

Trust Board Meeting in Public: Wednesday 12 May 2021

TB2021.37

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**Title:** Integrated Assurance Committee Report

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**Status:** For Information

**History:** Regular Reporting

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**Board Lead:** Trust Chair

**Author:** Neil Scotchmer, Head of Corporate Governance

**Confidential:** No

**Key Purpose:** Assurance

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## 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 7 April 2021.
3. The report outlines key items of business discussed and issues highlighted for the attention of the Board which on this occasion included:
  - Vaccination Programme Update;
  - Integrated Performance Report;
  - Planning Update for 2021/11;
  - Integrated Quality Improvement Plan;
  - Divisional Performance Reviews;
  - Quality Priorities; and
  - Health and Safety Update

## Recommendations

4. The Trust Board is asked to:
  - **Note** the Integrated Assurance Committee's report to the Board from its meeting held on 7 April 2021.

## Integrated Assurance Committee Report

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### 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 7 April 2021 via video conference.
- 2.2. Key items of business discussed and issues highlighted for the attention of the Board are outlined below.

### 3. Key Areas of Discussion

#### Vaccination Programme Update

- 3.1. An overview of the requirements prescribed to OUH within the National Vaccination Programme rollout was provided along with assurance to the Committee on how the Trust had met these directives.
- 3.2. The approach undertaken by OUH had resulted in 87.9% of staff receiving the vaccination as at 1 April 2021, with the majority of these being frontline clinical staff groups. All staff who had not had a recorded vaccine could be identified and would be followed up in line with national guidance.
- 3.3. The Trust had ensured that staff critical to the operational delivery of clinical services had also been vaccinated and this approach was known and supported by the system (BOB) vaccination programme.
- 3.4. Planning and governance arrangements had identified and executed all prescribed national guidance and had accommodated the key changes in the evolution of guidance during the vaccination programme.
- 3.5. The Committee sought and received assurance that there was no significant variance in vaccination levels of staff on the basis of ethnicity. It also heard that all safety events were reported by the yellow card system but that there had been no serious adverse reactions within the Trust. The Committee also heard that there had been no wastage of vaccine on the basis of timeliness of use.

- 3.6. The Integrated Assurance Committee noted the assurance that it was able to take that the Trust had fulfilled its obligations as part of the National vaccination programme. It noted the ongoing work taking place to follow up staff who did not have a vaccination recorded, in accordance with the associated national guidance.

### **Integrated Performance Report**

- 3.7. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics.
- 3.8. The Committee heard that a review of harm areas was underway which would report initially to the Trust Management Executive. This would support the Trust in considering what further actions might be taken to make further improvements in those quality indices where performance appeared to have plateaued.
- 3.9. The assurance provided that all Never Events were closely investigated was noted and the approaches used to ensure that learning was embedded were discussed. It was noted that some elements required cultural changes and that safety messages and huddles were used to support in embedding these. However the preference for seeking improvements that were system-focussed rather than people focussed wherever possible was highlighted.
- 3.10. The Committee was updated on the approaches being used to manage waiting lists as part of the pandemic recovery and to prioritise both the most urgent and the longest waiting patients. The Committee was to be updated further in relation to these plans, including approaches to the sustainable delivery of cancer standards.
- 3.11. It was noted that achievement of compliance with the surgical checklist was 100%. The Committee noted that this was a rare achievement and an indication of a strong safety culture.

### **Planning Update 2021/22**

- 3.12. The Committee received an update on the planning timetable for 2021/22 following the publication of planning guidance on 25 March. It was noted that, unlike in previous years, activity and workforce submissions were only required from the ICS and not from its constituent organisations. The primary finance return was also from the ICS.
- 3.13. Priority areas were outlined to the Committee and the strong focus on workforce priorities was noted. It was also noted that the timetable was likely to be challenging due to the shift in accountability to ICS level. However the Committee heard that Trust planning had much of the supporting work underway.

**Integrated Quality Improvement Plan for 2021/22**

- 3.14. A programme level update for each of the Programmes within the IQIP was received by the Committee which heard that a refresh of the existing Programme would take place in April, led by the Director of Clinical Services. This was to ensure that the Programme was aligned to the current Trust priorities and COVID-19 activity.
- 3.15. The Committee noted that it was encouraged to see that the Programme reflected genuine integration.

**Divisional Performance Reviews**

- 3.16. The Committee received feedback from the Month 10 Divisional Performance Review meetings took place in March. Under normal reporting arrangements, Monthly Divisional Performance Review meetings are not reported to the IAC. However, since the Q3 Performance Review meetings did not go ahead due to COVID-19 related operational pressures, the M10 summary was reported to the Committee to fill a gap in reporting.
- 3.17. Key themes across each Divisional Performance Review included:
- Re-starting elective activity alongside urgent care, with assurance that this was supported by available capacity and workforce;
  - Supporting staff and patients, including wellbeing, recruitment, headcount review and responses to the results from the NHS Staff Survey; and
  - Key challenges or risks relating to quality, patient and staff experience and operational performance.
- 3.18. Divisional Directors had the opportunity to reflect on key issues within divisions. The importance of ensuring that these were reflected in the Integrated Improvement Plan was emphasised and it was noted that challenges were also being discussed at the new Trust Management Executive Risk Committee.

**Draft Quality Priorities for 2021/22**

- 3.19. Draft Quality Priorities for 2021/22 were presented to the Committee. It was noted that these were usually identified during a patient engagement event but that the Quality Conversation Event scheduled for February had been cancelled due to the pandemic.
- 3.20. The Committee heard that the forward plan in lieu of the event was to take the proposed Quality Priorities for 2021/22 which had now been agreed at TME, to IAC, Trust Board members, Governors and then external stakeholders.

### Health and Safety Report

- 3.21. The Committee received a report summarising information relating to the principal issues associated with the management of health and safety for the period November 2020 to March 2021. This included updates in relation to PPE fit testing, fire safety, infection prevention & control and security.
- 3.22. It also provided the outcome of a January Inspection by the Health and Safety Executive (HSE) at the John Radcliffe Hospital site, which had had a specific focus on COVID-19 to ensure worker safety. This was noted to have highlighted many positive aspects of the Trust's control of risks for COVID-19 infection, including the Trust's arrangements for face fit testing which were commended. Some areas requiring action were also highlighted and the Committee was assured that all actions were completed and evidence submitted within the required timeframe.

### Other Regular Reporting

- 3.23. The Committee had the opportunity to review the Elective Care Surveillance Pack which is reviewed monthly at the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Acute Collaborative Workstream (ACW) which oversees the planning, recovery and delivery of elective care across the system. The impact of the recent surge in COVID-19 patients across the elective care pathway, both locally and at system level, was noted.
- 3.24. The Committee received an update on the estates compliance work and noted that progress continued to be monitored on a monthly basis through the Estates Compliance Committee (ECC) which included divisional representation and reported to the Health and Safety Committee. The Committee asked to be kept updated regarding the timescales for key surveys and remedial works.
- 3.25. The Committee received its regular update reports on infection prevention and control matters and on SIRIs and Never Events. It also reviewed the Corporate Risk Register and Board Assurance Framework.

## 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.