



**Trust Board
SUBMISSION TEMPLATE**

MEETING	Trust Board – Public	Ref No. 9
DIRECTOR	Chairman	Date 7 July 2022
Assurance Committee		
Purpose	For information	
Corporate Objective	<ul style="list-style-type: none">• Safety Quality and Experience• Service Delivery• People and Culture• Strategy and Partnerships• Resources	
Key areas for consideration	Minutes of 15 February 2022 – approved by Assurance Committee on 17 May 2022.	
Recommendations	<ul style="list-style-type: none">• To Note	

**Minutes of the Assurance Committee
15 February 2022
Via Microsoft TEAMS due to COVID-19 restrictions**

Present:

Mr. Peter McNaney, Chairman
Professor. Martin Bradley, Vice-Chairman
Professor Carmel Hughes, Non-Executive Director
Ms. Miriam Karp, Non-Executive Director
Mr. Gordon Smyth, Non-Executive Director
Mrs. Nuala McKeagney, Non-Executive Director
Ms. Anne O'Reilly, Non-Executive Director

In attendance:

Dr. Cathy Jack, Chief Executive
Mr. Chris Hagan, Medical Director
Ms. Brenda Creaney, Director Nursing and User Experience
Mrs. Maureen Edwards, Director of Finance, Estates and Capital Development
Dr. Brian Armstrong, Interim Director of Unscheduled and Acute Care
Mrs. Paula Cahalan, Interim Director of Child Health & NISTAR
Mrs. Heather Jackson, Interim Director of Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT and Sexual Health
Mrs Janet Johnson, Interim Director ACCTSS and Surgery
Mrs. Moira Kearney, Interim Director Mental Health and Learning Disability
Mrs. Jacqui Kennedy, Director Human Resources/Organisational Development
Mrs. Caroline Leonard Director Cancer and Specialist Services
Ms. Charlene Stoops, Director Performance, Planning and Informatics
Mrs. Carol Diffin, Director Social Work/Children's Community Services
Dr. Mark Cross, Deputy Medical Director
Mrs. Bernie Owens, Deputy Chief Executive
Ms. Claire Cairns, Head of Office
Ms. Rebecca Clarke, Public Appointment Mentoring Scheme
Mrs. Marion Moffett, Minute Taker

Apologies:

Dr. Paddy Loughran, Non-Executive Director
Ms. Sarah Christie, Board Apprentice

Mr McNaney welcomed everyone to the meeting.

01/23 Minutes of Previous meeting.

Members considered and approved the minutes of previous meeting held on 9 November 2022.

02/23 Matters Arising

a. Complaints Annual report (Min. 51/21b)

Mr Hagan explained an audit of complaints was being undertaken to understand the current processes within Divisions.

In response to a query from Mr McNaney, Dr Jack advised that Directors are responsible for ensuring accountability arrangements are in place within divisions in respect of complaints. She further explained that Complaints Record Reviews are included in Director's Objectives. Directors are responsible for the quality of complaint responses as they sign them, therefore ensure, if necessary, the clinical record review has been completed

Professor Bradley noted a recent Internal Audit of Complaints had provided satisfactory assurance, with a number of recommendations, which will be monitored by the Service User Feedback Group.

Following request by Mr McNaney, Mrs Edwards undertook to forward a copy of the Internal Audit Complaints Report to him.

b. Independent Sector Complaints (Min AC51/21c)

Members noted Ms Traub had presented on Independent Sector Complaints at the Service User Engagement Group.

c. Legal Service Annual Report (Min AC51/21d)

Mr Hagan referred to comments at the previous meeting and advised processes were being put in place in order that future Legal Service reports will indicate if a clinical negligence claim is linked to an incident or complaint.

d. Adult Safeguarding Themes (MinAC52/21bii)

Mrs Diffin advised a temporary Adult Safeguarding Nurse Lead had been appointed to work with the Adult Safeguarding Champion, focusing on safeguarding across the hospital sites.

Dr Jack confirmed that it should not say patient's experience that it's about the users who have experienced the adult safeguarding process. The minutes are not quite right.

e. Quality Management System (QMS) – Social Work

Members noted that Ms McKay had responded directly to Ms O'Reilly regarding the foster care model.

03/22 Chairman's Business

a. Conflicts of Interests

There were no conflicts of interests reported.

b. Emerging issues

i. Encompass programme

Ms Stoops provided a detailed report in respect of the regional Encompass Programme, highlighting potential risks and impact on Trust services. She highlighted concerns in relation to resource and staffing. Whilst there are experienced staff keen to drive the programme forward, there is concern they will leave to peruse other opportunities given the timescales. She also referred to data archiving, and advised it is not clear at this point what information will sit with Encompass and how we will continue to store and access historical information.

