

## Cover Sheet

Trust Board Meeting in Public: Wednesday 25 May 2022

TB2022.043

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**Title:** Integrated Assurance Committee Report

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**Status:** For Information

**History:** Regular Reporting

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**Board Lead:** Trust Chair

**Author:** Laura Lauer, Deputy Head of Corporate Governance

**Confidential:** No

**Key Purpose:** Assurance

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## Integrated Assurance Committee Report

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### 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 had met on 13 April 2022.
- 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

- 2.1. The publication of the final report of the [Ockenden Review](#), which contained immediate and essential actions for all Trusts in England, was noted.
- 2.2. The meeting programme included substantial discussion time, with dedicated papers/presentations, on cancer performance and pressure ulcers/falls.

#### Cancer Standards

- 2.3. The Committee received a detailed presentation on the nine Cancer Standards, their anticipated development into three simplified Standards, and the actions the Trust was taking to meet the current Standards.
- 2.4. Funding and workforce constraints were discussed; it was noted these were system-wide and that the Trust was working with partners to provide a system-wide solution.

#### Hospital Acquired Pressure Ulcers (HAPU) and Falls

- 2.5. To support the 2022/23 Quality Priority on reducing HAPU and falls, the Trust had improved its data collection to ward level. The Committee discussed data from the first three quarters of 2021/22 and noted that benchmarking data was being developed with other Shelford Group Trusts.
- 2.6. The Trust had taken a multidisciplinary approach to improve the quality of care and it was acknowledged that it would take time before figures improved.

#### Integrated Performance Report

- 2.7. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics.

- 2.8. The Chief Operating Officer updated the Committee with data from the end of March 2022; there had been a reduction in the number of 52-week waits and the number of patients waiting for 104 weeks had been reduced to 14.

### **Performance Reviews**

- 2.9. Two sets of reviews were discussed: Q3 Divisional Performance Reviews and a Corporate Performance Review of the PFI team.
- 2.10. The Committee took assurance from the Divisional Performance Reviews and comments from Divisional Directors, which provided evidence of an efficient process built on consistent data.
- 2.11. The review of the PFI team demonstrated appropriate projects in place to track and mitigate risk. The restrictive and penalty-based PFI framework was noted and the Trust's efforts to focus PFI partners on patient impact as a measure of success was supported.

### **NHS 2021 Staff Survey Results**

- 2.12. The Committee received a summary of the results, which would be formally presented to the Board in May 2022.
- 2.13. The importance of continued wellbeing support for staff was discussed, as were ways to further enhance staff wellbeing and satisfaction.

### **Other Regular Reporting**

- 2.14. The Committee received its regular update reports on infection prevention and control matters, SIRIs and Never Events, and the Board Assurance Framework and Corporate Risk Register Review of Risks.
- 2.15. In reviewing risks, the Committee agreed to add a standing item to its agenda to allow for the consideration of emerging risks.
- 2.16. The Committee was updated on one SIRI which would be included in future reporting.

## **3. Key Actions**

- 3.1. Emerging risks would be added as a standing agenda item for each IAC meeting.

## **4. Recommendations**

- 4.1. The Trust Board is asked to:
- **note** the Integrated Assurance Committee's report to the Board from its meeting held on 13 April 2022.
  - **note** the Integrated Assurance Committee Annual Review of Committee Effectiveness and Annual Report for 2021/22, provided as Appendix 1, and **approve** the unchanged Terms of Reference for the Committee.

## **Integrated Assurance Committee: Annual Review of Committee Effectiveness and Annual Report for 2021/22**

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### **Executive Summary**

1. The Integrated Assurance Committee was constituted in March 2020 and had its first meetings in the 2020/21 financial year.
2. The purpose of this Annual Report is to demonstrate to the Board the extent to which the Integrated Assurance Committee has met its Terms of Reference during its second year in operation, financial year 2021/22.
3. Attendance at the Committee was in line with the quorum set within its Terms of Reference. The Committee reports regularly to the Board on its activities.
4. The Corporate Governance Team has reviewed the activities of the Committee and has assessed that they are consistent with its Terms of Reference.

### **1. Purpose**

- 1.1. The purpose of this Annual Report is to demonstrate to the Board the extent to which the Integrated Assurance Committee has met its Terms of Reference during the financial year 2021/22.

