

Trust Board Meeting in Public: Wednesday 8 July 2020

TB2020.61

<b>Title</b>	<b>Integrated Assurance Committee Report</b>
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<b>Status</b>	For information
<b>History</b>	The Integrated Assurance Committee provides a regular report to the Board.

<b>Board Lead(s)</b>	<b>Prof Sir Jonathan Montgomery, Integrated Assurance Committee Chair</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	<b>Performance</b>

## Executive Summary

1. The Integrated Assurance Committee is a committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, the Committee is responsible for providing a report to the Trust 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.

### Recommendations

3. The Board is asked to:

- **Note** the Integrated Assurance Committee's report to the Board from its meeting held on 10 June 2020.

## Introduction

The Integrated Assurance Committee [“the Committee”] meeting took place on Wednesday 10 June 2020. This took place via video conference in line with the revised mode of operation for the Board and Committees during the Covid-19 response.

Under its terms of reference, the 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. This report aims to contribute to the fulfilment of that purpose.

## Corporate Risk Registers

The Committee received the Corporate Risk Register, which now included the Covid-19 Risk Register and noted the risk descriptions and scores presented. It recognised that this was a live document which was subject to continual review and update and that the position was a rapidly changing one. The Committee took significant assurance, noting that this represented an iterative process.

It was recognised that this Risk Register should continue to be monitored but that some actions to address risks might need to be consciously deferred for a short period in the context of the interim pressures created by Covid-19.

In addition the Committee received the first draft of the Board Assurance Framework for 20/21. It was noted that a risk appetite session was planned to take place following the IAC meeting which would commence the process of looking at the risks, and the scores.

The Committee noted the Corporate Risk Register, now incorporating risks from the Covid Risk Register, and reflected further on the risk appetite paper shared with the Trust Board on 13 May 2020.

## Integrated Performance Reporting

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

Recent performance against key operational standards was reviewed. The Committee noted that attendances at the Trust’s Emergency Departments had currently reduced. Changes had been made to complex, integrated pathways to accommodate Covid-19.

The Committee heard that harm reviews for long-waiting patients continued and that SIRI (Serious Incidents Requiring Investigation) investigations were being undertaken where appropriate. The Committee also noted that the HSMR mortality metric was below expected and the SHMI was as expected. Safety messages were continuing and that the Patient Safety Response Team continued to operate virtually.

The Committee noted that this provided assurance that key safety and quality monitoring continued despite Covid-19 and that this would allow the Trust to assess the risk of harm being created for non-Covid-19 patients and pathways.

It was reported that sickness absence had increased. It was expected that these numbers would further increase in May. Levels of mandatory training and appraisal

had also decreased. However it was recognised that these had been reduced to minimal levels during the Covid-19 response.

The Covid-19 impact on the cost base had been £9m in April, which included an estimate in relation to temporary staffing. The second largest item was a £3m spend on PPE.

The Annual Trust Accounts had been prepared and were being taken to the Trust Board for sign off, via the Audit Committee.

The Committee also noted the improvement in the operation and reporting of the Quarterly Performance Reviews and the action agreed for a consistent approach to supporting information by developing a view of clinical directorate performance, rather than only divisional level information.

## **Other Activities**

### Recovery Planning

The Committee received a summary of the approach taken to ensuring the safe resumption of services, alongside how the Trust was taking forward the priorities that clinical teams would like to 'retain' or 'reshape' across services.

The need to consider how to move from mitigating risks to capturing opportunities was noted.

### Estates Compliance Progress Report

The Committee received an update on Estates Compliance, noting that that a detailed action tracker and assurance work on the production of the tracker and short term mitigations would be presented to the Board in July.

An Estates Compliance Business Case was also due to be presented to the Board for approval to enable some of the necessary compliance works to be undertaken.

### Paterson Inquiry Gap Analysis

The Committee heard that a review of the Patterson Inquiry recommendations had been conducted and had enabled an initial gap analysis to be undertaken and an action plan to be devised to address the gaps identified.

