Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 21 January 2026

TB2026.15

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 10 December 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 received an update on work to procure a replacement pharmacy system with the specification agreed and procurement scheduled. The associated risk was to remain open until the new system was implemented.

2.3. The Committee agreed that the approach to risk review would continue to include both quantitative tracking and qualitative deep dives to ensure all significant risks are addressed.

Patient Care

2.4. The Committee received an update on activity within Maternity. Preparations continued for the Perinatal Improvement Programme which would involve staff, patients, families, and campaign groups, with trauma-informed support in place. The latest CQC maternity experience survey indicated improvements in postnatal care and visiting, though further progress was still needed. A thematic review of maternity complaints was nearing completion.

2.5. The Maternity Performance Dashboard was received and showed a further increase in births with all key harm indicators within national averages. Reporting requirements had been met and additional safety training had been implemented in response to a specific incident. Induction delays remained a priority supported by new national benchmarking. The new Maternal Outcome Signal system had launched with no alerts to date.

2.6. The Committee received an update on clinical audit activities, noting that progress has been made in strengthening oversight and reporting but that challenges remained with local, non-mandatory audits. A quantitative benchmarking template was reviewed, but the Committee agreed not to pursue its routine use. Focus remained on enhancing governance frameworks, digital reporting solutions, and dashboard oversight.

2.7. A briefing on IPC Metrics included in the National Performance Accountability Framework was considered. The Committee noted that these did not effectively reflect OUH's complexity and were often driven by factors outside the Trust's control. The Committee agreed that feedback should be provided to NHS England to support the development of more appropriate measures.

2.8. The Committee received Patient Safety Incident Response Framework (PSIRF) report, marking the two-year anniversary of its implementation. It was noted that the framework was now well embedded, supported by active patient-safety partner involvement, clearer timelines for major investigations, and marked improvements in report quality and validation, given confidence in the maturity of implementation.

2.9. The results of an external review of Critical Care Estate Options were received. These confirmed that current paediatric intensive care unit (PICU) arrangements were satisfactory in the short term but recognised the need for a long-term solution for the PICU.

2.10. The Committee received an update on the medical productivity and workforce-planning tool, noting that no national framework existed for this with procurement underway and pilots planned.

Performance

2.11. The Committee reviewed the draft two-year operational plan and four-year capital plan, noting the late national guidance and compressed timeline for submission. The Committee was briefed on assumptions regarding the level of delivery against performance standards and efficiency requirements in the draft submission, noting that the Board would consider an updated submission in January.

2.12. The annual Premises Assurance Model (PAM) assessment was received, having been completed in-house for the first time. The Committee noted that TME had reviewed the assessment and highlighted the need to strengthen action planning and better understand risks that influence scoring.

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 metrics.

2.14. The Committee reviewed a new, more divisionally-focused finance report, noting the Trust remained on plan at month 7 but with underlying deficits requiring action.

2.15. A rise in complaints in line with national trends had prompted strengthened response processes with targeted resource in particular specialties and the development of a Trust-wide programme to address behaviour-related concerns.

2.16. Targeted recovery actions were outlined for cancer pathways, with Urology, Lung, and Gynaecology identified for focused improvement, and backlog reductions supported by a request for additional outsourcing funding.

Financial Reporting

2.17. The Committee noted that the Finance Report had been revised to focus at divisional level, rather than just trust-wide income and pay, aiming for clearer accountability. Overall the Trust was on plan at month 7, but there remained a large underlying deficit.

2.18. The Committee agreed that the approach to budget setting and divisional accountability should be reviewed for the next planning cycle and that divisional performance would be monitored closely.

Strategy Refresh Update

2.19. The Committee received an update on the strategy refresh. The Chair noted that, while the work was still at an early and largely bottom-up stage, a clearer overarching vision and narrative would need to be developed and communicated as the process matures. The importance of a strong delivery plan aligned with wider planning discussions was emphasised.

Other Reporting

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

- A report of the October and November 2025 meetings of the Trust's Delivery Committee;
- Divisional Performance Reviews Q2 Report
- Clinical Governance Committee Report

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 10 December 2025.