Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 29 July 2026

TB2026.68

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 24 June 2026.

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. Review of the Corporate Risk Register identified ongoing concerns relating to the delivery of the Cancer Plan, estates and fire safety risks, diagnostics capacity, and information governance. Although improvements in risk management processes and KPI performance were noted, the Committee highlighted that a number of risks and associated actions remained overdue.

2.3. The Committee stressed the importance of ensuring that risks reported internally were aligned with those reported externally to NHS England.

Patient Care

2.4. A review of the Perinatal Quality Oversight Report highlighted ongoing concerns regarding postnatal readmissions, VTE compliance, estates issues, and patient feedback. Members acknowledged improvements in maternity assessment processes and staffing arrangements but emphasised that assurance should be based on demonstrated performance against key indicators rather than anticipated improvements. The Committee identified VTE assessment compliance as a significant patient safety priority requiring urgent attention.

2.5. The Committee received an update on maternity outcomes through the 2024 MBRRACE data review. The Trust reported its lowest ever number of stillbirths and improvements across several mortality measures. Members noted that outcomes compare favourably with similar high-acuity organisations when

adjusted for case complexity. The Committee nevertheless requested stronger reporting of inequalities, ethnicity and deprivation data to support assurance regarding equity of outcomes across patient groups.

2.6. Cancer performance remained a significant area of concern. Although progress had been made in reducing the cancer backlog from more than 420 patients to 283 patients, the Committee noted that performance against the national 62-day standard remained below acceptable levels. Members welcomed the actions being taken but stressed that improvement plans must deliver measurable improvements in outcomes rather than demonstrating activity alone. Continued Board oversight was considered essential.

2.7. The six-month Clinical Governance Committee report highlighted concerns about compliance with Positive Patient Identification (PPID) and WHO Surgical Safety Checklist requirements. The Committee was clear that compliance below 100% was unacceptable due to the associated patient safety risks. A formal recovery plan had therefore been requested, with progress to be monitored through governance arrangements.

2.8. The Committee received positive assurance regarding the reduction of hospital-acquired pressure ulcers and inpatient falls. Category 2 pressure ulcers had reduced by more than 18%, Category 3 pressure ulcers were at historically low levels, and inpatient falls had reduced by almost 15%. Despite this progress, moderate-harm falls continued to be associated with gaps in assessment, documentation and post-fall review processes. Targeted interventions remained in place to address these issues.

2.9. Medicines reconciliation continued to present a challenge for the Trust. Pharmacy leaders reported increasing demand alongside workforce constraints and digital limitations. While no significant increase in medication-related harm had been identified, members expressed concern that performance had remained largely static and requested clearer milestones, delivery plans and evidence of impact. The Committee agreed that future improvements should form part of a wider pharmacy transformation strategy.

2.10. The Patient Safety Incident Response Framework report demonstrated a positive reporting culture and a reduction in moderate-harm incidents. However, members discussed the need to strengthen accountability where staff fail to comply with established safety processes. The Committee supported a balanced approach that promotes learning while ensuring clear expectations and accountability for performance.

People

2.11. The Year 2 People Plan identified improvements in recruitment, leadership development, wellbeing support and staff retention. However, staff survey findings continued to highlight concerns regarding bullying, harassment, psychological

safety, wellbeing, career development and staff confidence in organisational culture. Members suggested that workforce culture and behavioural expectations require greater Board attention and deeper discussion.

Integrated Performance Report

2.12. The Committee reviewed the Month 2 Integrated Performance Report and noted continued challenges associated with urgent and emergency care. Demand remained high, with pressure on bed capacity and patient flow contributing to corridor care and delays in discharge. The escalation of medically optimised patients awaiting discharge was highlighted as having a significant impact on emergency and cancer performance.

Financial Reporting

2.13. The Committee reviewed the financial performance which remained a key concern. At Month 2 the Trust was reporting a £1.8 million adverse variance against plan and closer to £4 million when unplanned PFI benefits were excluded. Members noted continuing pressures associated with pay costs, drugs, and delivery of Cost Improvement Programmes. While governance arrangements were established, the Committee expressed concern about the pace of delivery, particularly in relation to non-pay savings programmes.

Other Reporting

2.14. The Committee also reviewed clinical research performance. Concerns were raised regarding delays in clinical trials approval processes, particularly those linked to pharmacy capacity. Members noted the potential risk this could pose to future Biomedical Research Centre funding and supported actions to improve performance, including digital process improvements and greater utilisation of AI-enabled solutions.

2.15. The Committee also received assurance regarding cyber security. Progress toward national cyber security standards remained on track, and additional leadership capacity had been introduced through the appointment of a Head of Cybersecurity. Members were satisfied with the current level of assurance but emphasised the need for continued Board oversight due to the strategic nature of cyber risk.

2.16. Finally, the Committee noted that concerns previously raised regarding emergency preparedness resourcing had been satisfactorily addressed.

2.17. The Committee received the regular report from the Trust's Delivery Committee covering its April and May 2026 meetings.

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 24 June 2026.