

Trust Board Meeting in Public: Wednesday 10 March 2021

TB2021.22

Title: Integrated Assurance Committee Report

Status: For Information

History: Regular Reporting

Board Lead: Trust Chair

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. 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. The Committee held its most recent meeting on Wednesday 10 February 2021. This took place via video conference with an agenda focussed on core reporting for assurance in line with the revised governance arrangements which were agreed in January to support the pandemic response.
3. The report outlines key items of business discussed and issues highlighted for the attention of the Board which on this occasion included:
 - CoVID-19 Pandemic Response and Recovery;
 - Integrated Performance Report;
 - Q3 Forecast for Revenue and Capital; and
 - Ockenden Review of Maternity Services: Assurance Assessment Tool.

Recommendations

4. The Trust Board is asked to:
 - **Note** the Integrated Assurance Committee's report to the Board from its meeting held on 10 February 2021.

Integrated Assurance Committee Report

1. Purpose

- 1.1. Under its terms of reference, the Integrated Assurance Committee [“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. Background

- 2.1. The Committee held its most recent meeting on Wednesday 10 February 2021. This took place via video conference with an agenda focussed on core reporting for assurance in line with the revised governance arrangements which were agreed in January to support the pandemic response.
- 2.2. Key items of business discussed and issues highlighted for the attention of the Board are outlined below.

3. Key Areas of Discussion

CoVID-19 Pandemic Response and Recovery

- 3.1. An update was provided on the operational position, noting that infection rates were reduced, resulting in an easing of pressure on the Trust’s services.
- 3.2. The Committee noted the extent to which the Trust was now providing mutual aid activity to other trusts for intensive care capacity and also in cardiac and cancer services.
- 3.3. The Chief Executive assured the Committee that the TME would continue to oversee the complexities of competing priorities, including managing staff welfare to manage the pressures that they endured during the CoVID-19 peak.
- 3.4. The Integrated Assurance Committee also noted and commended the contribution from the Army to support patient discharge and transport as well as procurement and stock management. Combat Medical Technicians (CMTs) were also supporting clinical areas.
- 3.5. The Committee expressed its confidence in the assurance that it was able to take regarding the work being carried out by the Trust to manage CoVID-19 and other critical pathways.

Integrated Performance Report

- 3.6. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics.
- 3.7. The Committee heard that work was underway to assess the effectiveness of virtual consultations and that this would be reported to IAC in due course.
- 3.8. The Committee noted the complexity of the issues that needed to be addressed in order to return to delivering national cancer standards which varied significantly between different tumour sites. It was noted that a detailed recovery plan had been developed but that elements of this would need to be reviewed. The need to consider this work alongside the broader recovery plan and the need for prioritisation was recognised.
- 3.9. The Committee also sought assurance regarding the approach to ensuring that 52 week harm reviews were kept updated. It was pleased to note that these issues related to the increased quantum of patients to be assessed were being appropriately considered and that a clinically-led process was in place that could adapt to changing circumstances.
- 3.10. The Committee sought assurance regarding the number of *clostridium difficile* cases, which exceeded the target threshold. Whilst the way in which this metric was measured had been altered it was recognised that the numbers were cause for concern. The Committee heard that this was in part an effect of changes in practice due to the CoVID-19 pandemic and that the Infection Control Team had developed a plan to address these issues with the impact to be monitored.

Q3 Forecast for Revenue and Capital

- 3.11. The Integrated Assurance Committee noted and discussed the update on the finalisation of the revenue and capital forecasts further to initial consideration by the Board at its meeting on 27 January.
- 3.12. The Chief Finance Officer informed the Committee that the revenue forecast had been finalised at a deficit of £14.0m versus a planned deficit of £16.5m. The forecast for performance management purposes was a surplus of £1m with a £15m accrual for annual leave costs.
- 3.13. The Committee noted a pre-mitigation underspend on capital of £10m which it was hoped could be mitigated to £4m. It was noted that arrangements for pulling forward expenditure on digital hardware and clinical equipment were being made. It was recognised that there was some execution risk but the Committee heard that procurement managers were focussed on the need to progress orders and be aware of lead times.

- 3.14. The Chief Finance Officer also informed the Committee that the Goods Received Not Invoiced number (GRNI) was abnormally large because of the implementation of the new accounting system in the summer and that a reconciliation exercise would be carried out to prevent double counting and make the necessary adjustments.

Ockenden Review of Maternity Services: Assurance Assessment Tool

- 3.15. The Chief Nursing Officer informed the Integrated Assurance Committee that, following a Maternity Services review of the Ockenden report, the Trust was able to confirm that it was compliant with the majority of the recommendations in the Report and that action plans had been developed where further work was required. A report would be submitted to the NHSE/I Regional Midwife.
- 3.16. The Committee noted that a seminar on Neonatal Services was scheduled following its meeting and would include consideration of relevant issues.
- 3.17. It was agreed that it would be helpful for a range of related documents should be linked together into a single Maternity Quality Improvement Plan.
- 3.18. The Committee noted that Prof Schapira would be undertaking the NED Champion role associated with this work and would join monthly meetings. The need to ensure that the views of maternity service users were heard in progressing this work was recognised.
- 3.19. The Integrated Assurance 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.

Other Regular Reporting

- 3.20. The Committee received its regular update reports on infection prevention and control matters, from the Guardian of Safe Working and on SIRIs and Never Events. It also reviewed the Corporate Risk Register and Board Assurance Framework.
- 3.21. The Committee also received an update on the Trust's quality priorities and it was acknowledged that many of these had not been fully achieved due to the impact of the pandemic. As a result it was anticipated that some would be rolled over, and others added or reconsidered in the light of this altered context.

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 10 February 2021.