### **2. Background**

- 2.1. The final terms of reference of the Integrated Assurance Committee were approved by the Board in March 2020. This is the Committee's second full year of meetings.
- 2.2. Good practice states that the Trust Board should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.
- 2.3. This Annual Report summarises the activities of the Trust's Integrated Assurance Committee for the financial year 2021/22, setting out how it has met its Terms of Reference.
- 2.4. The purpose of the Committee is laid down in its Terms of Reference (Appendix 1). In summary this is to provide a structured forum for receiving, scrutinising and triangulating the main sources of evidence across the Trust to enable the Board to assess its level of confidence in the assurances provided regarding:
  - the Trust's values and culture;

- the organisation's financial and operational performance;
- the quality of services (including clinical effectiveness, patient experience and safety) across the organisation; and
- the appropriate identification, assessment and management of risks.

### **3. Review of Committee Activities against Terms of Reference**

3.1. The sections below review the activities that the Committee undertook under the key areas of its terms of reference.

#### **Attendance and Quorum**

- 3.2. Six meetings of the Committee have taken place during the 2021-22 financial year. All have taken place virtually due to the arrangements that were put in place during the COVID-19 pandemic.
- 3.3. The Committee has been fully quorate on each occasion and a table of attendance is included at Appendix 2.

#### **Integrated Performance**

- 3.4. The Committee considers the Integrated Performance Report (IPR) as a key item of business at every meeting. The Committee has been taking a more data-driven approach as the breadth of indicators available in the IPR has increased and recognises the importance of understanding the Trust's data in order to drive decision-making. In order to gain a deeper understanding of the indicators presented in the IPR, the Committee has agreed that the programme of deep dives should be based on, and linked to, the IPR.
- 3.5. During the year, the IPR has continued to develop in response to the Committee's discussions, for example with the inclusion of data to make the link between finance and activity more explicit. Discussions in the Committee during 2021/22 have resulted in the development of a separate integrated maternity reporting dashboard (to be presented in May 2022).
- 3.6. The Committee again reviewed the Performance and Accountability Framework and received the first of the thematic corporate performance reviews along with its regular consideration of divisional performance reviews. The Committee noted the reviews, which provided cross-cutting assurance to the Committee on areas of interdependence, challenge, and identified gaps in assurance.
- 3.7. The Committee has considered the Quality Integrated Improvement Plan for 2021/22, the review of improvement programmes forming a specific element of its terms of reference.

- 3.8. Through its review of the above, the Committee has discharged its responsibility to monitor the effectiveness of the Trust's integrated performance systems.

### **Annual Planning and Finance**

- 3.9. This was another unusual financial year; budgeting and planning occurred in two 6-month halves. The Committee was kept briefed as guidance was issued, including regular briefings on the Elective Recovery Fund, and was able to test assumptions regarding the Trust's financial sustainability early in the 2021/22 financial year.
- 3.10. The Committee reviewed the April-September 2021 Divisional plans and the actions being taken by the Trust to ensure a breakeven position was reached at the end of the 2021/22 financial year.
- 3.11. Delayed central guidance meant that scrutiny of the Trust's Annual Plan submission 2022/23 did not align with the Committee's schedule, but the Committee was able to review and comment on the Trust's preparations.
- 3.12. The Committee has a long association with the Financial Governance Review, having reviewed its terms of reference in 2020/21. Following receipt of the review, the Committee approved the resulting action plan and has been regularly monitoring progress. The Committee's focus is to make the result of the action plan greater than the sum of the individual actions and to deliver a sea-change in the way budget holders perceive and discharge their responsibilities.
- 3.13. Overall the unusual circumstances of the 2021/22 financial year have prevented the Committee from undertaking the monitoring of the development and delivery of the Trust's business plan as would normally be anticipated. It has, however, been updated on the arrangements being put in place and has considered the issues and risks associated with these.
- 3.14. The Committee's monitoring of the Financial Governance Review represents an appropriate contribution to monitoring the effectiveness of the Trust's financial reporting systems.

### **Quality**

- 3.15. The Draft Quality Account was considered by the Committee in advance of its submission to NHS Improvement.
- 3.16. The pandemic necessitated the cancellation of the Quality Conversation Events in 2021 and 2022. The Committee was engaged in the development of the 2021/22 and 2022/23 Quality Priorities, emphasising

that they should be linked to the Trust's strategic objectives and with measurable outcomes.

