Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 25 November 2026

TB2026.111

Title: **Trust Management Executive Report**

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

Board Lead: Prof Meghana Pandit, Chief Executive Officer
Author: Ms Joan Adegoke, Corporate Governance Officer
Confidential: No
Key Purpose: **Assurance**

Trust Management Executive 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 1 October, 15 October, 29 October and 12 November 2026.

1.3. This report summarises the Executive's work using the following definitions: Alert escalated key risks, opportunities, issues requiring Board attention and gaps in assurance; Advise set out areas where the Executive received partial assurance but wished to see improvements, further follow-up or additional reporting; and Assure summarised areas where the Executive received sufficient assurance or undertook routine oversight.

2. Alert: Matters Escalated to the Board

Financial Recovery

2.1. TME maintained oversight of delivery of the financial recovery roadmap and noted continuing risks associated with delayed savings, pay expenditure and delivery of cash-releasing Cost Improvement Programme schemes. Members emphasised accountability for overall divisional and corporate contribution targets. TME supported phased discretionary non-pay controls subject to satisfactory Quality Impact Assessments. Weekly monitoring through the CIP stand-up process was requested to assess impact and address delivery shortfalls.

Thirlwall Inquiry Response

2.2. TME reviewed the Trust's response to the Thirlwall Inquiry and noted that full assurance could not yet be provided against all national requirements. Key gaps included implementation of CCTV monitoring arrangements, assurance regarding staff confidence to speak up within neonatal, maternity and children's services and development of a clear protocol for responding where harm by a member of staff was suspected.

Surgical Elective Centre

2.3. TME supported a revised Level 1 go-live date for the Surgical Elective Centre. A programme review had concluded that the earlier date could not be achieved without increasing operational and patient safety risks. The revised timetable allowed additional time for commissioning, remedial works, staff training and operational readiness. TME recognised the associated financial impact and requested that progress against outstanding milestones and assurance activities continue to be monitored through programme governance.

Fire Safety Compliance Risks

2.4. TME noted ongoing fire safety compliance challenges across the retained estate. Whilst training compliance and fire risk assessment activity remained strong, external audit findings had identified weaknesses in evidencing maintenance and compliance of fire safety infrastructure. TME approved the Annual Statement of Compliance and noted continued executive oversight of fire safety risks, delivery of the consolidated action plan and prioritisation of high-risk fire safety schemes through the capital programme.

Midwifery Staffing

2.5. TME considered the Birthrate Plus workforce assessment, which identified a shortfall of 10.61 whole-time equivalent midwifery staff reflecting increased acuity and dependency. TME supported the proposed establishment increase, recognising the immediate safety requirement, particularly within the Maternity Assessment Unit.

3. Advise: Partial Assurance Received

Trust Strategy Development

3.1. TME reviewed the draft Trust Strategy and supported progression to the November Board meeting for approval in principle and wider stakeholder consultation. The proposed strategy was centred on the vision of "creating healthier lives", supported by four strategic pillars and five clinical priority programmes. TME noted that further work was required to develop implementation plans, sponsorship arrangements and delivery timelines.

Freedom to Speak Up

3.2. TME reviewed the annual Freedom to Speak Up report and noted the highest annual number of cases reported within the Trust. Members advised that future reports should provide stronger evidence of outcomes, learning and actions arising from concerns raised, including improved visibility of case progression, closure and organisational response.

Staff Engagement and Retention

3.3. Following internal audit review, TME requested additional work to strengthen staff engagement arrangements, improve the translation of staff feedback into visible action and develop clearer outcome measures demonstrating impact.

NMAHP Education Establishment Review

3.4. TME approved the proposed Nursing, Midwifery, Allied Health Professional Education and Research organisational changes, including a consolidated leadership structure, standardised educator roles and revised governance arrangements. Members were assured that educational programmes, university partnerships and research delivery would be maintained throughout implementation.

Combined Equality Standards Report 2026

3.5. TME supported the strategic priorities identified within the report, namely development of an anti-racism programme and strengthening equitable talent management and career progression arrangements. The report was endorsed for submission to the Board for approval and publication.

NHS England Provider Capability Assessment 2026/27

3.6. TME noted the Trust's self-assessment of Amber-Green and recognised the significant organisational progress reflected in the assessment. Members also acknowledged a limited number of areas requiring further development before a Green rating could be achieved.

Nottingham Maternity Review and Fuller Inquiry

3.7. TME reviewed progress against the Nottingham Maternity Review findings and Fuller Inquiry recommendations. Members noted that substantial progress had been achieved and advised that ongoing assurance should continue through established governance arrangements until all remaining actions were complete and assurance could be provided to the Board.

