

## Cover Sheet

Trust Board Meeting in Public: Wednesday 27 May 2026

TB2026.52

---

**Title:** Integrated Assurance Committee Report

---

---

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

---

---

**Board Lead:** Committee Chair  
**Author:** Neil Scotchmer, Head of Corporate Governance  
**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 29 April 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. The Committee reviewed the Corporate Risk Register, with particular attention to recent changes and the escalation of key risks.
- 2.3. The Committee discussed the importance of ensuring that its agenda remains aligned to the organisation's most significant risks and to ensure that assurance provided through the governance structure was robust. A separate session to consider the Trust's assurance matrix was scheduled for June 2026.

#### Patient Care

- 2.4. The Committee received the Perinatal Quality Oversight Model report for February 2026 and noted that it provided assurance on maternity and neonatal quality and safety, with no Maternity Outcomes Signal System alerts reported, all Perinatal Mortality Review Tool cases graded A or B, and continued compliance with the Maternity (Perinatal) Incentive Scheme (MPIS) Year 7 requirements.
- 2.5. Patient experience continued to be a focus of the Committee and it was noted that mandatory reporting on patient experience would be an addition to the MPIS Year 8 reporting requirements.
- 2.6. A new Perinatal Assurance Group, with a Non-Executive Director as chair, had been created to triangulate data and feedback to provide a more coherent picture.

- 2.7. NHSE had requested all trusts review their homebirth services. The review, based on nationally mandated parameters, showed the service to be safe, well governed, and aligned with national expectations. The Committee sought additional assurance on staff rest arrangements and heard that improvement work to “on call” was under way. It also requested that future reporting include more detail on patient experience and data on risk factors of those choosing homebirth.
- 2.8. The Trust’s baseline assessment against the NHS England Experience of Care Improvement Framework was reviewed and considered as a realistic assessment of current maturity. It noted strengths in complaints handling and support arrangements, while identifying areas for further development. The Committee welcomed the framework’s alignment with the Well-Led and Safe domains.
- 2.9. The Committee reviewed progress in the Discharge Assurance Programme and took assurance from strengthened controls, more standardised discharge processes, and improved governance oversight. Future reporting would be refined to include data on patient voice and key KPIs.
- 2.10. The six-month review of the Integrated Quality Improvement Programme was presented. Members welcomed measurable improvement across a number of priority areas. It noted that the programme continued to provide a systematic and practical approach to improvement and recognised its contribution to service performance and patient care.
- 2.11. The Committee heard that Coroners had praised the Trust’s quality of reporting and action plans in relation to Patient Safety Incident Investigations. The Committee emphasised the importance of demonstrating how learning was translated into sustained improvement and agreed that future reports should present “closed loop” learning and evidence of impact more clearly.
- 2.12. The Committee reviewed the 2025 PLACE results and noted overall improvement compared with the previous year, particularly in the dementia and disability domains. While some aspects of food provision were slightly below national average, remedial action had already taken place.
- 2.13. An early draft of the 2025/26 Quality Account was presented; members agreed to provide comment on the draft outside the meeting.

### **Integrated Performance Report**

- 2.14. The Committee considered the Month 12 Integrated Performance Report and noted improvement in routine elective pathways, particularly first outpatient performance and 52-week waits, although challenges remained in reducing longer waits overall.
- 2.15. It discussed the impact of continued bed occupancy pressures, diagnostic constraints, and discharge delays, together with concerns about complaints

volume and temporary staffing expenditure. The Committee was advised that the increase in complaints was primarily linked to communication with patients on waiting lists rather than inpatient care, and that temporary staffing usage remained within expected trajectory.

### **Financial Reporting**

- 2.16. The Committee reviewed the year-end finance position and noted that the Trust had reported a surplus above plan, although this was materially affected by non-recurrent factors and year-end central adjustments. It expressed concern about the scale of the underlying deficit, divisional overspend on non-pay, non-delivery of CIPs, and continued reliance on non-recurrent measures.
- 2.17. The Committee emphasised the need for earlier intervention where adverse financial trends emerge, greater accountability at divisional and budget-holder level, and clearer reporting on delivery trajectories and actions.
- 2.18. An analysis of non-pay expenditure was reviewed. Members welcomed improved analysis of cost drivers while requesting greater emphasis on management response and cost control actions.
- 2.19. In relation to cash, the Committee noted that the year-end position had been stronger than anticipated, largely due to timing effects, and took assurance that no revenue support drawdown was expected in the first quarter.