- 3.17. The Committee had an update on the Integrated Quality Improvement Plan for 2021/22, which focused on integration and alignment with Trust priorities. It also received a report on the work of the Trust's Patient Safety Specialists and the OUH Safety Suite, which brought cultural changes to ways of working and involving patients.
- 3.18. The Trauma and Orthopaedic Directorate's response to an invited review by the British Orthopaedic Association into hip fracture outcomes was presented and the Committee given an early indication of the development of an integrated pathway for hip fracture care.
- 3.19. Regular reporting is received on infection prevention and control matters to ensure that the Committee is able to take positive assurance in relation to the systems and processes in place.
- 3.20. The Committee also receives regular reports on Serious Incidents Requiring Investigation (SIRIs) and Never Events to enable it to assure itself that these are appropriately managed.
- 3.21. Six-monthly reports from the Trust Clinical Governance Committee are provided to the Committee to provide assurance regarding its work.
- 3.22. The Committee has been actively monitoring and receiving regular written and verbal briefings on: waiting lists, medicines reconciliation, urgent and emergency care, and harm areas.
- 3.23. These activities appear to be appropriate in undertaking the Committee's duties in relation to Quality under its terms of reference, particularly in focussing on the systems in place to maintain safety, a high-quality patient experience and good clinical outcomes.

### **Risk Management**

- 3.24. The Committee has undertaken regular reviews of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and noted the work being undertaken to map controls and identify gaps.
- 3.25. The Committee has appropriately reviewed current and emerging risks both through the review of the BAF and CRR but also through the IPR and items on its agenda. For example, the Committee considered the risks and mitigations associated with the replacement works for the Cardiac Cath Labs at the request of the Board.
- 3.26. It was intended that deep dives into specific cross-cutting issues would be undertaken at each meeting and that these would provide an opportunity for a triangulation of different relevant perspectives.

- 3.27. A full programme of deep dives was not possible due to the pressures of the third wave of the pandemic, but four were undertaken: Financial Governance Review, Health Infrastructure Plan Expression of Interest for the Horton General Hospital, Freedom to Speak Up, and Estates Masterplanning.

### **Governance and Regulation**

- 3.28. The Committee received an update on the CQC Maternity Report Action Plan; it also received the CQC Gynae Dynamic Monitoring Activity Letter on behalf of the Board.
- 3.29. The positive result of an HSE Review Visit which focused on COVID-secure workplace, management of violence and aggression and management of manual handling was reported to the Committee.
- 3.30. The Committee has received reporting in relation to estates compliance issues and the scale of the work that was taking place to address these.
- 3.31. Reporting from the Guardian of Safe Working Hours has been received by the Committee which has been able to assure itself that improvements had been seen as a result of the exception reporting process.
- 3.32. The Committee considers both regular and ad hoc items when discharging its duties in relation to ensuring compliance with legislative, regulatory and professional requirements.

### **Other**

- 3.33. The Committee received regular updates on the National Vaccination Programme and on Vaccination as a Condition of Deployment. The impact on staff (including on different groups of staff), and on relationships within the Trust, was highlighted.
- 3.34. The Freedom to Speak Up (FtSU) 6-monthly report was received by the Committee on behalf of the Board. The impact of the Lead Guardian and FtSU Champions in supporting, advising and signposting staff was highlighted.

### **Reporting to the Board**

- 3.35. In line with its terms of reference the Committee has taken a summary report of its activities to the Trust Board after each of its meetings to highlight to the Board the assurance that it has been able to take from the reporting provided to it.

#### 4. Actions for 2022/23

- 4.1. The Committee will continue to influence the regular reporting that it receives, particularly through the Integrated Performance Report, to ensure that this supports appropriate triangulation and benchmarking.
- 4.2. Through its deep dives, the Committee will gain further understanding of assurance on the detail of the indicators in the IPR.
- 4.3. Identify and recommend to the Board for approval, assurance activities in relation to developing Provider Collaboratives or initiatives arising from the new Integrated Care Board.
- 4.4. Introduce a standing agenda item to capture emerging risks.

#### 5. Recommendations

- 5.1. The Trust Board is asked to:
  - **Note** the report;
  - **Approve** the Terms of Reference for the 2022-23 financial year.

**Appendix 1****Integrated Assurance Committee  
Terms of Reference****1. Authority**

- 1.1. The Integrated Assurance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.
- 1.2. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 1.3. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

**2. Purpose of Committee**

- 2.1. To provide a structured forum for receiving, scrutinising and triangulating the main sources of evidence across the Trust to enable the Board to assess its level of confidence in the assurances provided regarding:
  - the Trust's values and culture;
  - the organisation's financial and operational performance;
  - the quality of services (including clinical effectiveness, patient experience and safety) across the organisation; and
  - the appropriate identification, assessment and management of risks.

