

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Quality and Safety Committee (Q&SC)

Q&SC Meeting: 3 February 2026 presented to the BoD on 2 April 2026

Chair: Dr Andrew Catto, Non-Executive Director (NED)

Paper Author: Executive Assistant

Quorate: Yes

Appendices:

None

Declarations of interest made:

None

Assurances received at the Committee meeting - focus on learning and improvement:

Agenda item	Summary
SPENCER PRIVATE HOSPITALS (SPH) QUALITY DEEP DIVE	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • A significant amount of work has taken place in relation to the governance arrangements with Spencer incorporated into the Trust's governance arrangements. • All Spencer meetings and policies have been reviewed, and an assurance framework has been developed. • Changes have been made to the Medical Advisory Committee (MAC) and corporate days were established for all key meetings. • The Team was working through a competency framework and training matrix for managers. • Quality Oversight meetings were now taking place with the Trust.



<p>EMERGENCY DEPARTMENT (ED) CARE QUALITY COMMISSION (CQC) INSPECTION</p>	<p>The Committee received the report and NOTED the following key updates:</p> <p>Queen Elizabeth the Queen Mother Hospital (QEQM) ED CQC inspection.</p> <ul style="list-style-type: none"> • The inspection was unannounced and took place 6-7 January 2026, within a very complex situation being managed at QEQM. This related to the number of norovirus patients, high numbers of not fit to reside patients and a significant influx into the department. • CQC were positive about the culture and hard work of the team but did identify areas for improvement. They identified issues related to leadership, medical cover, medical intervention for some patients and corridor care. • The team were working closely with CQC, and weekly updates: against the action plan were being provided. • The Trust had submitted all the information requested by the CQC and were now awaiting their report. <p>CQC inspection of the Medical Pathway at QEQM.</p> <ul style="list-style-type: none"> • The Trust received positive feedback from the inspection, with concerns regarding boarding and possible misinformation in relation to a Deprivation of Liberty Safeguards (DOLS) assessment. • There was also an unannounced inspection of the William Harvey Hospital (WHH) ED between the 2-3 February 2026, the verbal, initial, feedback received was broadly positive (although as is the case with all inspections further feedback will arise from triangulation of data sources in coming weeks).
--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<p>RENAL DEEP DIVE</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • NHS England (NHSE) Dialysis Quality Review was prompted by capacity and infrastructure pressures (2019/20-2022/23) growth) • There was £1.27M NHSE recurrent funding for increased dialysis activity. • Equipment Replacement had been completed at Margate, Dover and Ashford sites, but Medway and Maidstone required urgent investment. • There was a rolling replacement program for Haemodialysis (HD) machines. • There was improved resilience with contingency and in-house water testing in case of breakdowns. • Mortality Outlier Review had taken place and coding corrected. • Infection Control, dialysis associated infections improving, although dialysis access surgery delays were noted as a potential increasing risk. <p>Key Incidents</p> <ul style="list-style-type: none"> • There was a Hepatitis B exposure incident (which had no onward transmission). • There had been persistent Legionella at Maidstone High Dependency (HD) unit, the pipe replacement business case was progressing. <p>Following the move of vascular to Kent & Canterbury Hospital (K&C), there was increased competition for theatre space. It was confirmed that additional support was being provided to increase vascular access.</p> <p>In summary, there had been significant progress in relation to the NHSE actions and there had been significant investment in the dialysis infrastructure, however, there remained notable risks around capacity, estates, IT system fragility and access to surgery delays.</p>
<p>QUALITY GOVERNANCE REPORT (PATIENT EXPERIENCE, INQUESTS, CLAIMS, INCIDENTS AND CENTRAL ALERTING SYSTEM (CAS)).</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • Security incidents were now in the top 5 types of incidents reported, 56 of those related to patients leaving the ED without waiting to be seen and 15 related to assaults to our staff. • A Never Event occurred in December 2025, related to a breast marker coil within radiology, and After Action Review (AAR) had occurred which identified additional learning. • The Duty of Candor (DoC) policy has now been approved. Two written and two verbal DoC notifications had fallen out of our agreed Key Performance Indicator (KPI), (but had since been completed). • The Patient Safety Policy has been ratified. • There had been a dip in inquest activity during November and December 2025, but the team had seen a notable increase in activity at the beginning of the year.



EFFECTIVENESS OF SCREENING PROGRAMMES (INCLUDING CERVICAL) ANNUAL REPORT	<p>The Committee received and NOTED the following key updates:</p> <ul style="list-style-type: none"> • Clear actions were in place in relation to the screening programmes. • There were issues regarding the recall times for breast screening, the target was three weeks, however, we were currently around ten weeks. An action plan was in place to address this, and a new director of breast screening had been recruited. • The antenatal screening service was running well.
QUALITY ACCOUNT PLAN FOR COMPLETION AND SIGN OFF AND 2025/26 QUALITY STRATEGY AND Q1-Q3 UPDATE ON QUALITY PRIORITIES	<p>The Committee NOTED the following key updates:</p> <ul style="list-style-type: none"> • It was confirmed that the Quality Account was on track for completion within the agreed timeframe and it would be brought to the Council of Governors (CoG) meeting for consultation.
NON-REFERRAL TO TREATMENT (RTT) QUARTERLY UPDATE	<p>The Committee NOTED the following key updates:</p> <ul style="list-style-type: none"> • It was important that our patients received the right care, especially within specialties such as diabetes and ophthalmology. • A recovery plan was being delivered by the Chief Operating Officer (COO) and it had been discussed at the Executive Team meeting. • It was important that Q&SC continued to have oversight and regular updates were provided. • Work remained ongoing to validate the waiting lists, to fully understand the risk to patients and, a consistent approach to validating needed to be adopted across all specialties.
ASSOCIATION FOR PERIOPERATIVE PRACTICE (AFPP) PROGRESS UPDATE	<p>The Committee NOTED the following key updates:</p> <ul style="list-style-type: none"> • All three of the Trust's theatres had now received AFPP accreditation, which was a cause for celebration.
MONTHLY STRATEGIC RISK REGISTER UPDATE	<p>The Committee received and NOTED the report.</p> <ul style="list-style-type: none"> • There were several overdue actions associated with some of the risks, which were in the process of being addressed.
CARE QUALITY COMMISSION (CQC) UPDATE	<p>The Committee received and NOTED the report.</p> <ul style="list-style-type: none"> • The ward accreditation scheme was progressing well and there was a task force to support specific wards. • There were only two remaining "must do" and "should do" actions, and these related to pharmacy and mandatory training, which was now improving.
DATA QUALITY AND ACCOUNTABILITY ASSURANCE	<p>The Committee received the report and NOTED the following key update.</p> <ul style="list-style-type: none"> • Information Assurance Committee met regularly and co-ordinated accurate data quality collection. This Committee is an example of good practice. • There was interest nationally on the Hospital Standardised Mortality Ratio (HSMR) and the work of Same Day Emergency Care (SDEC). • A Digital, Data and Technology Group had recently been established, which reported directly into the Trust Management Committee (TMC). • The Team was exploring how Artificial Intelligence (AI) could improve data quality and collection going forward.