Readmissions Data Analysis

3.8. Whilst analysis suggested the Trust's apparent outlier position was largely attributable to differences between local and national methodologies, TME concluded that further clinical assurance was required before the position could be fully understood. Specialty-level reviews remained underway and no immediate clinical risk had been identified.

Organisational Culture and Sexual Harassment

3.9. TME considered the staff story relating to sexual harassment and emphasised that inappropriate behaviour remained unacceptable. Members highlighted the responsibility of leaders to create an environment where staff felt able to report

concerns and agreed that a stronger organisational message reinforcing zero tolerance should be reflected within senior leadership communications.

Equality, Diversity and Inclusion

3.10. While improvements were noted across several equality indicators, TME highlighted ongoing concerns regarding ethnic minority representation in senior roles, career progression, disability-related inequalities and disciplinary outcomes. Particular concern was expressed regarding progression from Band 6 to Band 7, especially for international colleagues. The need to strengthen support arrangements for staff networks was also identified.

Electronic Patient Record Access

3.11. TME reviewed progress arising from the investigation into inappropriate access to electronic patient records. While responsibility for outstanding actions would transfer into business-as-usual governance arrangements, members reiterated the seriousness of unauthorised access and the need to ensure staff were clear about their responsibilities and the consequences of inappropriate access.

Capital Programme Delivery

3.12. TME noted significant delivery risks affecting the capital programme, including major estates schemes, Higher-Risk Building requirements and programme slippage risks. Members requested a more detailed delivery plan and greater visibility of key milestones, risks and mitigation arrangements.

4. Assure: Sufficient Assurance or Routine Oversight

National Maternity and Neonatal Investigation (NMNI)

4.1. TME reviewed progress against the national Ten-Point Plan and noted that fourteen deliverables had been completed with no red-rated actions. Positive regional feedback had been received and previously identified governance actions had been addressed. Members approved submission of the updated position to NHS England.

Human Tissue Authority Compliance Assessment

4.2. TME received assurance that the Trust had completed the Human Tissue Authority Evidential Compliance Assessment within required deadlines, reviewed over 1,100 incidents and submitted all required notifications. A SMART action plan was in place, with strengthened governance arrangements and formal escalation mechanisms for any overdue actions.

Clinical Governance and Quality Reporting

4.3. TME received assurance regarding ongoing development of quality reporting arrangements, including alignment with emerging National Quality Board

methodology, implementation of enhanced divisional quality reporting and strengthened use of statistical process control to support understanding of quality trends and variation.

People Performance

4.4. TME reviewed workforce performance and noted reductions in overtime and temporary staffing expenditure, ongoing work to strengthen sickness absence management and development of an attendance and wellbeing framework. Members supported progression of the associated improvement programme.

Safe Staffing

4.5. TME reviewed the Biannual Safe Staffing Review and received assurance that overall staffing indicators remained positive. Immediate attention continued to be given to areas of higher concern, including SEU triage and paediatric nursing, with agreed implementation plans and continued operational oversight.

Green Plan Delivery

4.6. TME received assurance that delivery of the Trust's Green Plan remained ahead of trajectory, with a 21% reduction in emissions reported against a target of 16%. Members noted progress across the majority of planned actions and supported onward reporting to the Board.

Workforce Governance

4.7. TME reviewed and approved revised pay control arrangements designed to simplify governance processes while maintaining existing workforce affordability controls and divisional scrutiny arrangements. Members were assured that the changes did not represent a relaxation of control measures.

Integrated Quality Improvement Plan

4.8. TME received a six-month update on delivery of the Integrated Quality Improvement Plan and noted continued progress across improvement programmes. Members were assured that improvement activity continued to support operational performance, with ongoing oversight through established governance structures, including the Delivery Committee.

Governance and Performance Reports

4.9. TME noted the following reports and received assurance regarding ongoing governance, operational oversight and performance monitoring arrangements:

- Integrated Performance Report Month 5.
- Business Planning Group Business Planning Pipeline Report.
- Procurement Pipeline Report.

- Implementation and Operational Implications of the Revised Board Committee Structure.

Approvals

4.10. TME approved the following:

- Annual Statement of Compliance for Fire Safety
- Submission of National Maternity and Neonatal Investigation (NMNI) to NHS England

5. Recommendations

5.1. The Trust Board is asked to:

- note the Trust Management Executive report from its meetings held on 1 October, 15 October, 29 October and 12 November 2026;
- consider the matters escalated under Alert, particularly risk highlighted under the Thirlwall Inquiry Response, Fire Safety Compliance Risks and Information Governance and EPR Access Policy approval
- note the areas of partial assurance set out under Advise, where further work, assurance or governance review was required; and
- take assurance from the matters set out under Assure, where TME received sufficient assurance or undertook routine oversight.