

Trust Board Meeting in Public: Wednesday 12 May 2021

TB2021.37a

Title: Annual Review of Committee Effectiveness and Annual Report for 2020/21

Status: For Decision

History: This is an Annual Report summarising the activities of the Committee during the 2020/21 financial year and setting out how it has met its Terms of Reference.

IAC2020.70 Interim Review of Integrated Assurance Committee Effectiveness (14 October 2020)

Board Lead: Committee Chair

Author: Neil Scotchmer, Head of Corporate Governance

Confidential: No

Key Purpose: Assurance

Executive Summary

1. During the 2019/20 financial year the Board agreed to replace the previous Quality Committee and Finance & Performance Committee with a single Integrated Assurance Committee. This was intended to better facilitate the triangulation of different types of performance information in considering the extent to which the Committee was able to be assured by the evidence provided.
2. The Committee undertook an interim review of its effectiveness in October 2020.
3. 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 2020/21.
4. 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.
5. The Corporate Governance Team has reviewed the activities of the Committee and has assessed that they are consistent with its Terms of Reference.

Recommendations

6. The Trust Board is asked to:
 - **note** the activities that the Committee has undertaken under the key areas of its terms of reference;
 - **consider** and **comment** on the areas for further development of the Committee that are proposed;
 - **confirm** that the Committee has met its terms of reference; and
 - **approve** the renewal of the Committee's terms of reference.

Annual Review of Committee Effectiveness and Annual Report for 2020/21

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 2020/21.

2. Background

- 2.1. During the 2019/20 financial year the Board agreed to replace the previous Quality Committee and Finance & Performance Committee with a single Integrated Assurance Committee. An initial transitional meeting took place in February 2020 with final terms of reference approved by the Board in March 2020.
- 2.2. This was intended to better facilitate the triangulation of different types of performance information (operational, quality, financial and workforce) in considering the extent to which the Committee was able to be assured by the evidence provided.
- 2.3. In order to allow the Committee to benefit from the full range of expertise and experience on the Board in making its assessment of the information communicated to provide assurance, the Integrated Assurance Committee represents the Board meeting in committee with membership therefore comprising the full Board.
- 2.4. In addition it was agreed that all divisional directors be invited to attend all meetings of the Committee, though not as members, to ensure that the views of clinical divisions were represented.
- 2.5. 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.
- 2.6. This Annual Report summarises the activities of the Trust's Integrated Assurance Committee for the financial year 2020/21, setting out how it has met its Terms of Reference and key priorities.
- 2.7. 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. Interim Review of the Committee's Effectiveness and Survey of Committee Members

- 3.1. As this committee was a new one, an interim review of the Committee's effectiveness was undertaken in October 2020. It was agreed at that stage that a survey of the membership would be undertaken to seek views on how the Committee was functioning.
- 3.2. The involvement of the full Board and Divisional Directors was welcomed and it was recognised that this supported a holistic approach and the triangulation of information. It was felt that, compared with the previous committees, time was better used and duplication reduced.
- 3.3. There were some concerns that agendas were busy and that more time might be required for meetings.
- 3.4. It was suggested that the presentation of data had improved but that there was scope for further development. There was a view in many responses that papers could be sharper with a greater focus on exception reporting, analysis and actions.
- 3.5. It was recognised that the deep dive programme had not been established as intended. A clear framework to outline what was expected and the development of a forward plan for them was proposed.

4. Review of Committee Activities against Terms of Reference

- 4.1. The sections below review the activities that the Committee undertook under the key areas of its terms of reference to assess the extent to which it has been effective in delivering against them.
- 4.2. It is noted that items below have been broadly grouped under specific aspects of the terms of reference but that, appropriately for an integrated committee, many items cut across different elements of these.

Attendance and Quorum

- 4.3. Six meetings of the Committee have taken place during the 2020-21 financial year. All have taken place virtually due to the arrangements that were put in place during the COVID-19 pandemic.

- 4.4. The Committee has been fully quorate on each occasion and a table of attendance is included at Appendix 2.
- 4.5. The Committee has noted that the presence of divisional directors for discussions has been very valuable and has enriched and informed the Committee's consideration of its business.