<p>COST IMPROVEMENT SCHEME QUALITY IMPACT ASSESSMENTS (QIA)</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • A robust governance process had been established for QIAs. • 79 QIAs had been considered by the panel between July and December 2025, which was an increase. • The next step from April 2026 was the review of existing schemes and how they were functioning within the clinical environment and how they had impacted on quality and safety.
<p>PATIENT DOCUMENTATION AUDIT UPDATE</p>	<p>The Committee received and NOTED the report.</p> <ul style="list-style-type: none"> • The Consent Policy had been revised and approved. • Further training for clinical staff had been taking place. • The Documentation Audit was included within the Annual Audit Programme.
<p>CONTROLLED DRUGS ANNUAL REPORT</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • The Trust continued to prescribe many controlled drugs. • The number of incidents recorded had reduced over the last year. • Remote prescribing was increasing through electronic prescribing solutions. • Compliance with the CQC self-assessment reportedly remained good, and the actions identified had been addressed. The CQC were keen that pain management plans were in place and followed. • There was a focus on the management of controlled drugs when patients were being cared for on corridors. • Further work was required regarding training on how to treat the use of synthetic opiates and raising awareness of the risk these drugs hold to our community. • There needed to be consideration regarding whether the Trust should have Opioid stewardship group and the Q&SC were supportive of this proposal.
<p>SAFE STAFFING ESTABLISHMENT REVIEW</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • The report had also been considered by the People & Culture Committee (P&CC). • Reviews had taken place against the safe care model and there had been involvement from ward managers and matrons. • The Committee agreed that the report would be submitted to Trust Board for their consideration.
<p>MATERNITY & NEONATAL ASSURANCE BOARD (MNAB)</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • Clinical Negligence Scheme for Trusts (CNST) was discussed at length at the MNAB. The representatives from anaesthetics had concerns regarding how the requirements were going to be met going forward, with the current staffing.



	<ul style="list-style-type: none"> • A CNST challenge session with the Integrated Care Board (ICB) was planned for early February 2026. • Restorative work continued with the families and feedback would be fed into national discussions. • The Trust was anticipating the Baroness Amos Enquiry revisit soon. • Annual CQC maternity survey, noted areas of positive change, but with the need for ongoing improvement.
INTEGRATED PERFORMANCE REVIEW (IPR)	The Committee received and NOTED the IPR.
PATIENT EXPERIENCE COMMITTEE ASSURANCE REPORT	The Committee received and NOTED the Patient Experience Committee Assurance report.
OPERATIONAL QUALITY GOVERNANCE UPDATE (OQG) CHAIR'S REPORT	The Committee received and NOTED the Operational Quality Governance report.
SAFEGUARDING COMMITTEE ASSURANCE REPORT	The Committee received and NOTED the Safeguarding Committee Assurance report.
MORTALITY STEERING & SURVEILLANCE GROUP (MSSG) CHAIR'S REPORT	The Committee received and NOTED the MSSG report.
CLINICAL AUDIT AND EFFECTIVENESS GROUP (CAEG) CHAIR'S REPORT	The Committee received and NOTED the CAEG report.

Referrals from other Board Committees:

<p>The Committee asks the BoD to discuss and NOTE this Q&SC Chair Assurance Report and the following:</p> <ul style="list-style-type: none"> • Safe staffing Review. • Non-RTT risk. 	Assurance	2 April 2026
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	--------------



BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Finance and Performance Committee (FPC)
Meeting date: 27 January 2026
Chair: Richard Oirschot, Non-Executive Director (NED)
Quorate: Yes
Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interests.

Assurances received at the Committee meeting:

Agenda item	Summary
<p>Significant Risk Register (SRR)</p>	<p>The Committee received and NOTED the updated SRR relevant to its remit.</p> <p>The Committee reviewed the SRR and noted that although only one overdue action remained, now escalated, many high-scoring risks continue to show no movement, indicating that mitigation actions may not be sufficiently effective or timely. The Committee reiterated the need for clear, realistic target dates and confirmation that risk-reduction trajectories are achievable.</p> <p>Cyber risk oversight was highlighted as a gap requiring more detailed Board discussion and it was agreed that a formal update should be brought to a future meeting.</p> <p>Questions were also raised over the clarity of reporting on infrastructure risks, where cleaning standards appeared conflated with wider estates deficiencies; this will be clarified by the risk owner.</p> <p>Assurance: Partial assurance — risk oversight mechanisms are operating, but target-date clarity, cyber-risk assurance, and infrastructure-risk articulation require strengthening.</p> <p>Approvals/Actions for Board: Board is asked to note the risk gaps and require updated risk target-dates and a full cyber-risk report for March.</p>
<p>Board Assurance Framework (BAF) Risks Report</p>	<p>The Committee received and NOTED the BAF report.</p> <p>The Committee noted the upcoming BAF refresh work and the postponed Board risk appetite session, now planned for March, given pressures from the Care Quality Commission (CQC) inspection timetable.</p>