In response to a question from Professor Bradley, Ms Stoops advised Dr Dermot Hughes had recently replaced Professor Michael McBride, CMO as SRO for the programme.

In noting the position Mr McNaney, noted that adequate resourcing was essential for the projects success. He emphasised the need to ensure an audit trail in terms of priorities, potential risks and service impact.

ii. Children's Community Services - Business Continuity Update

Mrs Diffin provided an update on Children's Community Services (CCS) Business Continuity Plan (BCP). The Trust continues to be between Amber and Red across the services albeit there are a small number of teams sitting at Green. This is being managed on a service basis rather than a team basis. The HSCB has requested each Trust to complete staffing templates. Unallocated cases continue to be monitored, downturned lower risk cases has freed up capacity for some of the unallocated cases. Barnardos may be able to assist with fostering assessments as they highlighted they had some capacity to help us so we are looking at this for short term measure as well.

Mrs Diffin advised there is continued focus on retaining and attracting staff. A positive workshop had been held with Trade Unions to consider ideas in relation to CCS and supporting staff.

Mr McNaney stated the importance of analysing data in respect of prioritising safety. He sought an update in respect of the Trust's response to Mrs Gallagher, HSCB recent correspondence.

Mrs Diffin advised she had discussed the response with Executive Director SW colleagues and was finalising a draft for Dr Jack's approval.

Mr McNaney stated the need for the DoH and HSCB to work collaboratively with Trusts to address the system wide issues.

iii. Muckamore Abbey Hospital Resettlement Programme

Mrs Kearney provided an update on the Muckamore Abbey Hospital (MAH) resettlement programme. She advised the DoH had scheduled a meeting recently with HSCB, SEHSCT, NHSCT and BHSCT to discuss concerns and timescales for the resettlement programme. Of the 43 patients in MAH there are only 2 in active assessment and treatment and 41 require resettlement which is a major concern to everyone.

Mrs Kearney advised a workshop is scheduled for 17 February with DoH, HSCB, SEHSCT and NHSCB to consider how to expedite the resettlement plans along with what services are needed in MAH whilst this takes place. She noted that delivering the resettlement programme was reliant on external resources such as Housing Executive and staff for the placements, which is outside the control of the Trust. RQIA continue to be involved in the process.

Ms Kearney further advised that she and Ms Creaney had met to consider the future workforce model to include those awaiting resettlement, assessment and treatment and forensic inpatient and long term requirements.

Ms Karp stated the importance of regular monitoring of patients resettlements

Mr McNaney emphasised the need to ensure appropriate safe environments are available for the resettlement programme and that we should ensure that our staff familiar with the patients are able to help them settle in to new accommodation.

Ms Karp sought an update in relation to a safeguarding incident in Cherry Hill. Mrs Kearney advised the incident is being followed up by the Adult Safeguarding team.

Dr Jack commented on the need for staff caring for vulnerable patients to wear bodycams. She referred to the safety visits and asked if other managers visited through the day to provide assurance the environment is safe.

Mrs Kearney confirmed that safety visits were being undertaken and advised that CCTV was being installed in Cherry Hill.

Ms Karp asked for a timescale in relation to considering introducing bodycams

Mrs Diffin advised that work is ongoing in relation to the use of bodycams and advised she would present an options paper to a Trust Board workshop in the near future.

Dr Jack briefed members on the circumstances of a recent patient admitted to MAH and concerns relating to available workforce and potential impact on other patients. The patient had been admitted on the understanding other Trusts would provide mutual aid. However, up to 26 January less than 4% mutual aid care had been provided and in the past week there had been no aid at all. She expressed the view a regionally independent panel, like the ICU hub, should be established to determine where people are placed and how they are going to be cared for.

04/22 Assurance Framework

a. Board Assurance Framework, Risk Document and Risk Register.

Mr Hagan presented the Board Assurance Framework and Risk document for the period February 2022.

i. SQ41 - Domiciliary Care

Miss Traub gave an update in respect to the risk associated with Domiciliary Care lack of provision to meet demand in a timely manner. There are a range of controls in place to understand and monitor the demand. Twice weekly calls are held to ensure across all settings i.e. hospital, community, home, rehabilitation or intermediate care that prioritising and focus is given to the areas and individuals with the greatest risk. The Trust continues to analyse and explore alternatives to the domiciliary care provision.

Ms O'Reilly confirmed she felt assured that appropriate processes are in place in terms of planning

Professor Hughes noted the Trust is trying to do its best under very difficult circumstances.

