

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 Estates and Facilities 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 2023
Approved by: Trust Board
Next review date: May 2024