

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 November 2025

TB2025.106

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 8 October 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 improvements to the visibility of controls and mitigations for all risks. Assurance was given that governance structures reviewed these issues and that summary insights could be shared with the option of making the Risk Committee minutes available to the Committee.
- 2.3. The Committee received assurance that an ongoing review of estates risks would address both business continuity and patient impact issues.
- 2.4. The Committee heard that, while the Trust remained uniquely dependent on a specific Pharmacy system, the risk had been properly evaluated and replacement was now being managed through a shift to a framework-based procurement approach. Contingency plans had been robustly tested, ensuring up to 72 hours of operational resilience, with further mitigation strategies in development for risks beyond this period. A formal lessons learned review was to be undertaken.
- 2.5. The Committee received an update regarding SEC programme risks, including the revised Terms of Reference for the SEC Risk Group. While the programme continued to demonstrate strong momentum and previous recruitment risks had been resolved, a need was identified for greater clarity regarding the timescales for resolution of outstanding risks. The Investment Committee had enhanced its oversight including supplementary Committee briefing sessions.

- 2.6. Assurance was provided concerning construction progress but operational readiness was identified as an emerging risk area. A financial risk was also noted regarding unfunded non-elective activity, with mitigation measures currently under discussion with commissioners.

Patient Care

- 2.7. The Committee reviewed the Maternity Performance Dashboard. It noted the anniversary of the vaccination hub. Reductions in overall birth and caesarean section rates had been observed during August, with an increase in births within community settings. Moderate harm indicators were consistent with national averages, and recent PMRT (Perinatal Mortality Review Tool) reviews had identified no care concerns. It was noted that postnatal readmissions were now a mandatory reporting field.
- 2.8. Maternity complaints had risen, mainly due to historic issues, though Friends and Family Test results were still high at 94% positive. There was an increase in bladder stretch incidents and focused bladder care education was underway. Staff morale and workplace culture were noted to be strong ahead of the CQC inspection. Ethnicity data was being reviewed, as there was evidence that BAME women faced more adverse incidents, which were to be addressed in the upcoming PQSM (Perinatal Quality Surveillance Model) Report.
- 2.9. The Committee reviewed a thematic analysis of hypoxic ischaemic encephalopathy (HIE) cases from May 2025, emphasising the importance of engaging women and families in these reviews. It was confirmed that moderate harm cases adhered to duty of candour and PMRT protocols, involving families unless they opted out. Delays in care and issues with foetal monitoring were being addressed through the Perinatal Improvement Programme, and the Committee requested the alignment of learning with the forthcoming CQC Report.
- 2.10. The Committee noted that the Patient Experience and Engagement Strategy was scheduled to be submitted to the Board for approval in early 2026.
- 2.11. The Committee received the Annual Clinical Effectiveness Report, which detailed findings and recommendations consistent with the Quality Account, and considered proposals for future in-depth reviews of audits with limited assurance. The importance of capturing both learning outcomes and the overall value of audits was underscored. Assurance was given that urgent issues were now monitored through the Clinical Improvement Committee and recorded on the Ulysses system.
- 2.12. The Committee received its regular report on the Patient Safety Incident Response Framework. It was noted that four Never Events had been reported in Ophthalmology over the previous year. In response, a new Improvement Group chaired by the Chief Medical Officer had been established to address

leadership, staffing, and culture issues. Immediate mitigations such as reduced injection volumes and enhanced staff support had already been implemented. Reporting arrangements were being formalised, and best practice reviewed.

- 2.13. The Committee received an update on NICE TA implementation. It was noted that the Board had previously agreed to support Givinostat delivery, conditional upon NICE recommendation and that the NICE appraisal of Givinostat for Duchenne muscular dystrophy had been postponed until January 2026
- 2.14. The Committee received a review of 31 patient deaths from the National Hip Fracture Database, aiming to identify contributing factors, extract learning points, and recommend actions to reduce future hip fracture mortality at John Radcliffe Hospital. The Committee noted significant performance improvement since the alert status had been raised.

People

- 2.15. The Committee received an update on the Board-approved Eradication of Bullying and Harassment Programme. Progress continued to be made although there were some delays and variation between divisions.
- 2.16. Key initiatives were Active Bystander Training, integration of the Better People Leaders Programme, and collaborative work with medical teams to address sexual harassment. Sexual safety e-learning modules were now available and the Work in Confidence reporting platform was seeing increased use. Ongoing concerns included FtSU capacity and the need to ensure visible accountability.
- 2.17. The Chief People Officer (CPO) stated that transparency would be enhanced by making available anonymised data on outcomes and sanctions. Further details regarding bullying and harassment investigations were to be shared in an upcoming deep dive. The importance of strong Board commitment and accountability was highlighted as necessary for programme success.
- 2.18. The Committee also conducted an in-depth review of resident doctors' experiences after the meeting.

Integrated Performance Report

- 2.19. The Committee received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital metrics.
- 2.20. Discussion focussed in particular on an overview of current performance against the core cancer standards and VTE performance.

Financial Reporting

- 2.21. The Committee was informed that the M5 financial position was slightly ahead of plan due to one-off measures with CIP performance below target. The Committee heard that the Trust qualified for a cash top-up for which a submission had been made.

Provider Capability Board Assurance Statement

2.22. The Committee reviewed the supporting work and decided to further refine both the Provider Capability self-assessment and the corresponding Board Assurance Statement. Authority had been delegated to the Interim Chief Executive Officer to submit the Board Assurance Statement to the Regional NHS England team.

Other Reporting

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

- A report of the August and September 2025 meetings of the Trust's Delivery Committee;
- A summary of M5 Divisional Performance Reviews; and
- Infection Prevention and Control Reporting and Assurance

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 8 October 2025.