

Cover Sheet

Trust Board Meeting in Public: Wednesday 30 September 2026

TB2026.86

Title: Trust Management Executive Report

Status: For Information

History: Regular Reporting

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Confidential: No

Key Purpose: Assurance

Finance Committee Report

1. Purpose

- 1.1. As the senior executive decision-making and assurance forum for the Trust, the Trust Management Executive (TME) provides a regular report to the Board on the main issues raised and discussed at its meetings.
- 1.2. Since the last report to the Board held in public, the Trust Management Executive has met on 30 July, 13 August, 27 August and 10 September 2026.
- 1.3. This report summarises the Executive's work using the following definitions: Alert escalates key risks, opportunities, issues requiring Board attention and gaps in assurance; Advise sets out areas where the Executive received partial assurance but wishes to see improvements, further follow-up or additional reporting; and Assure summarises areas where the Executive received sufficient assurance or undertook routine oversight.

2. Alert: matters escalated to the Board

Financial recovery, Route Map and Cost Improvement Programme delivery

- 2.1. TME supported submission of an NHS England Route Map setting out the actions required to recover delivery of the approved financial plan. TME noted that the Trust was forecasting a year-end position approximately £15m worse than plan, driven by slower-than-anticipated delivery of strategic Cost Improvement Programme schemes, delays to the opening of the Surgical Elective Centre and continued pressure from temporary staffing and non-pay expenditure.
- 2.2. TME supported further work on strengthened expenditure controls, including temporary staffing, recruitment and non-pay controls, but emphasised that any proposed actions must be supported by robust Quality Impact Assessments before implementation. The Board is asked to note that delivery of the financial plan remains a significant risk and that successful recovery will require sustained executive, divisional and Board oversight.

Capital programme deliverability

- 2.3. TME considered the Quarter 1 Capital Plan Reforecast and revised Capital Departmental Expenditure Limit forecast but did not approve the reforecast at that stage. The significant increase in capital allocation, including Return to Constitutional Standards funding, was welcome but TME was not assured that the Trust had sufficient delivery capacity or sufficiently developed schemes to utilise the available funding within the financial year.

- 2.4. Further work was requested to quantify delivery risks, assess realistic in-year expenditure, identify mitigations for potential underspend, clarify the implications of seed funding arrangements and review project management and operational support requirements. The Board is asked to note the risk that failure to utilise available capital funding could affect the Trust's credibility with external stakeholders and future access to funding.

Fire safety compliance and estate infrastructure risk

- 2.5. The work undertaken to strengthen fire safety arrangements was recognised but ageing estate infrastructure, historic defects, incomplete asset information and statutory compliance challenges presented compliance challenges.
- 2.6. TME requested further work to quantify the scale of risk, clarify mitigations and temporary controls, identify investment requirements and strengthen the assurance narrative before the report is resubmitted. The Board is asked to note that fire safety and wider estate infrastructure risks remain significant areas requiring continued oversight and prioritisation.

Winter preparedness

- 2.7. TME considered the Winter Plan and recognised that winter 2026/27 is expected to present greater operational challenge than previous years. Key risks included system discharge pressures, workforce constraints, reduced access to traditional surge capacity, uncertainty about Level 1 capacity and anticipated pressures associated with the opening of the Surgical Elective Centre.
- 2.8. TME supported the plan in principle but requested further refinement, including clearer articulation of the ambition to eliminate corridor care, stronger quantification of surge capacity requirements and financial implications, and further clarity on mitigations. The Board is asked to note that winter preparedness remains a significant operational and financial risk.

Post-death care and Fuller Inquiry assurance

- 2.9. TME considered the action plan developed in response to NHS England's request for Board assurance following the Nottingham Maternity Review and Fuller Inquiry requirements relating to post-death care.
- 2.10. TME requested further work to provide assurance in relation to compliance and would consider this at a future meeting.

