may be hesitant to be vaccinated for a variety of reasons, but providing easy access had been one reason for increased uptake.
17. The Board was updated on operational pressures over the Christmas and New Year period. The Interim CEO expressed thanks to staff for their sustained efforts in ensuring patients continued to be treated safely despite challenging conditions.
18. The Trust had received an Information Commissioner's Officer decision notice under the Freedom of Information (FOI) Act concerning delays in responding to a historic request relating to maternity ultrasound scans. The CDIO explained that the request had been complex, involving multiple stakeholders and checks to ensure data accuracy.
19. The CDIO briefed the Trust Board on the new case management platform which should improve response times to FOI requests.
20. The Chief Nursing Officer (CNO) reported that the Care Quality Commission (CQC) had made an unannounced visit to Neonates earlier in the week, with staff interviews to follow later in the week.

21. Initial CQC feedback had been received; leadership in the service was viewed positively and inspectors had raised some issues relating to the condition of the high-dependency estate and aspects of culture, though improvements had been noted.
22. As part of the inspection, the Trust was completing the usual provider information requests.
23. There was no update on when the Trust would receive the CQC reports of the inspections of maternity services at the John Racliffe and Horton General Hospitals. The CNO noted that the entire perinatal service had now been inspected.
24. The Trust Board discussed the need for clearer sight of how innovation and research translation are monitored and reported. This would be addressed as part of a Trust Board seminar as brought back as appropriate.
25. The Trust Board noted the report.

TB26/01/06 Patient Perspective

26. Ms Barbara Shaw, one of the Trust's Patient Safety Partners (PSPs), shared her experience. She outlined her background in advocacy roles within the voluntary sector and described her work across several Trust committees, including the Clinical Governance Committee and the Safety, Learning and Improvement Committee. She highlighted practical contributions made by PSPs, such as enhanced signage, more sensitive wording in patient information, and improving feedback.
27. Ms Shaw emphasised the value PSPs brought as patient advocates, noting both the importance of induction and support for new PSPs and the need to match individuals' skills to areas of work. She reflected on the significance of ensuring seldom-heard groups were represented and on developing strategic approaches to embed patient voice more consistently across the organisation.
28. The Trust Board discussed how to strengthen strategic insight from PSPs, avoid duplication with other engagement mechanisms, and ensure effective integration of PSPs into committees. Members noted the opportunity to use PSP mapping to identify gaps in representation and to support ongoing work on patient information, accessibility, and pathway clarity—particularly for rare conditions.
29. The Trust Board noted the report.

TB26/01/07 Maternity Items

Maternity and Perinatal Incentive Scheme Year 7

30. The Head of Midwifery presented the Year 7 Maternity and Perinatal Incentive Scheme (MPIS), supported by the Clinical Director, Neonates. The Board reviewed the evidence presented and was satisfied that the Trust had achieved the 10 maternity safety actions in accordance with the sub-requirements as set out in the safety actions and technical guidance document.

31. Dame June, Non-Executive Maternal and Neonatal Safety Champion, praised the fact that there were some areas in which the Trust went beyond the scheme requirements.
32. The Clinical Director, Neonates highlighted that 7-day consultant cover was provided, and it was anticipated that out-of-hours cover would be staffed by April 2026.
33. Board members sought assurance regarding the independence of evidence review. The Local Maternity and Neonatal System (LMNS) reviewed the Saving Babies Lives Care Bundle version 3 (Safety Action 6) and there were quarterly reviews between the LMNS and the Trust. The Head of Midwifery confirmed that evidence reviews took place at meetings with NHSE partners.
34. The Board considered whether the MPIS compliance gave false assurance about the service, given recent regulatory scrutiny. The CNO told members that the Trust was participating in the NHS Maternity Safety Programme and receiving additional support to ensure improvements were sustainable and focused on quality and safety.
35. The Board noted that there were no reports covering either year 2024/25 or 2025/26 that related to the provision of maternity services that could subsequently provide conflicting information to the declaration.
36. The Trust Board:
 - Confirmed that it was satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions met the required safety actions' sub-requirements as set out in the safety actions and technical guidance document; and
 - Approved that the Interim Chief Executive Officer sign the Trust Board declaration form.