### **Other Reporting**

- 2.20. The Committee received a verbal update on the Estates Risk Register and noted that arrangements were being reviewed to improve the visibility, monitoring, and escalation of estates-related risks. It discussed the need to distinguish between immediate operational and compliance risks, where assurance is required that controls are in place and effective, and broader strategic risks relating to estate configuration, investment, and rationalisation.
- 2.21. The Committee reviewed the lessons learned from replacement of the pharmacy stock management system. The discussion focused on broader organisational learning, including the need for earlier escalation of significant cross-divisional risks, clearer ownership, and more timely decision-making. Assurance was received that work to address the risk was now progressing at pace. The Committee agreed that these wider lessons should inform future strategic and programme oversight arrangements.
- 2.22. The Committee reviewed its own effectiveness and agreed minor revisions to its Terms of Reference for recommendation to the Board. It noted the benefits of revised meeting timing in enabling more timely receipt of performance and finance data.

- 2.23. In discussing emerging risks, members highlighted the BRC renewal, well-led assessment preparedness, annual plan delivery, potential industrial action, and cybersecurity.
- 2.24. A report of the February and March 2026 meetings of the Trust's Delivery Committee was reviewed. The Committee requested that the report be aligned to the regular Delivery Unit report considered by the Investment Committee.

### **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 29 April 2026.
- 3.2. The Trust Board is asked to approve revised Terms of Reference for the Committee (appendix).

## **Integrated Assurance Committee**

### **Terms of Reference**

#### **1. Authority**

11. The Integrated Assurance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.
12. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
13. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

#### **2 Purpose of Committee**

21. To provide a structured forum for receiving, scrutinising and triangulating the main sources of evidence across the Trust to enable the Board to assess its level of confidence in the assurances provided regarding:
  - the Trust's values and culture;
  - the organisation's financial and operational performance;
  - the quality of services (including clinical effectiveness, patient experience and safety) across the organisation; and
  - the appropriate identification, assessment and management of risks.

#### **3. Membership**

31. The membership of the committee shall be composed of the following all executive and non-executive members of the Board as core members.∴
  - ~~All Non-Executive Directors (one of whom will be the Chair of the Committee)~~
  - ~~Chief Executive~~
  - ~~Chief Medical Officer~~
  - ~~Chief Nursing Officer~~
  - ~~Chief Finance Officer~~
  - ~~Chief Operating Officer~~
  - ~~Chief Assurance Officer~~
  - ~~Chief Estates and Facilities Officer~~

● ~~Chief Digital and Partnerships Officer~~

● ~~Chief People Officer~~

**32. One non-executive director shall act as the Committee Chair.**

**33.** The following are normally expected to be in attendance:

- Divisional Director, Clinical Support Services
- Divisional Director, Medicine, Rehabilitation & Cardiac
- Divisional Director, Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children's & Neonates
- Divisional Director, Surgery, Women's & Oncology

#### **4. Attendance and Quorum**

**41.** The quorum for any meeting of the Committee shall be attendance of a minimum of 50% of members of which two will be Non-executive Directors and two Executive Directors.

**42.** It is expected that all members will attend at least 4 out of 6 committee meetings per financial year. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the committee to the Board.

**43.** If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to agreement with the Chief Executive and consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.

**44.** If Divisional Directors are unable to attend a meeting, they may exceptionally nominate a deputy from within the divisional senior management team (Divisional Chief Operating Officer, Divisional Chief Nurse and Divisional Medical Director) subject to the agreement of the Committee Chair.

**45.** The Chair may request attendance by relevant staff at any meeting.

#### **5. Frequency of meetings**

**51.** Meetings of the Integrated Assurance Committee shall be held six times per year, scheduled to support the business cycle of the Trust and at such other times as the ~~Chairman~~ of the Committee shall identify, subject to agreement with the ~~Chairman of the Trust~~ Chair and the Chief Executive.

**52.** The ~~Chairman~~ may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

**53.** Meetings of the Integrated Assurance Committee shall be set at the start of the calendar year.

#### **6. Specific Duties**

**61.** The Integrated Assurance Committee shall:

##### **Annual Planning**

**62.** Monitor the development of the annual plan and the setting of the annual budget, ensuring that plans are appropriate in the context the Trust's strategic objectives and the Trust's risk profile.