3. Advise: partial assurance received

Month 3 and Month 4 financial performance

- 3.1. TME received partial assurance from Month 3 and Month 4 finance reporting but requested further work to strengthen visibility of the underlying drivers of financial performance. Areas requiring further analysis included recurring

divisional pressures, temporary staffing, non-pay expenditure, central reserves, run-rate analysis, and the distinction between recurrent savings, non-recurrent mitigations and timing benefits.

- 3.2. TME also noted the importance of aligning financial reporting with workforce and operational reporting, particularly where sickness absence, vacancies, establishment data and temporary staffing expenditure had material financial implications.

People performance, sickness absence and temporary staffing

- 3.3. TME received partial assurance from People Performance reporting. Strong appraisal and Core Skills compliance was noted but members remained concerned about increasing sickness absence, bank usage and temporary staffing expenditure.
- 3.4. Further analysis was requested to understand the relationship between sickness absence, vacancies, bank utilisation, enhanced observation shifts and temporary staffing costs. TME also emphasised the need for consistent application of workforce policies, improved return-to-work interview completion and continued support for staff wellbeing.

NHS Oversight Framework and Integrated Performance Reporting

- 3.5. TME approved the revised Integrated Performance Report summary to reflect the NHS Oversight Framework 2026/27. Future reporting should provide clearer context on changes to national indicators, definitions and methodologies, including where apparently unchanged indicators may be affected by revised counting rules or reporting approaches.
- 3.6. This additional context will be important to support Board interpretation of performance trends, regulatory oversight and external benchmarking.

4. Assure: sufficient assurance or routine oversight

Enforcement notices

- 4.1. No enforcement notices were reported to TME during the period.
- 4.2. The following notices have not yet been closed:
- Oxfordshire Fire and Rescue Service notice in relation to Women's Centre
 - (note while not notices Care Quality Commission reports on Maternity (JR), and Neonatal Services highlighted breaches in Health and Social Care Act clauses)

External audit control recommendations

- 4.3. TME noted the four moderate-rated external audit control observations arising from the 2025/26 audit and endorsed the proposed management responses and action plan. Assurance was taken that recommendations would be monitored through established audit recommendation arrangements alongside internal audit actions, with executive ownership clarified and relevant risks reflected in risk registers and assurance documentation.

Infection Prevention and Control Annual Report

- 4.1. TME received positive assurance from the Infection Prevention and Control Annual Report, including strong performance in relation to healthcare-associated infections and High Consequence Infectious Disease accreditation.

Learning from Deaths Annual Report

- 4.2. TME received assurance from the Learning from Deaths Annual Report regarding mortality review processes, learning and improvement activity. All deaths continued to undergo Level 1 mortality review, 99% of Level 1 reviews had been completed within eight weeks, and HSMR and SHMI indicators continued to compare favourably with national benchmarks.

Learning from Inquests

- 4.3. TME received assurance from the Learning from Inquests report that recent inquests had identified few issues not already recognised through Trust review mechanisms. Strengthened triangulation between Legal Services, clinical governance and patient safety processes was noted, and no Prevention of Future Death notices had been issued during the reporting period.

Responsible Officer's Revalidation Annual Report

- 4.4. TME received assurance from the Responsible Officer's Revalidation Annual Report and Statements of Compliance. Appraisal compliance remained high, although further work was requested to review options for maintaining sufficient appraisal capacity as the medical workforce grows and demand for appraisal increases.

Approvals

- 4.5. TME approved the following:
- Increasing participation in 2026 Staff Survey
 - Website Policy
 - Social Media Policy
 - 12-month extension of custom medical procedure packs
 - Contract extension Haemonetics

- Revised antenatal scanning pathway

5. Recommendations

5.1. The Trust Board is asked to:

- note the Trust Management Executive report from its meetings held on 30 July, 13 August, 27 August and 10 September 2026;
- consider the matters escalated under Alert, particularly financial recovery, CIP delivery, capital programme deliverability, fire safety assurance, winter preparedness, the Sexual Health Service, post-death care assurance and safe staffing;
- note the areas of partial assurance set out under Advise, where further work, assurance or governance review is required; and
- take assurance from the matters set out under Assure, where TME received sufficient assurance or undertook routine oversight.