Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Trust Management Executive Report**

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

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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:

- 15 January 2026
- 29 January 2026
- 12 February 2026
- 26 February 2026

3.   Key Decisions

Proposed Quality Priorities

3.1.   The Trust Management Executive considered the organisation's proposed Quality Priorities for 2026-27. These priorities reflected the core aims of the Trust and incorporate both ongoing and new areas of focus, shaped by feedback from the Clinical Governance Committee and Executive Directors as well as the Trust's Quality Conversation event.

3.2.   TME gave its support to the proposed priorities, confirming they are consistent with the Trust's strategic direction. Assurance was provided that the delivery plan for Quality Improvement would be closely aligned with these priorities, improving oversight and accountability. Future reporting arrangements would be established to monitor progress and ensure designated priorities remain at the forefront of the Trust's work.

3.3.   The priorities were to proceed to the Trust Board for approval.

Fire Safety

3.4.   Fire safety issues were considered following a recent incident in the Women's Centre Block 6. TME approved the terms of reference for a dedicated programme board to oversee the immediate post-incident works required, including ensuring compliance with an enforcement notice from Oxfordshire Fire and Rescue Service, as well as safely reinstating affected areas.

3.5.   TME also reviewed initial findings from two independent fire safety reports. TME received confirmation that a single, jointly owned action plan would be developed across Estates and Health & Safety, providing assurance that the recommendations and enforcement requirements were being addressed collaboratively.

Budget Setting Process

3.6.   TME approved the budget-setting approach, noting strong early engagement with divisions and a shift to a new budget-to-budget methodology. A concise summary and updated training materials were to be produced for wider communication. Budgets will be finalised by the end of March, with the process returning to TME if further refinement is required.

Preparation of the 2025/26 Annual Report

3.7.   TME supported a proposed timetable for preparation of the Annual Report and endorsed a streamlined approach which was also to be applied to the Annual Governance Statement. TME also received an overview of responsibilities for the preparation of specific sections of the report.

Rapid Access Scheme for Staff

3.8.   The Trust Management Executive reviewed and approved a new Rapid Access Scheme for staff, designed to enhance wellbeing and reduce sickness absence by providing OUH employees who are existing patients with quicker access to hospital appointments.

3.9.   The scheme was to launch in March and be phased in, initially targeting staff with reduced workability. Assurance was given that the scheme would use last-minute cancellations, would not allow staff to bypass the usual waiting list, and would minimise operational impact. TME confirmed that relevant services were engaged and highlighted the anticipated benefits for staff morale, productivity, and faster returns to work.

Robotic Assisted Bronchoscopy

3.10. The Trust Management Executive considered a proposal to purchase a Robotic Bronchoscopy platform for the lung cancer service. This innovative system enables more accurate diagnosis and treatment of lung cancer, with reduced risks for patients compared to conventional methods. Its introduction will allow specialist

resources to be used more efficiently, helping to decrease waiting times for procedures.

3.11. TME supported the purchase of the robotic system, to be funded from the Trust's capital allocation. This decision was supported by strong clinical and financial evidence, and aligned with both national cancer priorities and the Trust's robotics strategy. Oversight was to be provided by the Robotic Surgery Oversight Group, with an emphasis on developing a robust training plan.

4.   Other Activity Undertaken by TME

OUH Trust Strategy Refresh 2026-31 – Feedback from Engagement

4.1. The Director of Strategy & Partnerships presented an update on the development of the refreshed Trust Strategy for 2026-31. This outlined the extensive engagement conducted with staff, health partners, patients and the wider public, which included surveys, drop-in sessions and community events. Feedback from patients and the public was largely positive, especially regarding the professionalism and kindness of staff, though concerns were raised about waiting times, booking systems, digital access, and transport. Staff highlighted workforce wellbeing, estates issues and digital frustrations, as well as the importance of improved communication and career development opportunities.

4.2. The Trust Management Executive acknowledged the valuable insights gained from this engagement and confirmed that they are already influencing the direction of the new strategy. Assurance was given that feedback from all groups would inform future implementation and decision-making.

Planning Submission

4.3. The Trust Management Executive received an update confirming that the Trust Board had given its approval to OUH's final planning submission for the next three years, starting from April 2026. This comprehensive plan outlined the Trust's objectives and commitments across activity, performance, finance, workforce, and, for the first time, capital investment, in accordance with NHS England's national planning requirements.

4.4. Assurance was provided that the plan reflected not only national directives but also input from colleagues throughout the organisation. The Board's approval meant that the submission would be sent to NHS England, with further information to be shared with staff about how the plan would shape services and priorities in the coming years.

Experience of Care Framework.

4.5. The Trust Management Executive received an update on the assessment of the Trust against the NHS England Experience of Care Improvement Framework,

presented by the Head of Patient Experience. The review found the Trust to be progressing, with notable strengths in areas such as complaints handling, PALS accessibility, and quality improvement infrastructure. However, the assessment also identified gaps, including limited demographic insight and inconsistent recording of communication needs. Assurance was given that these findings would inform the forthcoming Patient Experience and Engagement Strategy, with actions planned to address key areas for improvement. TME welcomed the report and confirmed support for its recommendations, ensuring that patient experience remained a priority in future planning.