<p>We Care Integrated Performance Report (IPR) (M9): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics</p>	<p>The Committee received and NOTED the M9 IPR.</p> <p>The Trust faced a norovirus outbreak at Queen Elizabeth the Queen Mother Hospital (QEQM), resulting in critical incident measures and deterioration in emergency care performance during January, reversing improvements seen before Christmas. Operational pressures remain high, and recovery actions are in progress.</p> <p>Modelling is underway for the outpatient sprint and 52-week recovery programme. The Committee stressed that the Board must consider the balance between financial implications and performance delivery requirements, as elective sprint income only provides benefit if associated expenditure is tightly controlled.</p> <p>Benchmarking data showed the Trust's length of stay within the Emergency Department (ED) remains materially higher than peers, with a significantly higher proportion of stays over six days and some long-stay patients over 20 days. While P3 discharges outperform peers, P0 and P1 pathways continue to present lost-opportunity bed days and require targeted improvement.</p> <p>Assurance: Partial assurance — performance oversight is strong, but operational pressures and Length of Stay (LoS) inefficiencies remain unresolved.</p>
<p>M9 Finance Report</p>	<p>The Committee received the M9 Finance Report and NOTED its content.</p> <p>The Trust continues to operate in a highly constrained financial environment and is currently £20m off plan, although optically the deficit appears £43m adverse due to the loss of Deficit Support Funding (DSF). A remaining £2.8m mitigation gap persists despite extensive work following the reforecast submission to NHS England (NHSE), and further pressures continue to emerge, including CQC-driven staffing costs and reduced winter funding.</p> <p>Assurance: Limited assurance — mitigations continue, but material exposure remains.</p> <p>Board Action: Note the deteriorating position and the operational pressures contributing to the variance.</p> <p>The Trust's total requirement for Public Dividend Capital (PDC) revenue support this year now stands at £51.7m, of which £21.7m has been received. February's drawdown decision is pending, and while £25m will be requested for March, regional guidance indicates that only around £15m is likely to be approved under minimum-cash rules. To support improved oversight and meet regional expectations, the Committee endorsed the establishment of a dedicated monthly Cash Committee, with Terms of Reference (ToR) to be developed for Board approval.</p> <p>Assurance: Limited assurance — cashflow is being actively managed, but the Trust remains dependent on external support.</p>



	<p>Board Approval Required: Approval to establish a monthly Cash Committee and receive ToR in the future.</p>
<p>Planning and Contracting</p>	<p>The Committee received and NOTED the Planning and Contracting update.</p> <p>The Committee were provided the latest position on contract negotiations with the Integrated Care Board (ICB), which were challenging but collaborative. The Committee heard details of the latest ICB offer and the implications for the Trust's deficit in 2026/27.</p> <p>The Committee discussed in some detail the implications for the Trust of the offer and likely position in the final 12 February submission. The Committee agreed that the Board should ultimately determine the final contract position, balancing income assumptions, savings requirements and performance projections.</p> <p>Assurance: Partial assurance — resolution depends on system-level offer.</p> <p>Board Action: Agree the Trust's planning position and assurance on the 12 February submission.</p>
<p>Capital Update</p>	<p>The Committee received and NOTED the capital update.</p> <p>The Trust has a Year to Date (YTD) capital underspend of £15.1m, driven largely by slippage in several major schemes. The Committee recognised the sub-optimal position and invited lessons learned for the future plans.</p> <p>The Committee raised concerns about capital programme delivery capability, citing delays in procuring major equipment and insufficient internal resource to manage large schemes effectively. Further assurance is required on governance, delivery timelines and procurement support. A system level update is expected at the next capital partnership meeting.</p> <p>Assurance: Limited assurance — capital delivery remains at risk due to resource and process gaps.</p> <p>Board Action: Note the risks and require strengthened reporting for the next cycle.</p>
<p>Cost Improvement Programme (CIP) Oversight and Assurance</p> <p>Workforce Plan – update on progress against targets</p>	<p>The Committee received and NOTED the CIP progress report.</p> <p>CIP 2025/26</p> <p>The Committee noted progress in translating CIP interventions into operational schemes, with £8.5m now within care group forecasts and a further £0.5m in development with nursing and medical teams. A £2.8m gap remains, which includes £450k of unavoidable CQC-driven cost pressure. Although progress is evident, significant focus and effort is required over the final months of the financial year to maintain momentum.</p> <p>CIP 2026/2027</p>

	<p>Delivery risk for the 2026/27 programme is at this stage high. The Trust expects a minimum savings target of £72.5m (6%) with £1.5m value schemes passed through the full Project Initiation Document (PID)/Quality Impact Assessment (QIA) process. The Committee highlighted the lack of detailed workforce, service-reconfiguration and redundancy plans, and acknowledged the constraints created by insufficient internal capacity. It was agreed that a full CIP resourcing plan, covering internal staffing, external support requirements and timescales would be presented at the February FPC meeting.</p> <p>Assurance: Limited assurance — the Trust is not currently positioned to deliver the required scale of efficiencies.</p> <p>Spencer Private Hospitals (SPH) Update The Committee noted positive actions by Spencer, including significant reductions in ward and theatre agency spend, adjustments to theatre recharges improving group benefit, and alignment of prosthetics procurement with Trust frameworks. However, a critical area is access to daytime theatre lists, which is limiting Spencer’s ability to secure higher value private work. The Committee requested an update from the Chief Operating Officer (COO) confirming arrangements related to theatre access for Spencer.</p> <p>Assurance: Partial assurance — Spencer is progressing internal efficiencies but work needs to be done to facilitate additional theatre capacity.</p>
Business cases: over £1.75m Requiring Investment £2.5m for Self-Funding. Capital Business Cases Over £1m	The Committee received and NOTED the Business Case Scrutiny Group Assurance Report.
Capital Investment Group (CIG) Assurance Report	The Committee received and NOTED CIG Assurance Report.
Feedback to Board of Directors	There was no specific feedback to the Board of Directors from this meeting.
Referrals to Other Board Committees	The Committee noted no referrals to other Board Committees.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from FPC.	Assurance	To Board on 2 April 2026.

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Finance and Performance Committee (FPC)
Meeting date: 24 February 2026
Chair: Richard Oirschot, Non-Executive Director (NED)
Quorate: Yes
Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interests.

Assurances received at the Committee meeting:

Agenda item	Summary
Significant Risk Register (SRR)	<p>The Committee received and NOTED the updated SRR relevant to its remit.</p> <p>The Committee noted there were 43 risks on the corporate risk register, with 15 sitting within its remit, the largest number assigned to any Committee, and overdue actions had reduced. Despite this assurance, ongoing high-risk infrastructure and digital issues continued to present significant exposure.</p> <p>Assurance: Partial assurance — there a large number of high risks with little movement down.</p>
Capital Update	<p>The Committee received and NOTED the capital update.</p> <p>The Trust remained on track to deliver its £79m capital spend by year-end (YE). Queen Elizabeth the Queen Mother Hospital (QEQM) Same Day Emergency Care (SDEC) had been approved by NHS England (NHSE) and additional capital had been secured for robotics, solar panel installation and safety-critical infrastructure. Risks included the potential PDC pressures and the complexity of managing multiple capital funding pots. Members requested a simplified capital summary sheet and a future report modelling the planned reduction in infrastructure risk.</p> <p>Assurance: Partial assurance — capital project delivery remains complex and has multiple dependencies which create high risk. Requires regular and careful oversight.</p>
Capital Investment Group (CIG) Assurance Report	<p>The Committee received and NOTED CIG Assurance Report.</p>
Virtual Ward review and update	<p>The Committee received and NOTED the Virtual Ward review and update.</p>



