Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 29 July 2026

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Title:	**Trust Management Executive Report**

Status:	**For Information**
History:	**Regular Reporting**

Board Lead:	**Chief Executive Officer**
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Confidential:	**No**
Key Purpose:	**Assurance**

Trust Management Executive Report

1. Purpose

1.1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.

1.2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report aims to contribute to this purpose.

2. Background

2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive has met on the following dates:

- 28 May 2026
- 11 June 2026
- 25 June 2026
- 9 July 2026

3. Key Decisions

Strategic Diagnostic Review

3.1. The Trust Management Executive considered the Strategic Diagnostic Review, which will inform development of the Trust's new organisational strategy. Members agreed that the review provides a strong assessment of the Trust's current position and operating environment, however further work is required to develop a clear strategic vision and framework that would articulate how the Trust will respond to its key operational, workforce, digital and estate challenges.

3.2. Further refinement will focus on strengthening the strategic narrative, ensuring that workforce engagement is reflected within the review and developing a clear linkage between identified challenges and future transformation priorities.

3.3. TME emphasised the importance of articulating an ambitious vision supported by innovation, digital enablement and service redesign.

CQC Maternity Report Action Plan

3.4. TME noted the improved outcome from the recent CQC maternity assessment, including the achievement of a 'Good' rating for services at the Horton General Hospital. Members formally recognised the contribution of staff across maternity services.

3.5. Subsequently, TME reviewed the maternity improvement programme arising from CQC findings and broader perinatal assurance activity. Members emphasised the importance of clear executive accountability, robust governance arrangements and delivery of a single overarching Perinatal Improvement Plan bringing together actions from the CQC review, Amos Review and other improvement programmes.

Fire Safety Action Plan

3.6. TME reviewed progress against the Fire Audit Action Plan and noted the introduction of a revised framework with defined actions, ownership and delivery timescales. Members emphasised the need for clearer risk prioritisation and strengthened assurance arrangements to support delivery.

3.7. TME agreed that ongoing oversight of fire safety actions should transfer to the Delivery Committee, with enhanced reporting through existing governance processes.

3.8. This work remains aligned to the estates infrastructure risk in the Board Assurance Framework and will continue to be subject to governance oversight through the relevant committees.

MBRRACE Data Review

3.9. TME reviewed the 2024 MBRRACE data and noted that the Trust's stillbirth rate was the lowest recorded in the last ten years, with outcomes benchmarked favourably against comparable organisations. Members recognised the importance of interpreting the data in the context of the Trust's role as a tertiary referral centre managing a high volume of complex maternal and neonatal cases.

3.10. TME noted the report and supported continued monitoring to ensure improvements in maternity care are sustained.

Refurbishing and Upgrading the Radiotherapy Treatment Suite at the Churchill Hospital

3.11. TME approved the proposal to bring forward the refurbishment and upgrade of the Radiotherapy High Dose Rate Brachytherapy Suite at the Churchill Hospital to 2026/27. The scheme will support the long-term sustainability of the Trust's Brachytherapy Service, which provides specialist treatment for patients across the Thames Valley and forms a key component of the Trust's cancer services.

3.12. The works will improve patient and staff environments and ensure compliance with current regulatory requirements. Coordinating the refurbishment with the installation of a new brachytherapy machine will also minimise disruption to clinical services.

3.13. TME supported the proposal, recognising the benefits for patient care, service resilience and operational efficiency.

Surgical Elective Centre (SEC) Opening

3.14. TME received an update on the Surgical Elective Centre (SEC) programme and noted that the planned date for first patient activity had been revised to mid-October 2026 to allow completion of commissioning, testing and operational readiness activities.

3.15. A robust assurance process is in place, including weekly executive oversight of progress, risks and key dependencies. TME approved the proposed approach and delegated authority to approve commencement of patient activity to the SEC Programme Board, subject to successful completion of all agreed go-live criteria and readiness checks. Staff engagement and preparation activities are continuing ahead of the Centre becoming operational.

3.16. The revised timetable is being managed through the established assurance framework, with any significant changes to agreed assumptions, conditions or timescales to be escalated for further consideration.

4. Other Activity Undertaken by TME

Year 1 Review and Year 2 People Plan

4.1. TME reviewed progress against the first year of the Trust's People Plan and approved priorities for Year 2. Members noted improvements in staff turnover, first-year attrition, recruitment performance and reductions in reported bullying and harassment.

4.2. Areas requiring further focus included staff confidence to speak up, career development opportunities, communication, leadership visibility and workforce wellbeing. TME emphasised the need for realistic prioritisation and stronger measures demonstrating the impact of workforce initiatives on organisational and patient outcomes.

Research and Development Governance and Performance Report

4.3. TME considered the annual Research and Development Governance and Performance Report, noting ongoing research activity, governance arrangements and strategic priorities. The report will be submitted to the Board as part of the Trust’s assurance framework.

Quality Account and Annual Report

4.4. TME reviewed and endorsed the Trust's Quality Account and Annual Report for progression through the remaining governance stages. Members supported the balanced and transparent presentation of both achievements and areas requiring further improvement.

Emergency Preparedness, Resilience and Response (EPRR) Report

4.5. TME reviewed the annual EPRR report and noted the importance of maintaining current and operationally accessible business continuity plans. While progress has been achieved, several high-priority actions remain outstanding and further work is underway with divisions to improve compliance and organisational resilience.