**3. Membership**

- 3.1. The membership of the committee shall be composed of the following core members:
  - All Non-Executive Directors (one of whom will be the Chair of the Committee)
  - Chief Executive
  - Chief Medical Officer
  - Chief Nursing Officer
  - Chief Finance Officer
  - Chief Operating Officer
  - Chief Assurance Officer

- Chief Digital and Partnerships Officer
- Chief People Officer

3.2. The following are normally expected to be in attendance:

- Divisional Director, Clinical Support Services
- Divisional Director, Medicine, Rehabilitation & Cardiac
- Divisional Director, Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Children's & Neonates
- Divisional Director, Surgery, Women's & Oncology

#### 4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance of a minimum of 50% of members of which two will be Non-executive Directors and two Executive Directors.

4.2. It is expected that all members will attend at least 4 out of 6 committee meetings per financial year. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the committee to the Board.

4.3. If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to agreement with the Chief Executive and consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.

4.4. If Divisional Directors are unable to attend a meeting, they may exceptionally nominate a deputy from within the divisional senior management team (Divisional Chief Operating Officer, Divisional Chief Nurse and Divisional Medical Director) subject to the agreement of the Committee Chair.

4.5. The Chair may request attendance by relevant staff at any meeting.

#### 5. Frequency of meetings

5.1. Meetings of the Integrated Assurance Committee shall be held six times per year, scheduled to support the business cycle of the Trust and at such other times as the Chairman of the Committee shall identify, subject to agreement with the Chairman of the Trust and the Chief Executive.

5.2. The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

5.3. Meetings of the Integrated Assurance Committee shall be set at the start of the calendar year.

#### 6. Specific Duties

6.1. The Integrated Assurance Committee shall:

##### **Annual Planning**

- 6.2.** Monitor the development of the annual plan and the setting of the annual budget, ensuring that plans are appropriate in the context the Trust's strategic objectives and the Trust's risk profile.

### **Integrated Performance**

- 6.3.** Review the integrated performance of the Trust, assessing:
- the Trust's performance against its annual financial plan and budgets;
  - the Trust's performance indicators relevant to workforce and organisational development (including culture);
  - the performance of the Trust's corporate and non-clinical services;
  - the performance indicators relevant to the remit of the Committee; and
  - any other areas of performance referred to the Integrated Assurance Committee by the Trust Board.
- 6.4.** Monitor the effectiveness of the Trust's integrated performance reporting systems ensuring a clear alignment of strategy and performance and the provision of high quality information regarding organisational performance, in the quality, effectiveness and safety of services across the organisation.
- 6.5.** Review improvement programmes, ensuring they relate to priorities emerging from the integrated performance reporting, support sustainable change and create a culture that continuously improves and delivers quality care for our patients.

### **Quality**

- 6.6.** Monitor and review the effectiveness of
- clinical systems developed and implemented by the Clinical Governance Committee to ensure they maintain compliance with the Care Quality Commission' Fundamental Standards of quality & safety.
  - systems for safety within the Trust, with a particular focus on patient safety, staff safety and wider health & safety requirements, including a consideration of quality impact assessments of financial improvements and other change processes.
  - systems for delivering a high quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement.
  - systems for the monitoring of clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.

### **Finance**

- 6.7. Monitor the development and delivery of the Trust's annual financial plan, including the annual efficiency savings programme.
- 6.8. Monitor the development and delivery of the Trust's strategy for medium term financial sustainability.
- 6.9. Ensure that appropriate clinical advice and involvement in the medium and long term financial models is provided.
- 6.10. Monitor the effectiveness of the Trust's financial and operational performance reporting systems, ensuring that the Board is assured of continued compliance through its regular reporting, reporting by exception where required.

#### **Risk Management**

- 6.11. Consider any relevant risks within the Board Assurance Framework and Corporate Risk Register and the extent to which these are being appropriately managed and mitigated, reporting any areas of significant concern to the Audit Committee.
- 6.12. Identify any new or emerging corporate risks or opportunities.
- 6.13. Undertake deep dives on specific risk areas for more detailed scrutiny of issues of significance than is permitted by standard reporting.

#### **Governance and Regulation**

- 6.14. Ensure the Trust's compliance with all legislative, regulatory and professional requirements.
- 6.15. Ensure the Trust's compliance with its Care Quality Commission registration by maintaining suitable systems of internal control, risk management and quality management, with particular emphasis on the Fundamental Standards of quality and safety.
- 6.16. Monitor and review the system for Quality Governance, Information Governance, Workforce Governance, Research & Development Governance ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.