	<p>The Committee received assurance that improvements had been made to the Heart Failure and Acute Virtual Wards, and that the Hospital at Home service had been transferred and restructured under the Virtual Ward model. A business case for recurrent funding is scheduled for submission on 13 March. Risks included the reliance on non-recurrent funding, duplication of community services and a lack of standardisation across Kent & Medway (K&M). Benchmarking and financial impact analysis were requested and the programme will remain as a standing agenda item.</p> <p>Assurance: Partial assurance — good progress but funding and variation in models creates uncertainty.</p>
<p>We Care Integrated Performance Report (IPR) (M10): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics</p>	<p>The Committee received and NOTED the M10 IPR.</p> <p>Urgent care performance had improved in January and February, supported by a newly implemented mental health escalation framework. However, significant risks were identified: continuing delays for mental health patients due to external bed shortages, absence of appropriate assessment facilities, and pressures arising from reduced police support in the Emergency Department (ED). Members requested a dedicated paper from the Mental Health Steering Group.</p> <p>Assurance: Limited assurance — multiple variables create performance risks.</p>
<p>2gether Support Solutions (2gether) Subsidiary indicative Budgets</p>	<p>Assurance was provided that the Stage 1 2gether budget for 2026/27 incorporated all relevant inflation, Terms & Conditions (T&Cs) and system Cost Improvement Programme (CIP) expectations. Recent peer learning with Northumbria Trust was beneficial. Risks included the sizeable £3.75m CIP requirement, the need for rapid agreement on FM-related change notices, and back-office efficiency savings requiring agreement on how benefits would be shared. A further update is due next month.</p> <p>Assurance: Committee received partial assurance but recognised more work was being done and would be shared.</p>
<p>Spencer Private Hospitals (SPH) Subsidiary indicative Budgets</p>	<p>Assurance was provided that agency usage was reducing through transition to NHS Professionals (NHSP) and improved procurement processes for prostheses. Risks discussed included major uncertainty regarding Integrated Care Board (ICB) commissioning intentions (representing 80% of Spencer's income), previous incorrect NHSP rate information causing a £355k cost pressure, and discrepancies between Trust and Spencer theatre utilisation data. A joint review and updated proposals will return in two months.</p> <p>Assurance: Committee received partial assurance but detail was missing at this stage.</p>

M10 Finance Report	<p>The Committee received the M10 Finance Report and NOTED its content.</p> <p>The Committee was assured that the Trust remained on track to deliver its revised YE plan, barring any unexpected adverse issues. However, significant external oversight was acknowledged as a resource pressure on team bandwidth.</p>
Business Planning Position 2026/27	<p>The Committee received and NOTED the Business Planning updates.</p> <p>The Trust submitted its financial plan on time, supported by bottom-up modelling requiring a 3.6–3.8% productivity uplift and a CIP target of £75.9m for next year. The Committee noted substantial risks due to the scale of workforce reductions required, pressures from emerging capital schemes and the need to rapidly establish deliverables across care groups. A new contract monitoring committee will provide monthly reporting to FPC.</p> <p>The Committee received assurance on the Business Planning Process and positioning.</p>
Business cases: over £1.75m Requiring Investment £2.5m for Self-Funding. Capital Business Cases Over £1m	<p>The Committee received and NOTED the Business Case Scrutiny Group Assurance Report.</p> <p>The Committee approved the business case for two new obstetric theatres and refurbishment of the delivery suite, subject to confirmation of equipment assumptions, correction of depreciation figures, modelling of how freed-up main theatre capacity will be used and assessment of temporary staffing efficiencies.</p> <p>The Committee APPROVED the Maternity business case.</p>
Feedback to Board of Directors	There was no specific feedback to the Board of Directors from this meeting.
Referrals to Other Board Committees	The Committee noted no referrals to other Board Committee.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from FPC.	Assurance	To Board on 2 April 2026.

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee:	People & Culture Committee (P&CC)
Meeting date:	17 March 2026
Chair:	Claudia Sykes, Non-Executive Director (NED)
Paper Author:	Claudia Sykes, NED
Quorate:	Yes

Appendices: None

Declarations of interest made: None

Assurances received at the Committee meeting: see below

Agenda item	Summary
Board Assurance Framework (BAF) risk: recruitment and retention Chief People Officer (CPO) Report and Integrated Performance Report (IPR)	<p>The Committee reviewed the CPO report which covered updates on disciplinaries, tribunal cases, sickness absence, vacancies and recruitment.</p> <p>Appraisal compliance has risen to 76.6%. Compliance continues to vary across the organisation, with rates ranging from 62.5% in Strategy & Partnerships to 78.7% within the William Harvey Care Group. This continues to be closely monitored by the People and Culture team, but requires more prioritisation from operational managers to reach the target of 80%.</p>
BAF risk: recruitment and retention Sickness deep-dive	<p>Following a request from the Committee, a report was presented with an analysis of sickness at the Trust:</p> <p>The report highlighted that sickness levels remain consistently high across the Trust, driven mainly by Anxiety/Stress/Depression, musculoskeletal conditions, and seasonal respiratory illness.</p> <p>Over the period 1 February 2025 – 31 January 2026, the Trust has lost a total of 131,496 working days, of which long term sickness (71,933 days) now exceeds short term sickness (59,564 days).</p> <p>Sickness is not evenly distributed across the Trust. It is heavily concentrated in high pressure clinical environments such as:</p> <ul style="list-style-type: none"> • Theatres • Emergency Departments (ED) • Maternity Services