Perinatal Quality Oversight Model Report [TB2026.04]

37. The Head of Midwifery presented the report, which was based on November 2025 data. She reported that births were down from the previous month, all reporting requirements had been met and no cases met the threshold for reporting to the Maternity and Newborn Safety Investigation.
38. The drop in births was confirmed to follow a national trend and did not reflect patient choice.
39. The Trust Board was updated that compliance with venous thromboembolism (VTE) risk assessment had increased in December. Reporting systems had been improved and aligned.
40. Complaints had increased over the past three months, with key themes relating to communication, induction of labour, and waiting during busy periods.
41. She noted that some complaints related to care provided some time in the past. All complainants, whether historic or recent, would be contacted personally to discuss their complaint within a week, whenever possible. The CNO added that all complainants

should be offered an opportunity to discuss, when they were ready and in the manner they found most comfortable, the circumstances surrounding the complaint. Interventions would be co-created with patients and families and reflect individual needs.

42. As part of the Trust Quality Priority, the service was working with the Patient Experience team to create a patient experience lead for the maternity service.
43. A stakeholder event had been held in December 2025; over 80 people attended and feedback and learning would be shared in due course.
44. The number of moderate harm and above instances (51 of 238) was queried. The Head of Midwifery explained that the Trust had a robust reporting culture and took a wider view than some trusts regarding the definition of moderate harm. These were discussed at daily patient safety review meetings. Any cases shown as outstanding would be due to complexity and ongoing actions. The Trust Board had supported the approach taken to reporting harm to ensure visibility.
45. The Trust Board noted “say on the day” feedback but sought further information on how staff were supported when dealing with complaints and when patients may feel uncomfortable with the person treating them. The midwifery rapid responder role was available to resolve issues for both patients and staff; escalation on the day had proved beneficial.
46. Delays to caesarean sections had been audited and showed that for the small number of Category 1 cases, the delays were only a few minutes and there was no evidence of harm.
47. To provide assurance of appropriate review and scrutiny, Board members requested an organogram of maternity governance and reporting flows to Board and Executive committees.

ACTION: Chief Nursing Officer to provide a schematic of maternity governance and reporting and how it flows through to Board and Executive committees.

48. The Trust Board noted the report and recorded its support for improvement initiatives.
Maternity Safe Staffing Biannual Report [TB2026.05]
49. The Head of Midwifery reported two instances when 1:1 care was not provided. This was often at the start of a shift while awaiting the community on-call midwife. She confirmed that patients were still receiving care that was safe.
50. The CNO highlighted the work that had been done to reduce vacancies and stabilise the midwifery workforce. This would allow the service to move forward to address delays in induction of labour and timely triage.
51. The Board considered the BirthRate Plus® methodology and sought assurance that the Trust had the right staffing model, given the data on missed breaks and midwife availability due to maternity leave.

52. The CNO had scheduled a comprehensive review to determine whether the right people with the right skills were deployed effectively. This work would be presented to the Integrated Assurance Committee.
53. The Trust Board:
- Noted that the contents of the report were in line with the requirement of the NHS Resolution Clinical Negligence Scheme Trusts Maternity Perinatal Incentive Scheme for safety action 5;
 - Noted the evidence that midwifery staffing budget reflects establishment as calculated by BirthRate Plus®; and
 - Approved and was assured that there had been an effective system of Midwifery workforce planning and monitoring of safe staffing levels for Q1 and Q2 of 2025/26 inclusive.

