

## Cover Sheet

Trust Board Meeting in Public: Wednesday 8 March 2023

TB2023.32

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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

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**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 has met on 8 February 2023.
- 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

#### Updates and Follow Ups

##### Financial Sustainability

- 2.1. The Committee discussed assurance on financial sustainability and governance. The Committee agreed that monitoring actions from the Trust's Financial Governance Review should pass to the Audit Committee.
- 2.2. The changing financial landscape was recognised and the Committee would receive a proposal for assurance on emerging issues.

##### Industrial Action

- 2.3. The Committee was briefed on the impact of the action taken on 6 and 7 February 2023. Members were assured that the Trust had effectively balanced the right to strike with the maintenance of safety and the delivery of patient care, with cancellations kept to a minimum.

##### Radiology Reporting

- 2.4. Reductions in the reporting backlog had been achieved in CT, with those for MRI and plain film reducing at a slower rate than anticipated. Diagnostics most likely to reveal pathology were being prioritised.

#### Planning for 2023/24

- 2.5. The Committee received a detailed presentation on the steps being taken by the Trust to support the planning process. Central to this was the development of a baseline model of capacity, activity, workforce and finance.
- 2.6. The system activity target had been set at 109% of 2019/20 value-weighted elective activity which was recognised to present a significant challenge.

Anticipated changes in activity based on a range of variables would be factored into the baseline model to show the Trust's expected position against this target.

### **Update on 2022/23 Quality Priorities**

- 2.7. Members noted progress and were briefed on the Quality Conversation held in January 2023 which would inform the Quality Priorities for 2023/24.

### **Oxford Scheme for Clinical Accreditation (OxSCA)**

- 2.8. The Committee welcomed the multi-disciplinary approach taken for these awards and noted actions were monitored through divisional governance and performance reviews.
- 2.9. The awards celebrated good practice and provided opportunities to share that good practice as well as opportunities for improvement.

### **Integrated Performance Report**

- 2.10. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics.
- 2.11. Discussion focused on the Emergency Department (ED) performance and workforce metrics.
- 2.12. The 4-hour wait standard continued to be challenging for the Trust; the Committee noted that the average acuity of patients had increased and that this had an impact on Trust performance. The work being done internally and at system level on admission avoidance, ED workforce review, virtual wards, Transfer of Care Hub and the urgent care centre on the JR hospital site was noted.
- 2.13. The data in relation to retirement was clarified to include "retire and return" staff. The Committee heard that more robust data on reasons for leaving the Trust was gained from exit interviews, but these were only done in 10% of leavers.
- 2.14. Divisional Directors confirmed the challenge of staff sickness, some of which was due to changed IPC guidance. Informal data from walkarounds indicated that staff sometimes felt unable to take time off as their area was already short-staffed.
- 2.15. The actions in the Trust's People Plan were working to address issues and the Committee could be assured that the interventions in the plan were the right ones.
- 2.16. The Committee commented on a draft of a revised IPR, based on a set of agreed indicators in each reporting area.

### **Emerging Risks**

- 2.17. The operational impact of underspending allocated capital funding required discussion in greater depth. The Committee agreed that the Investment

Committee should undertake an initial examination and make any appropriate escalation.

### **Other Regular Reporting**

- 2.18. The Committee reviewed the Board Assurance Framework and Corporate Risk Register and endorsed the use of external facilitators to support the Board's risk appetite discussions.
- 2.19. Regular update reports on infection prevention and control matters, SIRIs and Never Events, and from the Guardian of Safe Working were received.

### **3. Recommendations**

- 3.1. The Trust Board is asked to **note** the Integrated Assurance Committee's report to the Board from its meeting held on 8 February 2023.