Thematic review of Maternity complaints 2020-25

4.6.   The Trust Management Executive received a comprehensive review of maternity complaints from 2020 to 2025, presented by the Director of Midwifery. The report highlighted an increase in formal complaints, particularly in 2025, with communication issues being the main driver. Despite the rise, the majority of feedback via the Friends and Family Test was positive, emphasising professionalism and clear communication from staff.

4.7.   TME noted ongoing and planned improvement initiatives within Maternity Services. Assurance was provided that immediate action was being taken to improve proactive communication and listening, aiming to enhance patient experience and reduce complaints.

Mental Health Act in OUHFT Annual Report

4.8.   An annual report was provided on the Trust's adherence to the Mental Health Act, which covered the period from April 2024 to March 2025. The report confirmed that OUH provided care to 17 patients detained under the Act, with full documentation of risk assessments and treatment consent for every patient. Involvement of patients in care planning was universal, and carer participation had improved compared to the previous year. The Trust was found to be fully compliant with the Mental Health Act, with no concerns identified. The report was to be considered by the Board, ensuring continued focus on legal and quality standards in care.

Report on Ambient Voice Technology (AVT) Pilot

4.9.   An Ambient Voice Technology (AVT) pilot was conducted to assess its suitability for future business planning and procurement. Staff reported improved wellbeing and efficiency, primarily due to less out-of-hours work and reduced stress; some specialties experienced clinic-level benefits, and patient feedback, though limited, was positive.

Integrated Quality Improvement Programme Update

4.10.   A regular update was provided on the Integrated Quality Improvement (IQI) Programme at Oxford University Hospitals. Members noted that the IQI Programme

continued to strengthen strategic capability and operational performance, supporting improvements in Urgent & Emergency Care and Cancer pathways. The Board Rounds initiative had now been fully embedded across adult wards, ensuring consistent daily review of patient care and priorities.

4.11. Paediatric Board Round pilots had shown positive results, including reduced average length of stay on key wards, and these were progressing through structured review cycles. Assurance was given that Standard Work documentation and branding, developed in collaboration with Oxford Medical Illustration, was laying the groundwork for quality and consistency in core clinical processes. Staff were encouraged to engage further with quality improvement, with support available through regular drop-in sessions at the Improvement Hub.

Briefing Note on R&D

4.12. TME noted increased national scrutiny of research delivery and benchmarking showing scope to improve efficiency, particularly in support functions. Ongoing work included strengthening the Joint Research Office with the University of Oxford and improving study-delivery timelines through a workshop with Oxford Academic Health Partners.

4.13. TME noted the report and the improvement actions underway.

Legal Services Department Annual Report

4.14. TME reviewed the Legal Services Annual Report, noting a reduced divisional burden through streamlined inquest processes and improved information-governance systems. Non-clinical claims remained low, and clinical claims were falling, though still high compared with Shelford peers.

4.15. TME thanked the team for supporting improved inquest outcomes with the report subsequently to be considered by the Integrated Assurance Committee.

Annual Patient Safety Incident Response Framework (PSIRF) Annual Report

4.16. TME noted the report and acknowledge the PSIRF work delivered over the past year, recognising the recommendations that would shape the coming year's PSIRF workplan ahead of consideration by the Board.

Medical Education Annual Report

4.17. TME noted the Medical Education Annual Report, confirming strong performance in postgraduate and undergraduate training, with positive survey results and major Deanery risks having been resolved with only a few areas requiring further action.

4.18. TME noted an increase in part-time trainees and those who requiring additional support, reflecting broader societal trends but contributing to operational pressures.

5.   Policy

Counter Fraud, Bribery and Corruption Policy Review

5.1.   TME endorsed the updated Counter Fraud, Bribery and Corruption Policy, noting new legal requirements that extend liability to organisations and associated third parties. Communications would be needed to raise awareness of the broader definition of fraud.

5.2.   Risks linked to joint research bids would be incorporated into the Trust's Fraud Risk Assessment, with planned engagement of partners on their fraud controls.

Review of Developing and Managing Policies and Procedural Documents Policy

5.3.   TME approved the first phase of the updated policy, which clarified Board-reserved policies and streamlined approval routes. Concerns were raised about inconsistent policy quality and unclear distinctions between policy types, with agreement that broader improvement work was needed. Future phases would strengthen assurance processes and explore digital solutions to support policy management.

6.   Regular Reporting

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

- Integrated Quality Improvement Programme Update;

- Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);

- 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;

- Clinical Governance Committee Report;

- Divisional Performance Reviews;

- Business Planning Pipeline Report;

- Procurement Pipeline Report; and

- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

7.   Key Risks

7.1.   **Risks associated with the financial performance:** TME recognised the risks in relation to the delivery of the financial plan for 2025/26. **(BAF Strategic Risk 3.1 & 3.2)**

7.2.   **Risks associated with workforce:** TME maintained continued oversight on ensuring the provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of operational pressures. **(BAF Strategic Risk 1)**

7.3.   **Risks to operational performance:** TME noted the risks to operational performance and the delivery of key performance indicators that were included in its plan for 2025/26. **(BAF Strategic Risk 2)**

8.   Recommendations

8.1.   The Trust Board is asked to

- **note** the regular report to the Board from TME's meetings held on 15 January, 29 January, 12 February and 26 February 2026.