Ms McKeagney referred to the modernisation and reform of domiciliary care, and given it is low paid area, with the cost of living increasing it is going to be very difficult to attract people into this area of work. She stated the need to consider how to make the service more attractive to people and how they can be supported in this work.

Ms Traub agreed that the Trust needs to be pro-active to encourage and support the Domiciliary Care workforce. She advised that some other Trusts' had regraded posts and this is something BHSCT is going to have to consider to prevent haemorrhaging the workforce to equivalent jobs in other Trusts,

ii. SQ45 - Air Handling Unit

Mrs Johnson explained the Air Handling Unit in the on the Royal site does not meet the expected standard of air changes. If there was failure of the unit there would be a significant impact on the ability to provide surgical services across the Trust. She outlined a range of remedial actions taken to mitigate the risk. A business case is being developed to completely upgrade and change the unit.

Mrs Johnson advised the actions taken in terms of monitoring, environmental testing have levelled out the risk. However, given if there was a failure there is still a significant risk to provide surgery and patient care the risk will remain on the corporate risk document until such times as unit is replaced.

Members noted the position.

iii. SQ51 - Covid 19

Mrs Owens provided an update in respect of Covid-19. A number of controls continued to be in place in line with DoH guidance. Cohorting of patients continues to be kept under review. There are still specific challenges and Infection Prevention Control continue to monitor the situation. An external review from the expert advisory group has provided a satisfactory report.

Mr McNaney asked if there was a timeframe for when face to face meetings could recommence.

Mrs Owens advised caution, she noted that DoH figures indicate there are 18,000 covid case per day in the community, which is quite significant. Mr McNaney said given Mrs Owens advice, he accepted currently it is not possible to hold meetings in person.

Ms Karp referred to the recent change in legislation and asked when day centre activity would be restored for learning disability services and asked that families and carers be advised.

Ms Traub advised DoH had written to all Trusts setting out a framework to support reopening of day centres and asking that a plan be developed. She advised it is difficult to give a timeframe as it will need to be a phased approach to opening or partial opening.

Professor Bradley advised he had recently undertaken a virtual Safety Quality Visit to Knockbracken day centre there are now 12 clients each day on a rotation basis, they are reinstating transport and having monthly meeting with families and carers.

Mr McNaney acknowledged the difficulties and stated the importance of engaging with families and carers to keep them apprised of the situation.

Following lengthy consideration members noted the Assurance Framework and Risk document and Register.

b. Risk Management Strategy

Mr Hagan advised the Risk Management Strategy is currently being updated to complement the review of the assurance framework. Therefore, the Trust continues to operate under the 2020-2021 strategy pending completion of the comprehensive review during 2022.

Members noted the position.

05/22 QMS Summary Presentations

a. Adult Community Older Peoples Services

Ms Traub presented the QMS summary in relation to risks within Adult Community Older Peoples Services and summarised the following actions to mitigate/reduce the risks –

- Development of a Domiciliary Care Framework
- Programme of Improvement across Domiciliary/Home Care
- Review of community home/bed based capacity to maintain flow
- Focus on achievement of DSFs – in particular annual care reviews, unannounced out of hours leadership visit 24/7 to facilities
- Steering Group for the Review of Statutory Residential Homes
- Supported Housing Proposal to Enhance Occupancy
- Regular engagement with IS providers
- Social Work and Social Care Workforce Planning
- Partnership working with HR regarding recruitment to high risk areas
- Partnership working with Trade Unions
- Patient and Public Involvement and Co-Production approach being strengthened.

Professor Bradley suggested including details of the number of clients would give further sense to the workload within Domiciliary Care.

Members noted the position.

b. Mental Health, Intellectual Disability and Psychological Services

Mrs Kearney presented the QMS summary in respect of Mental Health (MH), Intellectual Disability (ID) and Psychological Services (PS) detailing the top risks and concerns.

- Workforce across MH ID PS
- MH – Inpatient beds, Community, CAMHS, Eating Disorder
- ID – Inquiry, Staff, Assessment and Treatment, Delayed Discharges, Community
- PS – Access waiting times across CYP and Adult Services including Autism, recruiting had to fill posts

Mrs Kearney briefed members on concerns regarding the (ID) Collective Leadership Team and on-going discussions with EDG colleagues to temporarily replace individuals on the team.

In response to a question from Mr McNaney, Dr Jack confirmed that this is a huge risk for ID division and the organisation and emphasised the need to take action to stabilise the team.