Assurance was provided that although there were gaps, work was underway to close a number of these. The Committee agreed to receive a further update in 6 months' time on progress made.

### Provider Licence Self-Certification

The Committee received a paper detailing the required certifications and outlining the evidence that was available to support these. The Committee provided comments on the submissions for further review by the Audit Committee.

### Clinical Governance Committee [CGC] Six Monthly Report

The Committee received an update on the four CGC meetings that had taken place since the last report to the Integrated Assurance Committee.

The Committee heard that ten Local Safety Standards in Invasive Procedures (LocSSIPs) had been presented and approved during the reporting period, bringing the total number of published LocSSIPs to 27 in total.

The Harm Review Group had continued to meet each month during the reporting period. Over the last year the number of cases breaching 52 weeks had significantly reduced, specifically the number of Gynaecology patients. However, it was now rising in Specialist Surgery for to a number of reasons including theatre renovation and the impact of the Covid-19 pandemic and cancellation of all elective surgery since 17 March 2020.

The Harm Review Group had discussed the best way forward, recognising the huge number of patients involved and had decided to expand the Root Cause Analysis [RCA] form to include a section on harm. Given the volume of cases it was proposed that any moderate harm be added to the incident reporting system and reviewed by the daily Patient Safety Response Team and via the SIRI forum process in the usual way. There would be a change of focus for the Harm Review Group meetings to become specialty-based rather than individual-based. This would then focus meetings by themes found by specialties from the RCAs undertaken within each area and actions taken as a result of this learning would be discussed with divisions to improve outcomes for patients.

The Committee noted this update on progress achieved and work planned.

#### Infection Prevention and Control Committee Report

The Committee received this regular update on infection prevention and control matters.

The Committee noted that some of the work being undertaken to respond to Covid-19 was supporting infection control more generally and continuation of this good practice should be encouraged. The Trust had not yet been informed of the objectives for 2020/21.

The Committee also received the Board Assurance Framework, which had been developed to support healthcare providers in effectively showing compliance with PHE Covid prevention and control guidance. The Framework detailed 48 key lines of enquiry.

Evidence and gaps in assurance were reported and where audits were needed to provide evidence, these were presented to the Clinical Governance Committee via the Infection Prevention Control Committee. A return to NHSI had been submitted with a response awaited.

#### Annual Report for Tissue Viability 2019/20

The Committee received the annual report for Tissue Viability, which presented an overview of the continuing work undertaken by the Tissue Viability Service within OUHFT to support a reduction in the number of hospital acquired pressure ulcers (HAPU) and leadership for wound assessment and management at clinical level.

A strategic action plan for the Trust was to be developed to reflect the necessary actions to address shortfalls in compliance and the need to improve patient safety and clinical outcomes in relation to hospital acquired pressure ulcers with a specific focus on Category 2 damage. This would be the responsibility of the Harm Free Assurance Forum and will be reviewed for 2020/21.

The ambition for the Trust was to continue to work towards zero Category 3 and 4 HAPU.

### SIRI and Never Events Report

The Committee received this regular overview of Serious Incidents Requiring Investigation (SIRI), including Never Events that had either been declared or closed in March and April 2020.

It was noted that there had been no new Never Events identified in this reporting period. There were two closure meetings for SIRIs during this reporting period. In total 14 incidents were approved (closed) with the OCCG. During the reporting period 2 SIRIs were identified and 10 investigations were sent for closure.

The Committee heard that an Internal Audit of the Trust's management of SIRIs was undertaken at the end of 2019/20; this had provided significant assurance with two low priority actions.

The improved reporting position appeared to reflect the systems that had been put in place.

### **Recommendation**

The Trust Board is asked to **note** the contents of this report.

**Professor Sir Jonathan Montgomery**

**Integrated Assurance Committee Chair**

**July 2020**