TB26/01/08 Mental Health Act in OUH FT Annual Report [TB2026.06]

54. The Chief Medical officer (CMO) presented the report.
55. While there were only a small number of cases, the metrics provided strong assurance that the Trust had applied the requirements the Act correctly. There were no complaints or incidents associated with use of the Mental Health Act (MHA).
56. Where minor areas of improvement had been identified, the service had developed action plans to address.
57. The CMO highlighted the demand/capacity mismatch amid rising mental ill-health. A lack of specialist bed availability meant that patients were waiting longer.
58. The Chair asked whether a change in police practice in relation to Section 136 had an impact; while not explicitly addressed in the report, the CMO confirmed this was managed.
59. The Trust Board:
- Reviewed the Trust MHA activity data and compliance with standards of practice and
 - Considered that delivery of any action plan will be the responsibility of the MHA manager, MHA administrator and MHA lead.

TB26/01/09 Learning from Deaths Q2 Report [TB2026.07]

60. The CMO presented the Q2 Learning from Deaths Report.
61. Mortality reviews were undertaken for every in-hospital death and that 99% of these were completed within 8 weeks. He noted that the Trust's practice of reviewing all deaths was not universal across the NHS.

62. In the reporting period, one death was categorised as potentially preventable. This resulted in important learning relating to venous thromboembolic disease. Targeted improvements had been initiated to strengthen VTE assessment and 100% compliance was now reported.
63. The Board was assured that mortality rates were within expected levels, that learning from reviews was clearly identified, and that appropriate action was taken in response.
64. The Trust Board noted the report.

TB26/01/10 Nursing and Midwifery Job Profile Review [TB2026.08]

65. The Chief People Officer (CPO) introduced the review. He told the Trust Board that during the coronavirus pandemic, some healthcare support workers had undertaken additional responsibilities. This resulted in their pay and banding not being aligned with their responsibilities. The Trust had addressed this at the time, but those trusts that did not faced an issue with back pay.
66. The NHS Staff Council had called for the review, and the report provided assurance that a fair and consistent process had been followed. As a result, all job descriptions appropriately described the job's responsibilities and were correctly banded.
67. The Board noted that most Band 5 and 6 roles had been evaluated, an online job description library has been developed, and governance and reporting through the Trust Management Executive was in place.
68. The CPO confirmed that it was normal for there to be some issues regarding banding and responsibilities, but it was not expected that the review would exacerbate these.
69. The Trust Board noted the report.

TB26/01/11 2026/27 Annual Plan

70. The Chief Operating Officer (COO) provided a verbal update on the development of the 2026/27 Annual Plan. A first draft had been submitted in December 2025, with a revised version to be considered by the Trust Board on 28 January 2026 ahead of the national 12 February 2026 deadline.
71. The plan had been developed using a bottom-up approach with Divisional teams. The Trust had received feedback on the first submission from the Thames Valley South East Region and this would be provided to the Trust Board as part of the 28 January discussion.
72. In delivering its plan, the Trust would need to balance national expectation against what was achievable, particularly regarding financial breakeven and performance against constitutional standards. The Board understood that there were constraints on elective capacity and that the Surgical Elective Centre would only partially mitigate these.
73. The Chair of the Audit Committee sought assurance that financial plans were understood and owned at Divisional level. The COO said that, as well as the annual

plan, the Trust Board would be presented with the delivery plan. This would set out how the plan would be achieved.

74. Members stressed the importance of Divisional buy-in and participation. A session for Divisions to present their plans would be arranged.
75. The Trust Board noted the update.