Members noted the position.

c. Imaging, Neuroscience and Regional Medical Physics

Mrs Owens presented the QMS summary in respect of Imaging, Neuroscience and Regional Medical Physics (RMP), giving a high level summary of the top risks and action being taken to mitigate for the risks

- Imaging – vulnerable service areas – Foetal MRI, reporting of incidents/discrepancies, review relating to a Consultant Radiologist, fraud investigation
- Neurosciences – Headache Service, Neurophysiology Service
- RMP – MHRA inspected Radiopharmacy, Medical Physics staffing
- Neurology Recall

Mr McNaney asked about neurology waiting lists in regional neurology. Mrs Owens advised Dr John Craig is chairing a region review of neurology services to better understand what is needed to meet service demand.

Mr McNaney acknowledged the huge amount of work involved in the neurology recall and thanked Mrs Owens for her leadership.

Members noted the report.

d. ACCTS and Surgery

Mrs Johnson presented the QMS summary in respect of ACCTSS and Surgery, giving a high level summary of the top risks and action being taken to mitigate for the risks –

- Time Critical Surgery
- Theatre Recovery Plan
- Workforce Challenges
- Cardiothoracic Surgery Services
- Vascular Surgical Services
- Decontamination Service

Mr McNaney welcomed the progress in relation to the Theatre Recovery Plan and Cardiothoracic services.

Members noted the report

06/22 Learning from Experience Steering Group

Mr Hagan explained the Learning from Experience Steering Group (LESG) was currently under review and was not meeting. However, the sub-committees that report through to the LESG continue to meet. He presented a summary report in relation to the SAI Review, Claims Review, Service User Feedback, Outcomes Review and External Reports Review groups.

Professor Bradley referred to Service User Feedback Group and advised the group would focus on the Internal Audit report in respect of complaints and actions to progress the recommendations.

Following a question from Mr McNaney, Mr Smyth confirmed the complaints audit report had been presented at the recent Audit Committee meeting.

Ms Cairns confirmed that the recommendations were being progressed by the Complaints Department.

07/22 Risk and Governance Amalgamated Report

Mr Hagan presented the Risk and Governance Amalgamated report incorporating:

- a. Trust Incident and SAI Quarterly Report
- b. Complaints Quarterly Report
- c. Legal Services Report
- d. Coroner's Services Quarterly report

Professor Hughes sought clarification regarding the increase in the reporting frequency attributed to a change in culture.

Mr Hagan explained the organisation encourages and supports staff to report incidents and therefore he believes this is the likely reason incidents is increasing and that would be our sense rather than more incidents.

Ms O'Reilly asked if the DoH and HSCB accept this as evidence of a healthy culture. Mr Hagan said that he had hoped so and he thought it was important that the Trust is open and transparent.

Mr McNaney sought clarification in relation to the decline in complaints resolved at the frontline.

Mr Hagan explained this was primarily due to Covid. Miss Creaney further advised that she thought there was local resolution, however it was not being recorded as well as it should be.

In response to a question from Mr McNaney regarding the recording of negligence, Mr Hagan explained that the team is doing piece of work in relation to this and how the data can be triangulated and he will bring a further update to the next Assurance Committee.

08/22 Governance Steering Group

Mrs Edwards presented a briefing in respect of the Governance Steering Group.

Members noted the report.

09/22 Involvement Steering Group

Ms Stoops presented a summary report in respect of the Involvement Steering Group. She outlined a proposal that the group's assurance reporting moves from quarterly to six monthly reporting format

Members noted the report and approved the new proposed reporting format.

10/22 Safety and Quality Steering Group

Mr Hagan presented a summary report in respect of the Safety and Quality Steering Group.

Mr McNaney asked that Mr Hagan consider presenting on Schwartz Rounds to Trust Board in the future.

Members noted the report.

11/22 Social Care Committee

Mrs Diffin presented a summary report in respect of the Social Care Committee

Members noted the report.

12/22 External Reports

a. RQIA Thematic Review Programme Status

Members noted the RQIA Thematic Review Programme Status report.

b. RQIA Regulated Providers Inspections.

Members noted the RQIA Regulated Providers Inspections report.

c. Independent Neurology Inquiry Reflective Analysis Group

Members noted the briefing update in respect of the Independent Neurology Inquiry Reflective Analysis Group.

13/22 Professional Reports

a. GMC Quarterly Dashboard Reports

Mr Hagan presented the GMC Quarterly Dashboard Reports.

Mr McNaney noted the need to consider the use of other methods to resolve issues with staff before resort was made to MHPS. Ms Karp commented on the need to capture the MHPS time scales in the interim.

Mr Hagan undertook to follow this up.

14/22 Whistleblowing update

Mrs Kennedy presented an update report in respect of Whistleblowing. She was pleased to report a Whistleblowing Manager had been appointed and would take up post in April.

Members noted the report.

15/22 Date of Next Meeting.

Members noted the next meeting was scheduled for 2.00pm on of 17 May 2022.