	<ul style="list-style-type: none"> • Critical Care • Therapies Inpatient Teams <p>The report also included Return to Work statistics. Within long term sickness hotspots such as Queen Elizabeth the Queen Mother Hospital (QEQM) Theatres, William Harvey Hospital (WHH) Critical Care A, and WHH Accident & Emergency (A&E), Return To Work completion is particularly low (12–20%), suggesting gaps in follow up, early intervention, and consistent use of support pathways.</p> <p>The Committee welcomed the report, the first time members could recollect that this has come to a Board assurance committee. The report included a range of specific actions needed. It was vital that line managers had the confidence to discuss sickness absence, and help staff return to work with reasonable adjustments where needed. Executive members commented that this was another indication of a culture where line managers avoided having difficult conversations, often due to lack of training or a concern that this might be difficult or appear uncaring.</p>
<p>BAF risk: Recruitment and retention</p> <p>Accommodation</p>	<p>The Committee received an update from 2gether Support Solutions (2gether) on staff accommodation. It was clear that there is urgent work to be done between the Trust and 2gether on an agreed understanding of roles and responsibilities.</p> <p>The update highlighted changes effective from 1 May under the Renters Rights Act. The Trust is the landlord for staff accommodation.</p> <p>There were also concerns about the quality of staff accommodation, with WHH being a high priority.</p> <p>The Committee has requested an urgent short and long term plan for staff accommodation; to receive assurance that staff accommodation meets all health, safety and fire requirements and clarity on roles and responsibilities between the Trust and 2gether.</p> <p>The Committee was NOT ASSURED that staff accommodation is meeting all required legislation.</p>
<p>BAF risk: culture and values</p> <p>Staff survey</p>	<p>The Committee reviewed the detailed findings from the staff survey. It was extremely disappointing that, despite focused efforts to tackle deep-rooted cultural issues over the last 12 months, the Trust had not made progress and remained in the bottom three Trusts in England.</p> <p>The Committee heard examples from the People & Culture team where they had struggled to have engagement from senior managers at the Trust when tackling cultural issues. In some cases, managers were wary of having difficult conversations; in others it did not seem to be treated as a priority when departments were facing operational pressures.</p>



	<p>The Committee noted the action plan presented, but commented that similar plans had been presented in previous years and had not made any difference. More discussion was required at Board, to ensure there was full buy in and visible leadership.</p> <p>The Committee was NOT ASSURED of improvements in staff culture, as reflected by the staff survey.</p>
<p>BAF risk: culture and values</p> <p>Freedom to Speak Up (FTSU)</p>	<p>The FTSU Guardian presented the latest report for the Trust. It was noted that the reporting format needed to include more themes and narrative highlights. There was a discussion on some of the specific comments being raised by staff, which raised questions around how line managers were communicating changes to their teams. Executive members were aware of the comments and concerns, and were working with the line managers to support with improved communication and answers.</p> <p>The Committee also reviewed the FTSU report which had been commissioned from an external consultant, Helen Buckingham, responding to concerns raised by consultant anaesthetists (CCASS). The report included a number of useful recommendations. The Chair noted that this, and other reports commissioned into the CCASS concerns, would be presented and discussed by the full Board. This area would need dedicated attention to resolve a range of issues emerging from the various concerns and reports.</p>
<p>BAF risk: culture and values</p> <p>Staff Congress</p>	<p>The Director of Corporate Governance and Director of Culture, Inclusion and Organisational Development presented a proposal on merging the Staff Congress with the Trust's Change Ambassadors. There was acknowledgement that the Staff Congress was not working as planned, due to issues with staff availability, resources and engagement. The Change Ambassador Programme had been continuing well, as part of the Trust's People Strategy.</p> <p>The Committee supported the outline proposal and noted that it was important to acknowledge when things were not working. It was important to consider staff engagement and communication on the next steps.</p>
<p>BAF risk: organisational development and resilience</p> <p>Workforce planning</p>	<p>The Committee reviewed the 2026/27 workforce planning update. This set out the work being done on the Zero Based Reviews.</p> <p>The Committee also heard from the Acting Chief Medical Officer (CMO) on the implementation of job planning, and how this would support improved consultant rostering.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> - There was a lack of clarity and detail about the information presented, and how this would lead to specific workforce savings in 2026/27.



	<ul style="list-style-type: none"> - The Finance and Performance Committee (FPC) had reviewed specific workforce (Whole Time Equivalent (WTE)) savings and financial targets in its last meeting, but there seemed to be nothing to back this up. - There was a lack of pace about the activities, which raised risks of delivery of any savings within the 2026/27 financial year. <p>The Committee noted that there remained opportunities within temporary staffing, specifically bank. However, this had been the same in 2025/26 and had not been delivered. It was acknowledged that the Trust had delivered substantial savings over the last two years, £49m and an expected £60m in this financial year. However, workforce savings targets had not been met. Some departments like ED relied heavily on bank pay to be able to address workforce and performance challenges. However, every single care group had overspent on almost every area of staffing in 2025/26. The Committee requested more assurance on the controls in place – especially preventative controls – over temporary staffing spend.</p> <p>The Committee requires a further update, addressing these concerns and with a detailed plan, at its next meeting.</p> <p>The Committee was NOT ASSURED on 2026/27 workforce plans.</p>
<p>BAF risk: organisational development and resilience</p>	<p>Dr Syed Gilani, the Acting Director of Medical Education, gave an update on the challenges in the Medical Education department. Key highlights:</p> <ul style="list-style-type: none"> - The department had struggled with considerable vacancies in the year. This was being addressed, and only three vacancies now remained. However, the vacancies had severely affected operational effectiveness and morale. - Work was being done with the Finance team to report on training spend in the year. <p>Feedback from all medical school students highlight these main issues:</p> <ol style="list-style-type: none"> i) Poor accommodation at WHH. ii) Timetable issues culminating in students being turned away from clinics due to lack of oversight from block leads, regular block lead meetings with medical education and oversight of timetables from the medical education department due to staffing gaps. <p>Recommendations:</p> <ul style="list-style-type: none"> - That the Trust is aware of changes, i.e. Education Quality Review (new process from NHS England (NHSE) on quality inspections) and is prepared for how the intervention takes place and has Executive and multi-disciplinary input. - The 10 Point Plan is a Trust wide piece of work that needs full Trust engagement in order to meet the full standards.