#### **Other**

- 6.17. Undertake any other responsibilities as delegated by the Trust Board.
- 6.18. Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee's terms of reference and a review of the effectiveness of the committee.

### **7. Sub-Committees**

- 7.1. The Integrated Assurance Committee has no established sub-committees, but will draw insight and intelligence from a variety of mechanisms, including the Trust's internal performance review processes and meetings.

### **8. Administrative Support**

- 8.1. The Chief Executive is the nominated lead Executive Director for the

Committee. Other Executive members will have roles in supporting the Committee in their respective areas.

**8.2.** The Integrated Assurance Committee will be supported administratively by the Head of Corporate Governance, who will ensure:

- Agreement of the agenda with the Chief Executive and the Committee Chair.
- Collation and distribution of papers at least five working days before each meeting.
- Minutes are taken and records are maintained of matters arising and issues to be carried forward.
- Support to the Chair and members as required.

## **9. Accountability and Reporting arrangements**

**9.1.** The Committee shall be directly accountable to the Trust Board.

**9.2.** The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any aspect regarding the quality, safety, performance and effectiveness of services across the organisation.

**9.3.** The Chair of the Committee shall prepare a summary report to the Board detailing 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.

**9.4.** The Chair of the Committee is required to inform the Board on any exceptions to the annual work plan or strategy.

**9.5.** The Chairman will report any specific issues on the risk register to the Audit Committee.

## **10. Monitoring Effectiveness and Compliance with Terms of Reference**

**10.1.** The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

## **11. Review of Terms of Reference**

**11.1.** The Terms of Reference of the Committee shall be reviewed at least annually by the Integrated Assurance Committee and approved by the Trust Board.

**Date approved: May 2022**  
**Approved by: Trust Board**  
**Next review date: May 2023**

**Appendix 2: Register of Attendance**

		07-Apr-21	09-Jun-21	11-Aug-21	13-Oct-21	08-Dec-21	01-Feb-22
<b>Members</b>							
Jonathan Montgomery	Trust Chair [Chair]	Present	Present	Present	Present	Present	Present
Bruno Holthof	Chief Executive	Present	Present	Apologies	Present	Present	Present
Jason Dorsett	Chief Finance Officer	Present	Present	Present	Present	Present	Present
Claire Flint	Non-Executive Director	Present	Present	Present	Apologies	Present	Present
Sam Foster	Chief Nursing Officer	Present	Present	Present	Present	Present	Present
Paula Hay-Plumb	Non-Executive Director	Present	Present	Present	Present	Present	Present
Sarah Hordern	Non-Executive Director	Present	Present	Apologies	Present	Present	Present
Katie Kapernaros	Non-Executive Director	Present	Present	Present	Present	Present	Apologies
Meghana Pandit	Chief Medical Officer	Present	Present	Present	Present	Present	Present
Sara Randall	Chief Operating Officer	Present	Present	Present	Present	Present	Present
Terry Roberts	Chief People Officer	Present	Present	Present	Present	Present	Present
Tony Schapira	Non-Executive Director	Present	Present	Present	Present	Present	Present
Gavin Sreaton	Non-Executive Director	Present	Present	Present	Present	Present	Present
Ash Soni	Non-Executive Director	Apologies	Present	Apologies	Present	Present	Present
Anne Tutt	Trust Vice Chair	Present	Present	Present	Present	Present	Present
David Walliker	Chief Digital and Partnerships Officer	Present	Present	Present	Present	Present	Present
Eileen Walsh	Chief Assurance Officer	Present	Present	Present	Present	Present	Present
Joy Warmington	Non-Executive Director	N/A	Present	Present	Present	Apologies	Apologies
<b>Attendees: Divisions</b>							
Vivian Addy	Acting Divisional Director, CSS	Present	Present	Apologies	Present	Present	Present
Chris Cunningham	Divisional Director, SuWOn	Present	Present	Present	Apologies	Present	Present
Larry Fitton	Divisional Director, MRC	Present	Present	Present	Present	Present	Present
Jon Westbrook	Divisional Director, NOTSSCaN	Present	Present	Deputy	N/A	N/A	N/A
Jennifer Graystone	Acting Divisional Director, NOTSSCaN	N/A	N/A	N/A	Present	Present	Present