

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 March 2026

TB2026.36

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 11 February 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 heard that the Risk Committee would undertake a series of cross-cutting reviews, focusing on key risks. Following discussion at Divisional quarterly reviews, it had been agreed that Estates risks would be the first to be reviewed in this way. This would be supplemented by a Committee Deep Dive. A review of sickness absence would also be undertaken.
- 2.3. The Committee was updated on specific workforce, financial, estates, and research risks and mitigations.
- 2.4. A separate verbal update on the Bedford pharmacy stock control system, including next steps, was received with a full lessons learned report to be presented to the next meeting of the Committee.

Patient Care

- 2.5. The Committee was updated on progress against the 2025/26 Quality Priorities. While good progress had been made on many, the Committee expressed specific concern about the slow pace of progress on the Medicines Reconciliation Quality Priority.
- 2.6. Members were briefed on barriers to progress and potential solutions.
- 2.7. Given the rate of progress, the Chief Medical Officer was asked to bring back a detailed update.

- 2.8. The Committee received an update on activity within Maternity and Neonates. All CQC requests for information following the visits to neonatal services and the maternity service at the Horton General Hospital had been completed.
- 2.9. A successful community engagement event had been held, with more planned.
- 2.10. The Committee saw evidence of marked improvement in maternity triage, with further improvements expected. VTE assessments had improved and the maternity service and patient experience teams were working to improve responses to complaints.
- 2.11. Work continued toward Baby Friendly Initiative accreditation, supported by a new Infant Feeding Lead.
- 2.12. The Committee heard that the Butterfly Suite was now open 24/7 to provide a calm and secure environment for bereaved families.
- 2.13. Plans were in place to address workforce pressures across both services, noting that a significant proportion of midwives were on maternity leave at any one time.
- 2.14. The Committee received the first of the regular 6-monthly reports on falls and hospital-acquired pressure ulcers (HAPU).
- 2.15. The HAPU programme would focus on Category 2 incidents. This would be supported by a new risk assessment for pressure damage and the new Ward Performance dashboard. A clear reduction target was in place.
- 2.16. The Committee considered the update on falls and agreed that it would be appropriate to receive a quarterly report on falls with higher levels of harm.
- 2.17. The Committee received Patient Safety Incident Response Framework (PSIRF) report, which now included assurance that interventions brought in as a result of investigations were being reviewed for effectiveness. It was updated in confidence on the status of investigations, including investigations opened outside the reporting period.

People

- 2.18. The Committee reviewed the independent report from the Guardian of Safe Working for Q3. Members noted that the Trust had moved to a new software platform which should better support exception reporting. This was a key area for Resident Doctors.
- 2.19. The Committee received an update on delivery of the national 10-point plan to improve the working lives of Resident Doctors and was assured that substantial progress has been made, with the Trust achieving 95% of actions within the plan.

2.20. There was strong engagement from Resident Doctors with both the senior responsible officer and the newly appointed peer representative, supporting good two-way communication.

2.21. The implications of national changes to exception reporting were discussed.

Integrated Performance Report

2.22. The Committee received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital metrics.

2.23. The discussion focused on cancer performance, with 62 day performance confirmed to be on plan.

2.24. In the context of the Trust's annual plan and the desire to ensure assurance on key indicators, it was agreed that the format and content of the Integrated Performance Report would be considered at the Board Development Day in March 2026.

Financial Reporting

2.25. The Committee noted that the Trust remained on plan in Month 9, although this continued to rely on a number of non-recurrent measures. Month 10 was expected to remain on track.

2.26. The Divisional Directors from CSS and SuWOn spoke to their adverse variances from plan and the work being done in each Division to improve controls. A key driver for the shortfall related to challenges in delivering CIP savings.

2.27. The Committee emphasised the need for clearer variance analysis, better alignment between operational and financial risk discussions, and stronger visibility of financial controls ahead of 2026/27 planning.

Other Reporting

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

- A report of the January 2026 meeting of the Trust's Delivery Committee, with the Committee seeking stronger assurance on the Committee's monitoring responsibilities. A reframing of the format and focus of the three main TME subcommittees to match the Trust's Delivery Plan would be presented in due course;
- Legal Services Annual Report, which had been substantially revised to show the breadth of activity and provide more robust assurance;
- Divisional Performance Reviews M8 Report, with a verbal update on Q3 reviews.

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 February 2026.