

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 September 2025

TB2025.87

Title: **Integrated Assurance Committee Report**

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

Board Lead: **Committee Chair**
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Confidential: **No**
Key Purpose: Assurance

Integrated Assurance Committee Report

1. Purpose

- 1.1. As a Committee of the Trust Board, the Integrated Assurance Committee 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 Integrated Assurance Committee has met on 13 August 2025.
- 1.3. Under its terms of reference, the Integrated Assurance Committee is responsible for reporting to the Board items discussed, actions agreed and issues to be referred to the Board, indicating the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required.

2. Key Areas of Discussion

Corporate Risk Register (CRR) and Emerging Risks

- 2.1. A review of the Corporate Risk Register takes place at the start of each meeting. This allows members to seek assurance on specific risks and to provide a baseline for Committee discussion.
- 2.2. The Committee discussed workforce risks and agreed that the risk description and scoring for the current risk entry on headcount reduction should be refined for clarity and emphasis.
- 2.3. The Committee considered in particular risks associated with the delivery of clinical trials and noted that an improvement was needed in recruiting to time and target to avoid risks to commercial research income and the top-slicing of infrastructure funding.
- 2.4. The actions being taken to strengthen governance, improve processes, and review the Joint Research Office (JRO) with the University of Oxford for better integration and responsiveness were described. It was agreed that further assurance would be brought to the Committee regarding these issues.

Patient Care

- 2.5. The Committee reviewed the Maternity Performance Dashboard. It noted an improvement in Venous Thromboembolism (VTE) risk assessment compliance, which was over 90%, following the work of a multidisciplinary task and finish group. The ongoing commitment to improving patient experience was stressed, with positive feedback rates of between 80–88% and a focus on addressing inequalities and accessibility through data analysis. An update was provided on efforts to improve telephone and in-person triage. Improvements in post-partum

haemorrhage (PPH) and third-degree tear figures were commended. The Committee discussed patient safety incidents and the Trust's reporting culture and suggested that some of the language in the dashboard might be simplified for clarity to assist with staff and public engagement in future reporting.

- 2.6. The Committee reviewed an Involvement and Engagement Strategy and Plan which aimed to rebuild trust in its Maternity services following concerns raised. Key objectives included acknowledging harm, delivering sincere apologies, ensuring safe and compassionate engagement, and rebuilding trust through transparency. An independent facilitator was to be appointed, and support resources would be provided to ensure emotionally safe forums for both staff and families. The engagement work would require a financial investment and there would be a need to reprioritise strategic expenditure. The Committee endorsed the engagement workstreams and the monitoring and evaluation framework.
- 2.7. An overview of harm reduction efforts across the Trust was provided to the Committee, focusing on Hospital-Acquired Pressure Ulcers (HAPUs) and inpatient falls. It synthesised three years of performance data, clinical audit findings, and quality improvement initiatives to inform assurance. The review identified challenges, evaluated the impact of interventions, and proposed recommendations to strengthen governance, accountability, and patient safety outcomes. The Committee saw evidence that work on falls prevention was proving effective with a year-on-year decline. Data on HAPUs was less clear and a new assessment tool was to be implemented with the benchmarks reviewed.

Annual Workforce Plan Profiling

- 2.8. The Committee received an update on plans for workforce reduction, establishment controls, and vacancy control. It recognised that progress had been made towards the target of achieving a financially sustainable workforce but that a gap still remained. Plans to close this gap were outlined to the Committee.
- 2.9. Assurance was provided regarding the vacancy control processes which were now fully embedded, with strengthened governance, mandatory rota reviews, revised pay panel approvals.
- 2.10. The need to target reductions appropriately to ensure that critical posts were preserved and that opportunities associated with additional income were not lost. However, it was also recognised that projected increases in workforce later in the year needed to be reviewed.
- 2.11. Divisions also provided updates on their individual workforce plans to the Committee.

- 2.12. The need to ensure that decisions were aligned with strategic priorities and operational needs was highlighted and regular updates were to be provided to the Committee and Board.

Integrated Performance Report

- 2.13. The Committee received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital and also had access to a link to the new Core Metrics Dashboard for which a detailed walkthrough was provided at a subsequent deep dive.
- 2.14. Discussion focussed in particular on an overview of current performance against the core cancer standards.

Financial Reporting

- 2.15. The Committee was updated on the financial position at M3 which showed that the Trust was on plan and in a stronger position than at the same point in the previous year. A challenge was noted in relation to non-pay spend and further analysis was underway to identify the main drivers. The need also to continue to maintain robust controls on workforce numbers was recognised.
- 2.16. It was noted that underdelivery of divisional efficiency targets was being balanced by non-recurrent savings. The Committee considered the approach to taking corrective action to address this at an earlier stage than in previous years. Divisions were being asked to prepare rectification plans and a package of possible actions was to be prepared for consideration by the Board.
- 2.17. An updated cash forecast was also provided to the Committee and noted an improvement in the August position and that the outlook for September and October now appeared positive.

FOI Backlog Remediation Plan

- 2.18. The Committee received an updated on work to address the Freedom of Information request backlog which had been significantly reduced after a review of historic requests. The remaining backlog was being cleared with additional temporary staff and new policies were being implemented to manage ongoing FOI requests.

Oxfordshire Place-Based Partnership Update

- 2.19. The Acting Chief Executive updated the Committee on changes to the Oxfordshire Place Based Partnership Board since August 2024 and the current context for the Oxfordshire Place Based Partnership Board.

Guardian of Safe Working Report

- 2.20. The quarterly report on Safe Working Hours from the independent guardian was received with aim of providing context and assurance around safe working hours

for OUH resident doctors. The Committee noted that a deep dive on resident doctor experience had been scheduled for the October meeting. The desirability of a holistic approach to consider workforce data, rostering information and the resident doctor experience was highlighted.

Industrial Action

2.21. The Committee was provided with an overview of the impact of recent industrial action by resident doctors, noting that a lessons learned exercise was being undertaken. It heard that the organisation had managed the impact relatively well, maintaining service safety and patient care and with reduced cancellation of activities compared with previous industrial action though with the full impact on activity and finances to be confirmed.

Other Reporting

2.22. The following regular reports were received by the Committee:

- A quarterly update on progress on Quality Priorities;
- A summary of the July 2025 meeting of the Trust's Delivery Committee;
- A summary of M2 Divisional Performance Reviews; and
- The Patient Safety Incident Response Framework Report for the period May and June 2025.

3. Recommendations

3.1. The Trust Board is asked to:

- **note** the Integrated Assurance Committee's report to the Board from its meeting held on 13 August 2025.