Integrated Performance

- 4.6. The Committee considers the Integrated Performance Report (IPR) at every meeting. It has overseen gradual strengthening of the content and format of the Report including an improved executive summary and the incorporation of metrics related to financial data and the digital portfolio. The Committee has also influenced the introduction of specific metrics and benchmarking into the Report.
- 4.7. The IPR now includes regular reporting on metrics related to health and safety as a result of the Board's commitment to ensure that this area receives increased priority.
- 4.8. In addition the Committee has moved over time towards a more triangulated approach to considering the Report's content, discussing it as a whole rather than through the separate presentation of individual sections.
- 4.9. The Committee has also received reporting on divisional performance reviews. It has sought assurance that these are being used to align Trust and divisional priorities and that they correctly balance the functions of supporting divisions and holding them to account.
- 4.10. The Committee has also had the opportunity to review and comment on the overall Performance Management and Accountability Framework and sought assurance on how this linked to individual objectives.
- 4.11. The Committee has considered the Quality Integrated Improvement Plan for 2020-21, the review of improvement programmes forming a specific element of its terms of reference.
- 4.12. By contributing to the development of the IPR and the Performance Management and Accountability Framework the Committee has undertaken its duty to monitor the effectiveness of the Trust's integrated performance systems. It has also used the IPR to make an assessment of performance across relevant metrics.

Annual Planning and Finance

- 4.13. The usual cycle of business planning for 2020-21 was significantly disrupted by the COVID-19 pandemic. The Committee was updated as information became available regarding the national approach to financial planning arrangements for the latter part of the year and has considered

the associated risks including the need for coordination and alignment at the level of the Integrated Care System.

- 4.14. In August the Committee reviewed the terms of reference for a financial governance review and proposed amendments to more explicitly incorporate a number of issues including the effectiveness of budget setting.
- 4.15. Regular performance reporting and key metrics are incorporated into the Integrated Performance Report as part of the Committee's integrated approach.
- 4.16. Overall the unusual circumstances of the 2020-21 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.
- 4.17. Approaching year end the Committee has scrutinised the development of revenue and capital forecasts and tested the risks associated with these.
- 4.18. In addition the Committee's scrutiny of the arrangements for the financial governance review represents an appropriate contribution to monitoring the effectiveness of the Trust's financial reporting systems.

Quality

- 4.19. The Committee has reviewed progress against the 2019-20 Quality Priorities and influenced those for 2020-21, emphasising that they should be focussed, linked to the Business Plan and have a measurable impact.
- 4.20. It has also received an update on the Trust's approach to Quality Impact Assessments (QIAs). Consideration of QIAs is specifically referenced in the Committee's terms of reference.
- 4.21. 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. It noted the increase in the number of *clostridium difficile* cases and confirmed that the Infection Control Team had developed a plan to address these issues which related to changes in practice resulting from the pandemic. The Committee has also kept nosocomial COVID-19 infections under review.
- 4.22. 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. In particular the Committee has sought confirmation that there is an appropriate process in place for monitoring the completion of action plans.

- 4.23. Six monthly reports from the Trust Clinical Governance Committee are provided to the Committee to provide assurance regarding its work. The Integrated Assurance Committee has particularly highlighted the success of the development of Local Safety Standards for Invasive Procedures (LocSSIPs) and highlighted the importance of full participation.
- 4.24. Following publication of the Ockenden Report into Maternity Services, the Trust was able to confirm that it was compliant with the majority of the recommendations and that action plans had been developed where further work was required. The Committee was assured that mechanisms within the Trust were such that it did not believe that poor care and avoidable deaths with no visibility or learning could happen within the organisation. Prof Schapira was appointed as the Non-Executive Maternity Champion for the Trust to ensure Board engagement with these issues.
- 4.25. The Committee received the Annual Report on End of Life Care and was able to take significant assurance from the improvement in end of life care across OUH and plans for further developments, including the opportunities presented by the Trust taking on management responsibilities for Katharine House.
- 4.26. The Committee also received the 2019/20 Clinical Effectiveness Annual Report which covered Clinical Audit, Quality Improvement and the Getting it Right First time (GIRFT) programme. It was able to assure itself that audit findings were acted upon and that activity focussed not just on what the Trust was required to report but on what would add value to the quality of its services.
- 4.27. The Committee has also received annual reports on Patient Experience, Tissue Viability and Cervical Screening.
- 4.28. 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, high quality patient experience and good clinical outcomes.

Risk Management

- 4.29. The Committee has undertaken regular reviews of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). Specific examples where the description of risks needs to be strengthened have been highlighted. The Committee has also highlighted the need for consistency in risk scoring at different levels of the organisation and work has been undertaken to improve this.
- 4.30. In the early phase of the COVID-19 pandemic a separate risk register relating to this was developed and reviewed by the Committee to enable it to seek assurance regarding the specific risks emerging from it. This

register was subsequently reabsorbed back into the main Corporate Risk Register.