OxSCA and Care Assure Annual Report

4.6. TME reviewed assurance activity undertaken through the OxSCA and Care Assure programmes and noted strong levels of organisational compliance. Members welcomed implementation of the Tendable quality assurance platform, which is expected to strengthen quality monitoring, reporting and preparation for future regulatory assessments.

Perinatal Workforce Report

4.7. TME received the first Integrated Perinatal Workforce Report, which provided assurance on maternity and neonatal workforce performance. The report highlighted that maternity staffing levels consistently exceeded national safe staffing thresholds, supported by robust staffing oversight and escalation processes. It also noted improved compliance with Birthrate Plus workforce monitoring requirements, progress in recruitment and retention, ongoing work to strengthen specialist neonatal staffing, and plans to implement SafeCare to enhance workforce management and assurance.

4.8. TME requested that future reports provide stronger triangulation between workforce metrics, patient acuity, staffing indicators and patient outcomes to further strengthen assurance.

Integrated Quality Improvement Programme

4.9. TME reviewed the Integrated Quality Improvement Programme and noted continued progress in embedding quality improvement across the organisation, with cancer improvement remaining a key priority.

4.10. TME supported the programme's focus on integrating improvement activity into routine operational and strategic decision-making and noted the range of resources available to support teams in delivering sustainable service improvements.

Capital Projects Update

4.11. TME received an update on the capital programme and noted progress on a number of priority schemes. Members noted challenges affecting delivery of urgent and emergency care projects, including delays to commencement and proposals to address wider environmental issues within the atrium. Ventilation works within the Women's Centre are underway, while mitigation measures remain in place pending delivery of the PET-CT scheme.

4.12. TME also noted the approval of seed funding to support development of priority schemes, including paediatric SDEC, theatre replacement at the NOC and stroke bed expansion. Ongoing management of the capital programme continues to focus on prioritisation and flexibility to support delivery of strategic priorities.

Hospital Acquired Pressure Ulcers (HAPU) Report

4.13. TME reviewed the Q3/Q4 Hospital Acquired Pressure Ulcer report and noted continued improvement, including reductions in Category 2 and Category 3 pressure ulcers. Members welcomed the positive trajectory while recognising that the incidence of Category 2 ulcers remained above the desired level and that further work was required to improve prevention, compliance and workforce capability.

Falls Report

4.14. TME noted a reduction of approximately 15% in inpatient falls compared with the previous year. However, the severity of harm associated with falls remained a concern. Members supported continued focus on preventative interventions, environmental safety, improved assessment processes and delivery of the 2026/27 Falls Reduction Programme.

Equality, Diversity and Inclusion in Consultant Recruitment

4.15. TME reviewed consultant recruitment trends relating to gender and ethnicity. Members welcomed improvements in female representation but highlighted the need to improve protected characteristic disclosure rates to strengthen ethnicity reporting and support meaningful assessment of equality outcomes.

5. Policy

Media Policy and Social Media Policy

5.1. TME reviewed updates to the Trust's Media Policy and Social Media Policy. Whilst only minor amendments were required to the Media Policy, the Social Media Policy was substantially revised to reflect evolving social media risks and platforms, strengthen account management responsibilities, clarify expectations for engagement with patients and the public, and introduce moderation standards for Trust-managed accounts.

5.2. Members supported the proposed changes but requested further revisions, including clearer guidance on the use of messaging platforms, consideration of AI-related risks, inclusion of an Equality Impact Assessment, and reference to relevant legal obligations.

5.3. TME approved the updated Media Policy but deferred approval of the Social Media Policy pending these amendments.

6. Regular Reporting

6.1. In addition, TME reviewed the following regular reports:

- Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and relevant assurance committees);
- Capital Schemes: TME continues to receive updates on a range of capital schemes across the Trust;
- Finance Report: TME continues to receive financial performance updates;
- People Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
- People and Communications Committee Report;
- Health and Safety Report;
- Clinical Governance Committee Report;
- Divisional Performance Reviews;
- Business Planning Pipeline Report; and
- Procurement Pipeline Report

7. Key Risks

7.1. TME's discussions continue to support executive oversight of the principal risks identified through the Board Assurance Framework, particularly operational performance, financial sustainability, estates infrastructure, workforce, quality improvement and digital and data governance.

7.2. **Financial sustainability and delivery of the financial plan:** TME maintained oversight of financial performance, delivery of cost improvement plans and the implications of activity and capital pressures. **(BAF Strategic Risk 3.2)**

7.3. **Workforce capacity, wellbeing and engagement:** TME maintained oversight of workforce availability, sickness absence, appraisal completion, staff engagement and culture, recognising continued pressure on services and staff wellbeing. **(BAF Strategic Risks 1.1 and 1.2)**

7.4. **Operational performance and access standards:** TME continued to monitor risks to delivery of operational performance standards, including elective activity, cancer, diagnostics, urgent and emergency care and associated productivity requirements. **(BAF Strategic Risk 3.1)**

7.5. **Estates infrastructure and statutory compliance:** TME continued to oversee risks relating to estates infrastructure, capital delivery, fire safety and business continuity, recognising the need for sustained focus on delivery of improvement actions. **(BAF Strategic Risk 5)**

7.6. **Digital, data security and information governance:** TME maintained oversight of actions to strengthen Electronic Patient Record access controls, information governance, monitoring arrangements and staff awareness. **(BAF Strategic Risk 4)**

8. Recommendations

8.1. The Trust Board is asked to

- **note** the regular report to the Board from TME's meetings held on 28 May, 11 June, 25 June and 9 July 2026.