	<ul style="list-style-type: none"> - Consider if there are any more training places that can be converted into national training posts as per the national recommendation. - All-encompassing job plan processes to actively record and report all training activities and supervision carried out by our clinical staff. - Induction – ensuring the right resource, personnel, premises, content and IT suites to facilitate this. <p>The Committee thanked Dr Gilani for his leadership, and welcomed the update. The Committee had not received updates from Medical Education for over a year, and this would be a regular item to be monitored.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other items of business: None

Actions taken by the Committee within its Terms of Reference: None

Items to come back to the Committee outside its routine business cycle: None

Items referred to the BoD or another Committee for approval, decision or action: None

Item	Purpose	Date
P&CC asks the BoD to discuss and NOTE this P&CC Chair Assurance Report.	Assurance	2 April 2026



BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee:	Charitable Funds Committee (CFC)
Meeting date:	3 March 2026
Chair:	Claudia Sykes, Non-Executive Director (NED)
Paper Author:	Claudia Sykes, NED
Quorate:	Yes

Appendices: None

Declarations of interest made: None

Assurances received at the Committee meeting: See below

Agenda item	Summary
Cazenove update	<p>The charity has £1.2m invested with Cazenove as the fund manager, and received an annual update from the Cazenove team. The fund has achieved a return of 13.1% over the 2025 calendar year; the benchmark set is 3% above Consumer Price Index (CPI).</p> <p>The Cazenove team highlighted – as in previous years – the unpredictability of the markets due to the Trump factor. At the date of the meeting, the impact of the Iranian war was not fully known. The investment portfolio had an unrealised gain of £228k; as at 23 March this is now £181k.</p>
Devereux property	<p>The charity was generously left a property in Margate several years ago, with a lifetime tenant in situ. This property is now available to be sold. The Chief Strategy and Partnerships Officer, Ben Stevens, is leading on this for the Trust and charity.</p>

Other items of business: None

Actions taken by the Committee within its Terms of Reference: None

Items to come back to the Committee outside its routine business cycle: None

Items referred to the BoD or another Committee for approval, decision or action: none

Item	Purpose	Date
CFC asks the BoD to discuss and NOTE this CFC Chair Assurance Report.	Assurance	2 April 2026



BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee:	Integrated Audit and Governance Committee (IAGC)
Meeting date:	30 January 2026
Chair:	Dr Olu Olasode, Non-Executive Director (NED)
Paper Author:	Board Support Secretary
Quorate:	Yes

Appendices:

None

Declarations of interest made:

No additional declarations of interest were made

The Purpose of the Committee Terms of Reference (ToR) extracts:

The IAGC is the high-level committee with overarching responsibility for risk. The role of the IAGC is to scrutinise and review the Trust’s systems of governance, risk management, and internal control. It reports to the Board of Directors (herein shown as the Board) on its work in support of the Annual Report, Quality Report, Annual Governance Statement, specifically commenting on the fitness for purpose of the Board Assurance Framework, the completeness of risk management arrangements, and the robustness of the self-assessment against Care Quality Commission (CQC) regulations.

Assurances received at the Committee meeting:

Internal Audit

Assurances received on the effectiveness of the Trust’s internal audit function and counter-fraud arrangements:

<p>Internal Audit – Progress Report</p>	<ul style="list-style-type: none"> • The Committee received Assurance noting the Internal Audit progress report and the following three final internal audit reports: <ul style="list-style-type: none"> • Financial Efficiency Planning and Governance: received partial assurance; • Grip and Control follow up: received reasonable assurance; • Patient Safety Incident Response Framework (PSIRF): received reasonable assurance. Committee members welcomed evidence of improved learning processes, raised concerns about inconsistent escalation and documentation of serious incidents (highlighting a specific case). It was agreed this to be reviewed by the Quality and Safety Committee (Q&SC) and the outcome reported at the next IAGC meeting. • Audit findings noted in respect of financial management and patient safety oversight. • The Committee highlighted financial efficiency work continues to face substantial challenges, raised concern around delayed identification and delivery of required schemes, inconsistent use of trackers, and insufficiently developed action plans for
------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<p>underperforming initiatives. The Executive team acknowledged the concerns, further work was required to strengthen accountability, ownership, and governance arrangements through the strengthened governance structure (including the Financial Improvement Performance Board (FIPB) as well as the Finance and Performance Committee (FPC). Internal Audit will continue to examine financial controls, including bank and agency expenditure and non-pay controls.</p> <ul style="list-style-type: none"> • The Committee discussed the follow-up audit review on Grip and Control, noting the strong progress with most actions implemented and improved visibility with a single tracker consolidating the audit and counter fraud actions. • Committee members reiterated the need to ensure overdue audit actions were progressed and timely completed. • The Committee received assurance of continuity of Finance resources with the provision of interim arrangements in respect of the annual audit, following the departure of the Deputy Chief Finance Officer (CFO). It was noted successful recruitment of a substantive Deputy CFO commencing early March 2026, key responsibility will include liaison with internal and external audit.
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Counter Fraud

Assurances received on the adequacy of the Trust’s arrangements for counter fraud and as required by NHS Counter Fraud Authority.

<p>Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP - Progress Report</p> <ul style="list-style-type: none"> • Declarations of Interest 	<ul style="list-style-type: none"> • The Committee received Assurance noting the LCFS Progress Report update and continued delivery against the work plan. LCFS work included proactive exercises, fraud awareness training, cyber-fraud sessions, and bespoke training for Finance staff. • The Committee noted six new referrals received, five ongoing, and continued monthly liaison with HR ensuring cases closed by LCFS with ongoing internal processes and appropriately tracked. • Committee members raised concern about the relatively low number of sanctions or criminal outcomes despite the volume of referrals. It was agreed the need to strengthen deterrence, ensure follow through of cases at greater pace, and better understanding of thresholds for escalating cases to criminal investigation. It was highlighted the importance of benchmarking Trust’s profile against other organisations and reviewing whether the threshold for pursuing criminal sanctions was set appropriately. It was also raised the long length of time some cases remained open, that was a concern in respect of the negative impact on staff and organisational culture. It was agreed to review opportunities to improve timeliness, escalation routes, reporting transparency, and provide recommendations at the next IAGC meeting. • The Committee received Limited Assurance noting a verbal update on declarations of interest, previous management actions not being completed, and the further work underway to improve compliance.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



External Audit

Assurance received on the effectiveness of the external audit process and the work of external auditors.

<p>External Audit Grant Thornton (GT) - External Audit Progress Report and Sector Update</p>	<ul style="list-style-type: none"> • The Committee received Assurance from the External Audit Progress Report and Sector update. • The Committee noted external audit activity progressing to plan, early testing underway, no significant issues to date, and no delays anticipated in meeting the June 2026 statutory deadline for approval and signing of the annual accounts. • Committee members noted the sector update, acknowledging the helpful overview of financial sustainability pressures and the role of NEDs in supporting value for money arrangements. • The Committee discussed how Boards nationally are balancing financial pressures against maintaining quality outcomes, noting increasing political focus on this area. It was noted continued audit review work looking at how this was being managed by the Trust, to ensure financial grip and control does not undermine care and quality. The BoD will continue to review and have oversight of risks, quality and financial sustainability. • The Committee emphasised the importance of robust Quality Impact Assessment (QIA) processes, noting the next BoD Strategic Session in March will include discussion on risk appetite, clinical priorities and the revised Board Assurance Framework (BAF).
-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Financial Reporting

Assurances received on the integrity of the financial statements of the Trust and formal announcements relating to the Trust's financial performance.