- 4.31. The Committee considered and sought assurance regarding the harm review process for long waiting patients. It was noted that this was adapted in response to the increase in the number of patients affected due to the impact of the pandemic.
- 4.32. The Committee received an update on the planned works to replace the ventilation in the West Wing theatres in order to ensure that it was assured regarding the consideration of operational risks and mitigations in relation to the preferred option.
- 4.33. The Committee had the opportunity to consider a gap analysis into the recommendations of the Paterson Inquiry Report and was able to monitor the implementation of the resulting action plan.
- 4.34. The Committee has appropriately reviewed current and emerging risks both through the review of the BAF and CRR but also more generally where relevant in relation to other items on its agenda.
- 4.35. 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.
- 4.36. Deep dives were undertaken into Cancer Performance, Elective Care Referral to Treatment Performance, 52 Week Waits and Frailty and these have presented opportunities to review the approach.
- 4.37. The deep dive programme was significantly disrupted COVID-19 and the need to scale back activities to allow efforts to be focussed on the pandemic response. It requires further development during 2021. The Committee has not yet established clear expectations on how deep dives should be prepared and presented, nor on how their effectiveness should be judged. However, with the Trust now returning to business as usual, work is underway to develop this approach.

Governance and Regulation

- 4.38. As part of the response to the COVID-19 pandemic the Committee considered interim revisions to its own functioning as a committee that were appropriate to allow sufficient focus to be provided to the pandemic response. The Committee has now returned to agendas more closely aligned to the cycle of business as initially planned.
- 4.39. The Committee has received reporting in relation to estates compliance issues and the scale of the work that was taking place to address these. In particular the Committee sought assurance that the prioritisation of work

was appropriate, that the funding requirements could be delivered and that appropriate interim mitigations were in place.

- 4.40. The proposed Operating Licence Self-Certification was submitted to the Committee for consideration. The proposed statements were reviewed and revisions to these suggested by the Committee and incorporated into the final Self-Certification that was approved by the Board.
- 4.41. The Committee has also received the Claims, Inquests and PFD Annual Report.
- 4.42. 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.
- 4.43. The activities outlined appear to represent an appropriate approach to discharging its duties in relation to ensuring compliance with legislative, regulatory and professional requirements.

Other

- 4.44. During the pandemic the Committee has received regular updates on the response and recovery to allow it to assure itself that these were appropriate. In the latter part of the year this included information about the implementation of the vaccination programme within the Trust.
- 4.45. The Committee has considered information in relation to escalation plans and the governance of any derogations from national guidance.
- 4.46. The Committee also received assurance regarding the arrangements that the Trust put in place in order to ensure staff wellbeing during the course of the COVID-19 pandemic. The Committee also had the opportunity to consider the lessons learned by the Trust from its initial response to the pandemic.

Reporting to the Board

- 4.47. 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.

5. Actions for 2020/21

- 5.1. 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.
- 5.2. Initial discussions have taken place to ensure that the approach to deep dives is effectively coordinated between the Board's committees and to

develop a consistent and effective methodology for these. From June onwards an additional hour, in the afternoon following the Committee's meeting, is being scheduled for these in order to ensure that sufficient time is available.

6. Recommendations

6.1. The Trust Board is asked to:

- **note** the activities that the Committee has undertaken under the key areas of its terms of reference;
- **consider** and **comment** on the areas for further development of the Committee that are proposed; and
- **confirm** that the Committee has met its terms of reference; and
- **approve** the renewal of the Committee's terms of reference.

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's 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 2021
Approved by: Trust Board
Next review date: May 2022

Appendix 2: Register of Attendance

		08-Apr-20	10-Jun-20	12-Aug-20	14-Oct-20	09-Dec-20	10-Feb-21
Members							
Jonathan Montgomery	Trust Chair [Chair]	Present	Present	Present	Present	Present	Present
Bruno Holthof	Chief Executive	Present	Present	Present	Apologies	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	Deputy	Present	Apologies	Present
Paula Hay-Plumb	Non-Executive Director	Present	Present	Present	Present	Present	Present
Sarah Hordern	Non-Executive Director	Present	Present	Present	Present	Present	Present
Katie Kapernaros	Non-Executive Director	Present	Present	Present	Present	Present	Present
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	Deputy	Present	Present
Tony Schapira	Non-Executive Director	Present	Present	Present	Present	Present	Present
Gavin Screaton	Non-Executive Director	Present	Present	Present	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	Apologies	Present
Eileen Walsh	Chief Assurance Officer	Present	Present	Deputy	Present	Present	Present
Attendees: Divisions							
Vivian Addy	Interim Divisional Director, CSS	N/A	N/A	N/A	N/A	Present	Present
Chris Cunningham	Divisional Director, SuWOn	Present	Present	Present	Present	Present	Deputy
Larry Fitton	Divisional Director, MRC	Present	Present	Present	Present	Present	Present
Chandi Ratnatunga	Divisional Director, CSS	Present	Present	Present	Present	N/A	N/A
Jon Westbrook	Divisional Director, NOTSSCaN	Present	Present	Present	Deputy	Present	Present