TB26/01/12 Integrated Performance Report M8 [TB2026.09]

76. The Interim CEO outlined ongoing work to refine the segmentation dashboard and strengthen reporting against the national oversight framework. The report would continue to be developed iteratively.
77. The COO reported that the Trust had set a credible and ambitious plan but had been transparent that it would not meet all constitutional standards targets. Months 11 and 12 were expected to remain close to plan, with continued focus on the longest waiters and the most clinically urgent patients. Very good progress had been made in relation to first outpatient appointment metrics, helping the Trust make progress at the front end of the patient pathway.
78. In relation to cancer standards, there were plans in place by tumour site, supported by specific initiatives.
79. The Chair observed that as part of prioritisation discussions there was a wider question of what an appropriate Referral to Treatment metric should look like for a Trust of its size and profile.
80. The CFO said there were areas, for example radiotherapy, where the Trust was underpaid for activity. There was therefore a financial argument against increasing already underfunded activity. Changes in NHSE focus on what standards should be achieved during the year also complicated investment decisions.
81. The Trust Board noted the report.

TB26/01/13 Finance Report M8 [TB2026.10]

82. The CFO presented the report and noted that the Month 9 flash reporting update circulated to Board members showed no material change from the Month 8 position.
83. Strengthened financial controls introduced after Month 7 remained in place, and their impact would become clearer once January and February results were available.
84. Temporary staffing expenditure, which spiked in October, had returned to below-target levels.
85. Controls would remain under review; functions which remained within their pay budget could be released from controls.
86. Divisions remained off-plan and there was concern that the necessary behavioural change required for robust budget management was not fully embedded. The COO told

members that the Trust was focused on supporting key Divisional priorities. The demand and capacity mismatch remained and addressing it would require fresh thinking and different ways of working.

87. The CFO confirmed that the year-end position would be delivered but would rely on central savings, many of which were non-recurrent.
88. Work was ongoing to refine non-pay controls.
89. Establishment reviews were progressing across key staff groups, with nursing budgets now considered robust. Further efficiencies were expected from a review of Clinical Educators, Allied Health Professionals and Outpatient and Specialist Nurses.
90. Administrative and clerical provision in Divisions was being reviewed but this was complicated by an absence of national standards; support in corporate teams was being assessed using benchmarking data.
91. The CFO reported that the Trust would shortly commission a medical productivity review.
92. The Trust Board noted the report.

TB26/01/14 Emergency Preparedness Resilience & Response Core Standards Report [TB2026.11]

93. The report provided assurance of preparation to ensure business continuity. The Trust was compliant with 60 standards and partially compliant with two.
94. The Trust Board noted the report.

TB26/01/15 NHS Partnerships Update [TB2026.12]

95. The paper provided a high-level summary of partnerships. It would form a starting point for discussions in Board development sessions, with a revised version to be presented to the Trust Board in due course.
96. The Trust Board noted the report.

TB26/01/16 Urgent and Emergency Care Oxfordshire System Dashboard [TB2026.13]

97. The COO highlighted the pressure system partners were under, with a significant increase in demand. For the first time, the Oxfordshire system had reached OPEL 3.
98. The Trust had a 24-hour period of OPEL 4; a return to OPEL 4 this week had been avoided through the strength of system working. The Trust was committed to effective working across the system.
99. The COO thanked teams for their efforts.
100. South Central Ambulance Service had commended the Trust's handover times.

101. The Trust Board noted the report.

TB26/01/17 Regular Reporting Items

Trust Management Executive [TME] Report [TB2026.14]

102. TME had received an update on the fire in the Women's Centre and subsequent notice received and was focused on strengthening governance in this area.

103. The Trust Board:

- noted the regular report to the Board from TME's meetings held on 13 November, 27 November, and 11 December 2025.

Integrated Assurance Committee Report [TB2026.15]

104. The Trust Board noted the report.

Consultant Appointments and Sealing of Documents [TB2026.16]

105. The Chair noted that an stocktake of Advisory Appointment Committees was under way.

106. 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 12 November 2025.

TB26/01/18 Any Other Business

107. Ms Flint was attending her last meeting of the Trust Board in public. The Chair thanked her for her support, constructive challenge, and guidance during her time as a NED.

TB26/01/19 Date of Next Meeting

108. A meeting of the Trust Board was to take place on **Wednesday 11 March 2026**.