

Cover Sheet

Trust Board Meeting in Public: Wednesday 30 September 2026

TB2026.85

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

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 9 September 2026.
- 1.3. This report summarises the Committee's work using the following definitions: **Alert** escalates key risks, opportunities, issues requiring Board attention and gaps in assurance; **Advise** sets out areas where the Committee received partial assurance but wishes to see improvements, further follow-up or additional reporting; and **Assure** summarises areas where the Committee received sufficient assurance or undertook routine oversight.

2. Alert: matters escalated to the Board

- 2.1. Surgical Elective Centre delivery risk — there were risks to the planned go-live date due to outstanding electrical infrastructure and commissioning dependencies, with potential consequences for elective activity, financial performance and in-year financial pressure. Executive Directors had instituted and would continue weekly monitoring.
- 2.2. 2026/27 capital programme delivery — the enlarged capital programme presented a significant delivery challenge, with risks around resource constraints, regulatory approvals, specialist capacity and the limited time remaining in the financial year.
- 2.3. Strategic estates risks — ageing infrastructure, critical estate resilience, maternity accommodation and the Churchill retained estate were identified as material risks, with concern that current Estates and Facilities capacity may not be sufficient to deliver future strategic ambitions. The Committee endorsed prioritisation of fire safety, infrastructure resilience and compliance investment, and supported development of a long-term Estates Strategy and capital investment programme.
- 2.4. Financial plan delivery/CIP — continued risk remained in relation to delivery of the Cost Improvement Programme, including the cash resilience dependency on cash-releasing CIP and the need for the NHSE route map exercise to clarify the Trust's position.

3. Advise: partial assurance received

- 3.1. National Oversight Framework position — the Trust remained in Segment 3. Further analysis was required once the detailed assessment was available to understand the contributory indicators and establish a realistic improvement trajectory.
- 3.2. Bullying and harassment programme refresh — staff survey results indicated overall improvement, but progress remained inconsistent and targeted work was required in hotspot areas, alongside further action on psychological safety, sexual safety training, active bystanding and leadership accountability.
- 3.3. Maternity and Neonatal Ten-Point Plan — the Committee supported the baseline assessment and recommended the return and maternity triage audit for Board approval via Chair's Action. The assessment identified ten elements that were not yet fully compliant, with further work required particularly on inequalities data and reporting, accessibility and elements of maternity triage.
- 3.4. Risk management maturity — the Committee reviewed the Corporate Risk Register and Risk Committee activity, including thematic deep dives and planned risk "lock-in". Consistency in risk definitions and target scores would be addressed by the "lock-in" with the Audit & Risk Committee testing the scoring.
- 3.5. Medical gases risk — this remained a Trust-wide issue being managed initially through the Perinatal Assurance Group, with updates expected to both the Corporate Risk Register and Quality & Performance Committee.
- 3.6. Falls with harm — while the number of falls was at the low end of the national average, harm from falls was near the top end of the national average. A targeted audit would be presented in Q2.
- 3.7. Assurance that non-pay was well-understood and managed in the organisation, along with further work on the underlying deficit and financial drivers would be undertaken by the Finance Committee.
- 3.8. Perinatal quality metrics — continued oversight was required for venous thromboembolism assessment performance, postnatal readmissions, initial triage within 15 minutes, high-risk maternity estates issues, test result endorsement and delivery of the 10-point plan.
- 3.9. Patient safety investigations in maternity — overdue investigations required clearer reporting on causes of delay and trajectories for reduction. This would be addressed in future reporting.
- 3.10. Core safety standards — Ophthalmology remained a particular concern, but assurance on behavioural change and visible leadership in the service was provided.

4. **Assure: sufficient assurance or routine oversight**

- 4.1. PSIRF Report — the Committee noted that patient safety trends did not indicate movement away from routine variation, that special cause variation had been investigated, and that the initial thematic PSIs had completed.
- 4.2. Guardian of Safe Working Hours Q1 Report — the Committee noted the report and the planned alignment with consolidated medical education and training reporting.
- 4.3. Integrated Performance Report Month 4 — the Committee noted the report, including the NOF segmentation dashboard and lead Chief Officers for each metric.
- 4.4. OxSCA and Care Assure Annual Report — the Committee noted the report and the future benefit of Tendable in improving data visibility.
- 4.5. Response to HOSC Quality Account comments — the Committee noted the response and submission.
- 4.6. NOF metrics and methodology — the Board should be aware of new metrics and changes to methodology.

5. **Recommendations**

- 5.1. The Trust Board is asked to note the Integrated Assurance Committee's report from its meeting held on 9 September 2026, consider the matters escalated under **Alert**, note the areas of partial assurance set out under **Advise**, and take assurance from the matters set out under **Assure**.