<p>Financial Sustainability Plan (FSP)/Cost Improvement Programme (CIP)</p>	<ul style="list-style-type: none"> • The Committee received Limited Assurance from a verbal update on FSP, noting current position pending national guidance and ongoing contract negotiations with the Integrated Care Board (ICB). Trust required to restore financial balance over three years, recognising the significant financial challenges and impact in being able to reduce its deficit and achieve financial balance. • Trust's CIP requirement for upcoming financial year remains highly challenging. The Committee discussed the feasibility and credibility of delivery. Committee members emphasised risks surrounding pace, planning certainty, and the capacity to reduce cost quickly should demand not fall as assumed through the system 'left-shift' initiatives. The CFO provided assurance around CIP resources, and delivery being strengthened that included recruitment to new posts. Committee members highlighted concern with delays in securing these posts and the impact to progress the CIP. • The Committee considered and discussed the broader system context, in relation to external review of the drivers of the Kent &
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<p>Medway (K&M) system deficit and Trust level opportunities. Committee members stressed the need to significantly strengthen the governance of system savings programme. There also needed to be a clear risk sharing arrangement with the ICB, particularly if 'left shift' assumptions did not materialise at the required pace.</p>
<p>Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD)</p>	<ul style="list-style-type: none"> • The Committee received Limited Assurance from a verbal update briefing on SFIs and SoD. It was noted the SoD had been updated the previous year, and that further review work was required, particularly in respect of the implemented grip and control measures, and the need to clarify spend authorisation levels. This had also been recently discussed at FPC. • The CFO confirmed the newly appointed Deputy CFO once established in post will lead the work to complete the review and present a revised version for consideration at a future IAGC meeting for approval.
<p>Losses and Special Payments Report to 31 December 2025</p>	<ul style="list-style-type: none"> • The Committee received Assurance on Losses and Special Payments, noting no issues for escalation and the following key highlights: <ul style="list-style-type: none"> • Total losses and special payments for period amounted to £143k across 136 cases, representing reduction of £85k and 22 cases compared with same period in previous financial year; • Key categories include, bad debt write-offs (£132k) largely relating to staff debt, overseas visitor debt and accommodation charges, along with small numbers of ex gratia payments for loss of personal effects.
<p>Single Tender Waiver (STW) Report</p>	<ul style="list-style-type: none"> • The Committee received Limited Assurance on STWs, noting a marked increase in both the volume and value of STWs in 2025/26. This was driven in part by a single high-value STW as well as challenges with sudden capital opportunities, operational capacity constraints, and continuity of service requirements, acknowledging the element around cultural factors. On a positive note around a quarter of STW requests were being rejected, demonstrating strengthened challenge processes, but that further improvement still required. • The CFO highlighted the trend reflected ongoing issues in procurement to payment processes and broader organisational pressures. It was confirmed strengthened escalation with STW activity now presented to the Trust Management Committee (TMC) on a rolling basis to improve visibility and accountability. • The Committee discussed the challenge posed by retrospective STWs, forward planning failures, the need for earlier engagement with procurement, and current pressures on procurement resourcing. Committee members emphasised the importance of aligning procurement behaviour to SFIs and the Procurement Act 2023. A review of procurement resourcing was needed to ensure benchmarking of staffing levels and resources are fit for purpose.



Governance

Assurances received on the effectiveness of the Trust's system of integrated governance, risk management, and internal control (clinical and non-clinical) across the whole of the organisation's activities that support the achievement of the Trust's objectives.

<p>2gether Support Solutions (2gether) Annual Report and Accounts 2024/25</p>	<ul style="list-style-type: none"> The Committee received Assurance from the 2gether Annual Report and Financial Statements for the year ended 31 March 2025. This had been reviewed and approved by 2gether's Board and Audit and Risk Committee. External Auditor (Grant Thornton) issued an unqualified audit opinion with no significant findings. The Committee highlighted and noted process matters raised in the report affected both the Trust and 2gether, and these will be taken forward through the Trust and 2gether Joint Oversight meeting.
<p>Spencer Private Hospitals (SPH) Annual Report and Financial Statements 2024/25</p>	<ul style="list-style-type: none"> The Committee received Assurance from the 2024/25 SPH Annual Report and Financial Statements. Noting this had already been reviewed and approved through SPH's Audit and Finance Committee and Board. SPH confirmed its financial position remained healthy, with no material audit concerns identified. There was only an outstanding issue relating to the classification of a historic group loan, which following auditor review was determined to be a non-basic financial instrument requiring fair-value treatment rather than recognition at residual value. Completion of the necessary recalculation, agreement with auditors, and to be incorporated into the final accounts. Companies House granted a filing extension to 31 March 2026, with final submission expected in February.
<p>Annual Accounts process and timetable 2025/26 and Review of Accounting Policies 2025/26</p>	<ul style="list-style-type: none"> The Committee received Assurance from the report outlining the production process followed the Department of Health and Social Care (DHSC) timetable. Interim audit work beginning late January 2026 and draft accounts due for submission on 27 April 2026. The final audit commencing on 28 April, with IAGC meeting scheduled on 23 June to review and recommend approval to the Board for sign-off at its meeting on 24 June, for submission to DHSC by the deadline of 26 June 2026. Committee members discussed the Going Concern statement, confirming the approach used in the previous year's accounts remained appropriate given similar financial challenges. The Committee reviewed and approved the draft Accounting Policies 2025/26, noting no significant changes proposed. Updates mainly reflected Group Accounting Manual (GAM) 2025/26 requirements and the anticipated completion of Healthex dissolution during the year. It was noted should the dissolution not be completed, relevant disclosures will revert to prior year's wording.



