

## Cover Sheet

**Trust Board Meeting in Public: Wednesday 9 July 2025**

**TB2025.69**

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**Title:**           **Integrated Assurance Committee Report**

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**Status:**       **For Information**

**History:**      **Regular Reporting**

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**Board Lead:**   **Committee Chair**

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**Confidential:**   **No**

**Key Purpose:**   **Assurance**

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## Integrated Assurance Committee Report

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### 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 11 June 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 considered in particular risks associated with the delivery of the Trust's Annual Plan and agreed that further assurance would be provided in relation to this. It was noted that emerging risks were being appropriately captured on the Risk Register.

#### Patient Care

- 2.3. The Committee received its regular report from the Infection Prevention Control Committee. The frequency of future reporting was discussed. It was agreed that six-monthly reporting would be appropriate supported by the inclusion of relevant indicators within the IPR so that exception reporting would be received where necessary to provide early escalation.
- 2.4. The 7 Day Services Board Assurance Framework Annual Report was provided to the Committee. It was noted that this audit was no longer mandatory and was regarded by clinicians as having limited impact on driving improvement with little evidence that patient safety risks were associated with these standards. It was recommended that the full 7 Day Services audit be ceased with a high-level risk template based on 2022 guidance instead brought annually to the Clinical Governance Committee.
- 2.5. An overview of lessons learned regarding winter planning from within the Trust and also based on wider feedback gathered from partners across Oxfordshire

PLACE Urgent and Emergency Care (UEC) System was presented. It was noted that very unusually the Trust had not escalated to OPEL 4 at any stage over the winter period and thanks were expressed to all teams who had contributed to this.

- 2.6. The final draft of the Trust's 2024/25 Quality Account and Quality Priorities for 2025/26 was reviewed.
- 2.7. As a Deep Dive the Committee was updated on medicines reconciliation performance and benchmarking along with recommendations to improve performance and mitigate risk.

### **Integrated Performance Report and Real Time Data Reporting**

- 2.8. The Committee received a demonstration of a new live data reporting system which was being developed. The intention was to reduce the work required to provide and access data that was already available and to reduce time spent reviewing data that was substantially out of date.
- 2.9. The data provided was intended to strengthen assurance regarding delivery of the Trust's Annual Plan as well as including leading indicators that could act as early warning signals.
- 2.10. It was recognised that presenting data in closer to real time would create some data validation issues. The Committee discussed data quality matters and agreed that additional work would be undertaken on sources of data and data quality assurance.
- 2.11. The Committee considered the assurance that was required in relation to the development of the Trust's workforce plans for the year and the activities that were being undertaken to strengthen these.

### **Financial Reporting**

- 2.12. The Committee was updated on the financial position at M1 which showed that the Trust was on plan. Committee members were asked to reflect on a revised reporting format which aimed to present data in a more concise form. It was anticipated that all year end savings plans would be identified by the end of June.
- 2.13. An updated cash forecast was also provided to the Committee with the June forecast in line with the previous month. It was noted that an NHSE cash support policy had not been published and the expectation was for cash to be managed between providers within systems.

### **Coding and Counting of Clinical Activity**

- 2.14. A paper was provided outlining the data quality initiatives undertaken on 2024/25 coded activity data used for NHS commissioning income purposes to

provide assurance to the Committee that there were arrangements in place to identify and manage data risks to this income.

### External Reviews

2.15. The Committee received a paper providing the refreshed External Reviews Policy along with a summary of associated activities for 2024/25. It noted the assurance provided regarding the oversight and delivery of external reviews during the reporting period and confirmed that current arrangements provided sufficient visibility and assurance.

### Acute Provider Collaborative and System Recovery and Transformation Board Update

2.16. The Acting Chief Executive updated the Committee on collaboration and partnership activities as system level.

### Other Reporting

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

- The Maternity Performance Dashboard;
- The Clinical Governance Committee 6-monthly Report;
- A summary of the April and May 2025 meetings of the Trust's Delivery Committee;
- A summary of Q4 Divisional Performance Reviews; and
- The Patient Safety Incident Response Framework Report for the period March and April 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 11 June 2025; and
- **approve** the Committee's recommendation that the full 7 Day Services audit be ceased with a high-level risk template based on 2022 guidance brought annually to the Clinical Governance Committee.