## **Integrated Performance**

- 63.** Review the integrated performance of the Trust, assessing:
- the Trust's performance against its annual financial plan and budgets;
  - the Trust's performance indicators relevant to workforce and organisational development (including culture);
  - the performance of the Trust's corporate and non-clinical services;
  - the performance indicators relevant to the remit of the Committee; and
  - any other areas of performance referred to the Integrated Assurance Committee by the Trust Board.
- 64.** Monitor the effectiveness of the Trust's integrated performance reporting systems ensuring a clear alignment of strategy and performance and the provision of high quality information regarding organisational performance, in the quality, effectiveness and safety of services across the organisation.
- 65.** Review improvement programmes, ensuring they relate to priorities emerging from the integrated performance reporting, support sustainable change and create a culture that continuously improves and delivers quality care for our patients.

## **Quality**

- 66.** Monitor and review the effectiveness of
- clinical systems developed and implemented by the Clinical Governance Committee to ensure they maintain compliance with the Care Quality Commission's Fundamental Standards of quality & safety.
  - systems for safety within the Trust, with a particular focus on patient safety, staff safety and wider health & safety requirements, including a consideration of quality impact assessments of financial improvements and other change processes.
  - systems for delivering a high quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement.
  - systems for the monitoring of clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.

## **Finance**

- 67.** Monitor the development and delivery of the Trust's annual financial plan, including the annual efficiency savings programme.
- 68.** Monitor the development and delivery of the Trust's strategy for medium term financial sustainability.

69. Ensure that appropriate clinical advice and involvement in the medium and long term financial models is provided.
610. Monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance through its regular reporting, reporting by exception where required.

### **Risk Management**

611. Consider any relevant risks within the Board Assurance Framework and Corporate Risk Register and the extent to which these are being appropriately managed and mitigated, reporting any areas of significant concern to the Audit Committee.
612. Identify any new or emerging corporate risks or opportunities.
613. Undertake deep dives on specific risk areas for more detailed scrutiny of issues of significance than is permitted by standard reporting.

### **Governance and Regulation**

614. Ensure the Trust's compliance with all legislative, regulatory and professional requirements.
615. Ensure the Trust's compliance with its Care Quality Commission registration by maintaining suitable systems of internal control, risk management and quality management, with particular emphasis on the Fundamental Standards of quality and safety.
616. Monitor and review the system for Quality Governance, Information Governance, Workforce Governance, Research & Development Governance ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.

### **Other**

617. Undertake any other responsibilities as delegated by the Trust Board.
618. Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee's terms of reference and a review of the effectiveness of the committee.

## **7. Sub-Committees**

- 7.1. The Integrated Assurance Committee has no established sub-committees, but will draw insight and intelligence from a variety of mechanisms, including the Trust's internal performance review processes and meetings.

## **8. Administrative Support**

- 8.1. The Chief Executive is the nominated lead Executive Director for the Committee. Other Executive members will have roles in supporting the Committee in their respective areas.
- 8.2. The Integrated Assurance Committee will be supported administratively by the Head of Corporate Governance, who will ensure:

- Agreement of the agenda with the Chief Executive and the Committee Chair.
- Collation and distribution of papers at least five working days before each meeting.
- Minutes are taken and records are maintained of matters arising and issues to be carried forward.
- Support to the Chair and members as required.

## **9. Accountability and Reporting arrangements**

- 9.1.** The Committee shall be directly accountable to the Trust Board.
- 9.2.** The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any aspect regarding the quality, safety, performance and effectiveness of services across the organisation.
- 9.3.** The Chair of the Committee shall prepare a summary report to the Board detailing 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.
- 9.4.** The Chair of the Committee is required to inform the Board on any exceptions to the annual work plan or strategy.
- 9.5.** The Chairman will report any specific issues on the risk register to the Audit Committee.

## **10. Monitoring Effectiveness and Compliance with Terms of Reference**

- 10.1.** The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

## **11. Review of Terms of Reference**

- 11.1.** The Terms of Reference of the Committee shall be reviewed at least annually by the Integrated Assurance Committee and approved by the Trust Board.

**Date approved:**

**Approved by:** Trust Board

**Next review date:**