<p>Quality Account process 2025/26</p>	<ul style="list-style-type: none"> • The Committee received Assurance from the draft Project Plan to deliver the 2025/26 Quality Account, noting the statutory requirement for publication by 30 June 2026. The proposed governance pathway through TMC, Q&SC, IAGC, Council of Governors (CoG) and BoD. • The Chief Nursing and Midwifery Officer (CNMO) highlighted the process had significantly improved over the previous 12 months, with previous year's Account completed on time and with strong engagement from internal and external stakeholders. Noting there will be detailed review and consultation with the Governors. • The Q&SC NED Chair acknowledged the improved process and confirmed Q&SC's ongoing oversight monitoring production of this annual document.
<p>Annual Report 2025/26 – process and timeline for production and sign-off</p>	<ul style="list-style-type: none"> • The Committee received Assurance from the report outlining the process and timetable for the production and sign-off of the 2025/26 Annual Report. • Responsibility for co-ordinating the updated sections and production of this annual document now with the Deputy Director of Communications and Engagement. This document will be in line with the statutory requirements set out in the NHS Foundation Trust Annual Reporting Manual (ARM). The proposed timetable was noted, with early drafts to be presented to FPC, CoG, and IAGC, prior to the final presented to IAGC at its meeting on 23 June, and BoD on 24 June for approval for submission.

Risk Management and Internal Control

Assurances received on the adequacy of the Trust's internal controls (clinical and financial) and risk management systems, and all risk and control related disclosure statements (in particular the Annual Governance Statement, regular reports on the activities of the Executive Risk Assurance Group, self-certification statements to the Regulator, and Care Quality Commission declarations), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances.

<p>Significant Risk Register (SRR) Report</p>	<ul style="list-style-type: none"> • The Committee received Assurance noting the SRR report. There are currently 45 risks meeting the threshold for inclusion on the SRR. Twelve risks with overdue actions escalated to Executive Directors for immediate attention, and scheduled for discussion at the Risk Review Group. • The CNMO highlighted ongoing work to strengthen oversight, including monthly Executive level meetings for each significant risk, improvements in action tracking, and alignment of the risk register with the Board Assurance Framework (BAF). • The Committee noted newly approved risks relating to the Children's Diabetes Team and Pharmacy Procurement, and an escalated risk relating to Queen Elizabeth the Queen Mother Hospital (QEQM) medical rota gaps.
------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<ul style="list-style-type: none"> The Committee agreed a governance review of associated reputational risks to be undertaken, with consideration whether this may be incorporated into future BAF refresh discussions. There was discussion regarding deeper Committee involvement, it was agreed a programme of deep dives into selected significant risks to be developed and brought back to IAGC.
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Board Assurance

Assurances received on the Trust's underlying assurance processes that underpin the achievement of corporate objectives, and compliance with relevant regulatory, legal and code of conduct requirements, any related reporting, and self-certifications.

Board Assurance Framework (BAF)	<ul style="list-style-type: none"> The Committee received Assurance from the revised BAF, following its request this be refreshed. Noting the document was more strategic, standalone, set out risks, controls, mitigations and assurance routes mapped clearly against Trust's strategic objectives. The Director of Corporate Governance (DCG) confirmed this review included looking at BAF approaches across other trusts to design a model bringing together best practice, alignment with Trust's emerging Clinical Strategy, and integration with Trust's developing risk appetite framework (expected to be moved forward collectively at the March BoD Strategic Session). Committee members welcomed the refreshed approach, emphasising the importance of ensuring the narrative avoided optimism bias and realistically reflected both strengths and areas of concern. The Committee noted the need to avoid excessive detail within the assurance and control sections to ensure the document remained manageable and focused.
----------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other Assurance Functions and Regulatory Compliance

Other significant assurance received, both internal and external to the Trust, that may affect governance of the organisation. These will include, but not be limited to, any review by Department of Health arms-length bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Resolution, NHS England/NHS Improvement etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies etc.), and arrangements by which staff within the Trust may raise confidentially concerns over financial control, reporting, clinical quality and patient safety and other matters.

Policy Compliance	<ul style="list-style-type: none"> The Committee received Assurance from the annual report presented on policy compliance and the continued monitoring of this key governance performance. The Committee noted overall compliance continues to improve now approaching the regulatory benchmark of 90%, with 26 of 241 policies (10.8%) currently past their review date, down from 13.4% at the previous report. Some policies remain overdue, including the Quality Impact Assessment Policy, where progress has been
--------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<p>delayed due to competing priorities and additional support has been secured to expedite completion.</p> <ul style="list-style-type: none"> The CNMO stated the current report covered Trust-wide policies only, and work was underway to incorporate policies from its subsidiaries (2gether and SPH) into a full Group-wide compliance report within the next reporting cycle. Committee members recognised the significant improvement in policy governance over recent years, with thanks given to the teams involved.
<p>Subject Access Requests (SARs)</p>	<ul style="list-style-type: none"> The Committee received Limited Assurance from the annual report presented on SARs, emphasising the importance of continuing to robustly monitor performance against this governance requirement. The Committee noted SAR performance remained significantly challenged, with 53% compliance against the statutory 30 day requirement, with an increasing volume of both patient and staff Data Subject Access Requests (DSARs). Key operational issues included inadequate triage, inconsistent use of complex extensions, inefficient clinician review processes, and limited patient signposting to alternative access routes such as the NHS App and Trust's patient portal. Planned improvement measures include strengthened communications, updated website guidance, enhanced triage and scoping, application of Data (Use and Access) Act 2025 (DUAA) provisions.
<p>EKHUFT Board Developmental Priorities for 2026 including update on Well Led</p>	<ul style="list-style-type: none"> The Committee received Assurance from the update report on the Trust's Board Developmental Priorities for 2026 and the planned Well-Led developmental review. The Committee noted the Nominations and Remuneration Committee (NRC) had agreed a refreshed Board Development Programme. This will include updated Insights profiling, repeat assessment against the Good Governance Institute (GGI) Board Assurance Matrix, and targeted development sessions focusing on risk appetite, lessons learned from other trusts, and embedding Equality, Diversity and Inclusion (EDI) considerations. Committee members raised concerns about NED visibility of the Executive development activity. The Chief Executive confirmed a dedicated session scheduled for the week commencing 2 February to define the Executive Team's development needs, with alternative external support being explored.

Relationships With Other Committees

Assurances from the Committee's review of Chair reports from the Quality and Safety Committee, Finance and Performance Committee and People and Culture Committee to consider findings of significant assurance and the implications on the Trust's governance.



Other items of business

- The Committee noted the 2026/27 IAGC Annual Work Programme.
- The Committee Chair recognised the significant operational pressures, extending thanks to the Executive team and staff for their continued hard work and dedication looking after patients.
- The Committee discussed the current arrangements for Governors observing Board Committee meetings to improve Governor engagement, and to look at and understand barriers to participation (e.g. travel difficulties for in-person attendance) noting ways to make engagement easier and more meaningful will be explored.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from IAGC.	Assurance	To Board on 2 April 2026.

