

# **Cover Sheet**

# Trust Board Meeting in Public: Wednesday 10 July 2024

TB2024.68

Title: Integrated Assurance Committee Report

Status:	For Information
History:	Regular Reporting

Board Lead:	Trust Chair
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Confidential:	No
Key Purpose:	Assurance

# Integrated Assurance Committee Report

### 1. Purpose

- 1.1. As a Committee of the Trust Board, the Integrated Assurance Committee provides a regular report to the Board on the main issues raised and discussed at its meetings.
- 1.2. Since the last report to the Board held in public, the Integrated Assurance Committee had met on 12 June 2024.
- 1.3. 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. Key Areas of Discussion

#### **Review of Integrated Assurance Committee**

2.1. The Board has recently held a seminar discussion to consider how the functioning of the Committee could be further developed to best meet its purpose and the current needs of the Trust. The Committee was reminded of the proposals emerging from this review which it was intended to introduce in the coming months.

### Corporate Risk Register (CRR)

- 2.2. As an early element of the changes noted above this item was considered early on the agenda to provide context for the discussions that followed.
- 2.3. The Committee was assured that this represented a dynamic picture of risks, that the CRR was managed in a proactive manner including review at the Risk Committee and that risks had identified owners.
- 2.4. The Committee noted the need to ensure a culture of reporting and escalation of risks. It was intended in future to strengthen the description of mitigations and their impact on scoring.

### Financial Performance and Annual Plan 2024/25

- 2.5. The Committee reviewed the month one financial results, which showed a deficit of £3.6 million, slightly worse than plan though the challenges of estimation and uncertainty in the first month were noted. The need to undertake further detailed work on non-pay costs in particular was recognised.
- 2.6. The operational Delivery Plan for 2024/25 was presented to the Committee which received an overview of the national planning guidance, the key

performance deliverables, and the activity plans for each division. The main risks and challenges were outlined and included the need to manage 65-week waiters, theatre utilisation and the risk of further industrial action.

### Patient Care

- 2.7. The Committee was invited to comment on the draft Quality Account which is an important mechanism for the Trust to report on quality and show improvements in the services it delivers. This document had also been circulated to external stakeholders for feedback and the final version was to be submitted by the end of June. The Committee commended the work done by the Clinical Governance Team and the divisions to produce the Quality Account.
- 2.8. A report on Maternity Quality Indicators was presented to the Committee and provided an update on key maternity quality indicators, namely post-partum haemorrhage and third- and fourth-degree tears, and how these were being monitored and improved in the maternity service.
- 2.9. The Committee also received a report on Caesarean section rates which had been requested by the Trust Board in response to an increase in the number of procedures being performed. The pressures on the service related to this increase were noted but the Committee was assured that the issues were understood and that the service remained focussed on supporting staff to continue to improve the quality of the service provided.
- 2.10. A briefing was also provided to the Committee on the actions being undertaken in response to the CQC Maternity Action Plan Update Report and Antenatal and Newborn Screening (ANNB) Assurance Visit.
- 2.11. The Committee was updated on the implementation of a 24/7 senior decision maker model for the staffing of the Trust's Emergency Departments to ensure continuous oversight and senior decision making.
- 2.12. The Committee also received a briefing of the approach that is taken to undertaking Quality Impact Assessments and was assured that this process was undertaken in a robust and careful manner.

### Workforce Issues

- 2.13. The Committee reviewed a report on the EDI High Impact Actions Gap Analysis which highlighted the key findings and priority areas for improvement based on benchmarking against national actions such as increasing senior leadership accountability, addressing pay gaps, supporting internationally educated staff, enhancing inclusive recruitment and talent management, and eradicating bullying and harassment. The Chief People Officer outlined the progress made and the remaining challenges.
- 2.14. An update on work to reduce the Trust's reliance on temporary staffing was provided to the Committee. This was intended to support the trust's financial

recovery and sustainability, as well as to improve the quality and safety of care. The Committee was assured that this was based on a robust process of quality impact assessment and stakeholder engagement, as well as a clear communication and feedback mechanism.

#### **Integrated Performance Report**

- 2.15. The Committee received this regular report on performance across operational, quality, workforce, digital and financial metrics.
- 2.16. The Committee also considered a new Urgent and Emergency Care System Dashboard which showed the performance of different parts of the urgent care system in Oxfordshire, such as minor injury units, same day emergency care, and hospital at home and used a heat map approach to highlight areas of concern or improvement.

#### Other Reporting

- 2.17. The following reports were received by the Committee:
  - Maternity Performance Dashboard
  - Summary of the April and May 2024 meetings of the Trust's Delivery Committee;
  - Six-monthly Clinical Governance Committee Report;
  - Patient Safety Incident Response Framework report for the period March-April 2024;
  - Divisional and Corporate Performance Reviews; and
  - Report on infection prevention and control matters.

### 3. Recommendations

3.1. The Trust Board is asked to **note** the Integrated Assurance Committee's report to the Board from its meeting held on 12 June 2024.