

Cover Sheet

Public Trust Board Meeting: Wednesday 09 September 2020

TB2020.80

Title: Integrated Assurance Committee Report

Status: For Information

History: The Integrated Assurance Committee provides a regular report to the Board.

Board Lead: Trust Chair

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Confidential: No

Key Purpose: Assurance, Performance.

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 Trust Board is asked to
 - **Note** the Integrated Assurance Committee's report to the Board from its meeting held on 12 August 2020.

Integrated Assurance Committee Report

1. Introduction

- 1.1. The Integrated Assurance Committee [“the Committee”] held its most recent meeting on Wednesday 12 August 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.
- 1.2. 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.

2. Key areas of discussion

Covid-19 Response and Recovery Update

- 2.1. The Committee received an update paper on Covid-19 response and recovery. Since the onset of the Covid-19 pandemic earlier this year, the Trust had been working across the wider system to safely meet the needs of patients and the wider population, whilst ensuring that staff were protected and supported during this challenging period.
- 2.2. In addition to work to prepare for the next phase of the response, the Trust was also working to progress recovery plans across services and in discussion with system partners. To prepare for winter, work remained ongoing both within the Trust and across the system to progress initiatives to create capacity, ensure patients received care close to home and to protect against the flu.

Integrated Performance Report

- 2.3. The Committee received this regular report on performance across operational, quality, workforce and financial metrics.
- 2.4. Recent performance against key operational standards was reviewed. The Committee noted that the recent trend of a decrease in ED attendance numbers was reversed for the first time in 3 months, but still remained well below the level that would have been expected under normal circumstances.
- 2.5. The Committee heard that occupancy levels across the four sites remained at all-time lows. However, in line with ED attendances, a small increase in occupancy on both emergency sites had been seen. Delayed

transfers of care remained low. In May, some of the Emergency Assessment Unit capacity that had been utilised to support the ED Covid-19 response reverted back to its usual use, increasing the flow out of ED and reducing the number of breaches.

- 2.6. It was reported that sickness absence for the rolling year was 3.8%. Absence for the 3 month period from March 20 to May 20 was 5%, reflecting the increase in absence related to Covid-19. Covid-related absence had peaked in April at 6.1%. If the pattern of Covid-related absence continued, it was expected that overall reported absence levels would plateau and then decline. Covid-19 related absence was currently 0.5%, making the underlying rate of absence for May 3.3%.

Financial Planning and Governance

- 2.7. The Committee received a verbal update on the status of financial planning. It heard that little detail had yet been provided regarding the financial regime for the latter part of the year. It was noted that no additional money was expected to fund the costs of recovery and that this would present a significant financial challenge. The Trust would need to pursue productivity improvements and to identify areas where it was possible to underspend to create headroom for recovery costs.
- 2.8. The Committee also received terms of reference for the Financial Governance Review, which were approved subject to minor amendments.

Deep Dive – 52 Week Waits

- 2.9. The Committee received a detailed update on the position of the elective waiting list following the Covid-19 pandemic and the challenges presented to recovery as work remained ongoing to resume services safely across the Trust.
- 2.10. The Trust forecast 2,474 patients to be waiting over 52 weeks at the end of August 2020 under a worst case scenario with a figure of 2,386 patients expected if all scheduled treatments were carried out. The forecast for August compared to the latest submitted position in June 2020 of 933 patients. This illustrated the significant impact of the reduction in activity during the Covid-19 pandemic.
- 2.11. Whilst the 52 week recovery programme managed by the Trust prior to Covid-19 demonstrated that the Trust was experienced in managing recovery programmes, the recovery challenge due to COVID-19 was recognised to be different in scale. Recovery would require an approach that embraced different ways of working within the Trust, coordination with system partners and also clear processes to identify and manage patients according to clinical urgency and the risk of harm.

- 2.12. The paper provided assurance to the IAC that there were management actions in place to expedite treatment for patients according to clinical priority and provided transparency in the current and predicted numbers of patients waiting, actions in place and residual risks.

3. Other Activities

Development of the performance management and accountability framework

- 3.1. Following approval at TME, the IAC was presented with a paper to update it on workstreams to strengthen the Trust's performance management and accountability framework.
- 3.2. These included work with divisional and corporate teams to develop a framework that provided assurance that the Trust had indicators agreed to monitor delivery of its strategy, objectives, and contractual performance. Criteria were also needed to underpin exception reporting and to support assurance processes. This would also include trajectories for multi-year indicators and clear roles and responsibilities from Board to ward.
- 3.3. IAC were assured by the framework development and the proposed workstreams but asked that consideration be given to how the framework would link to individual accountabilities through objective setting.

Quality Improvement Plan 2020-21

- 3.4. The Committee received the Improvement Plan which had been reviewed by TME. Following TME's approval of Phase 1 (2020/21), work was underway to develop the Non-Clinical Improvement, Digital and Workforce Programmes into the Quality Integrated Improvement Programme (Phase 2).

Claims, inquests and PFD annual report

- 3.5. The Committee received the latest details of claims and inquests covering the period 2018/19.
- 3.6. There were 228 new claims (clinical and non-clinical) received during the financial year 2018/19, representing an increase of 22% compared with the 176 new claims received in the 2017/18 year.
- 3.7. There were 167 new inquests opened in 2018/19 representing an increase of 29% from the 119 new inquests opened in the previous year. The division with the largest number of inquests in 2018/19 was MRC due to patients receiving treatment in the Emergency Departments following road traffic collisions or falls at home and who, despite emergency clinical intervention, could not be resuscitated.

- 3.8. There was one Prevention of Future Death Report issued by a Senior Coroner to the Trust in 2018/19.
- 3.9. The Committee was assured to hear that there were monthly meetings within Legal Services for Claims Co-ordinators to review in depth and learn lessons from a claim/inquest. In addition there were daily updates and information sharing within safety huddles on lessons learned during investigation of claims or at end of claim.

Other Areas of Discussion

- 3.10. The Committee received its regular update reports on infection prevention and control matters, SRI and Never Events, and the Guardian of Safe Working Hours report for Q1.

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 12 August 2020.