Belfast Health and Social Care Trust

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Trust Board
SUBMISSION TEMPLATE

MEETING	**Trust Board – Public**	**Ref No. 9**
DIRECTOR	**Chairman**	**Date 2 Sept 2021**

Assurance Committee

Purpose	**For information**
Corporate Objective	• **Safety Quality and Experience** • **Service Delivery** • **People and Culture** • **Strategy and Partnerships** • **Resources**
Key areas for consideration	**Minutes of 09 November 2021 – approved by Assurance Committee on 08 February 2022.**
Recommendations	• **To Note**

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Minutes of the Assurance Committee
9 November 2021
Via Microsoft TEAMS due to COVID-19 restrictions

Present:

Mr Peter McNaney, Chairman
Professor Martin Bradley, Vice Chairman
Mrs Miriam Karp, Non-Executive Director
Dr Paddy Loughran, 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
Ms Brenda Creaney, Director Nursing and User Experience
Mrs Maureen Edwards, Director Finance, Estates and Capital Development
Mr Chris Hagan, Medical Director
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 Maura 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
Ms Eileen McKay, Deputy Director Social Work (on behalf of Mrs Diffin)
Ms Ruth Robb, Lead Nurse for Infection Control - For Min 53/21
Ms Karen Devenney, Senior Manager for Safety and Quality – For Min 53/21
Dr Mark Cross, Deputy Medical Director
Ms Ursula McCollam, Governance and Audit
Ms Kim McCann, Assurance Co-ordinator
Ms Sarah Christie, Board Apprentice
Mrs Marion Moffett, Minute Taker

Apologies:

Professor David Jones, Non-Executive Director
Mrs Carol Diffin, Director Social Work/Children's Community Services
Mrs Janet Johnston, Interim Director ACCTSS and Surgery
Mrs Bernie Owens, Deputy Chief Executive
Ms Claire Cairns, Head of Office

Mr McNaney welcomed everyone to the meeting and acknowledged the significant pressures currently being managed by the Executive Team.

AC50/21 Minutes of Previous Meeting

Members considered and approved the minutes of previous meeting held on July 2021

AC51/21 Matters Arising

a. **QMS Specialist Hospitals and Women's Health and Mental Health Min. AC35/21**

Mrs Jackson presented in response to a queries from Professor Bradley at the previous meeting regarding postnatal readmission rates. She clarified that the readmission rate was 2% not 14%.

In noting the response Professor Bradley asked how RJMS obstetrics readmission rates compared nationally.

Following discussion Mrs Jackson undertook to provide this information at the next meeting. She explained quality improvement work is ongoing in terms of puerperal sepsis and delayed and secondary postpartum haemorrhage. She also agreed to provide the dashboard showing comparisons. Mr Hagan added that this would be a worthwhile addition to the Maternity Dashboard and advised that the RCOG will be able to sense check these and Mrs Brenda Kelly should be able to obtain comparisons from the other Trusts

b. Complaints Annual Report
Min AC40/41 b. Clinical Peer Review

Mr Hagan referred to questions raised at the previous assurance committee about the low number of completed review templates following complaints. He explained the audit the process had been relaunched. He provided details of the re audit stating that of the 118 templates issued only14 have been completed. He reported that measures have now been taken to improve compliance including changes to recording on Datix and escalation procedures after 20 working days. He advised that this will also now form part of QMS and he will continue to push with chairs of division and medical staff to ensure that this is embedded within Directorates. He advised that there has been some resistance from certain areas and stated that we need to continue to work through that with staff.

Further discussion took place about the reason for resistance from staff and Mr Hagan highlighted the need for candour and commitment to being open and honest with service users and their families.

Following comments from Dr Jack, Mr Hagan undertook to have a deep drill undertaken to understand what the current process. Dr Jack explained how she held Directors to account and her expectation is

Directors had accountability arrangements in place within each Division.

Dr Jack stated that no clinical complaints involving quality of care and treatment or conduct should be signed off without peer review. She also asked to receive a monthly peer review report by Division. Dr Jack advised of the need to scale this up to cover all professionals in the coming months.

Dr Jack asked that a drill down exercise be undertaken
Mrs McKeagney expressed concern at the cancellation of the two previous Service User Engagement meetings and the potential impression this gives that complaints are not being prioritised.
Mr Hagan explained the meetings had been cancelled due to the number of apologies received. In the discussion which followed members emphasised the need for commitment to dealing with complaints. It was agreed that there is still a lot of work to do in this area.

Mr McNaney acknowledged the extreme pressures in some areas of the organisation. However culture is the biggest driver in learning from complaints and the Trust had to demonstrate that it was determined to learn from its users experiences and ensure that this is its culture.

c. Independent Sector Complaints

Ms Traub referred to a query from the previous meeting regarding how Independent sector complaints are handled, provided an overview of the process.

Ms O'Reilly welcomed the presentation and stated that one of the biggest complaint areas relates to communication with families. It is important that we ensure that this becomes embedded in both quality monitoring side of the Trust and within the expectations of the care homes. She referred to the essential asset of families, alerting to issues and informing when things are improving.

Members noted the presentation and Ms Traub undertook and provide overview of this at the next meeting of the Service User Experience Feedback Group.

d. Legal Services Annual Report AC40/41 c

Mr Hagan referred to a question Dr Jack had raised at the previous meeting regarding medical negligence action. He advised a drill down has been carried out and outlined the triangulation that is now being carried out regarding complaints, SAIs and reviews to provide a fuller picture.

Dr Jack welcomed the drill down and Mr Hagan undertook to provide her with the results for the six cases in question. He outlined the IT system, which will bring all this information together and produce a report each year for each Doctor for their appraiser for revalidation.

Mr Hagan agreed to provide an anonymised, redacted version of this to Mr McNaney.

52/21 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interests reported.

b. Emerging Issues

i. Independent review of Board resignations in RQIA

Mr McNaney referred to an independent review of board resignations in the RQIA, led by Mr David Nicholl, which includes a range of recommendations. He highlighted Non Executive Directors responsibilities in relation to governance.

Members noted the report.

ii. Adult Safeguarding Themes

Mr McNaney referred to recent correspondence from RQIA regarding substantial increase in safeguarding.

Ms McKay summarised that RQIA were very content that plans in place were addressing the issues. Further discussion took place around the types of issues referred to and it was agreed that, as a result of a greater awareness raising by the Trust, there are an increasing number of issues being raised. This has been noted by RQIA.

Members noted an Interim Deputy Director of Social Work has been appointed to focus on a baseline audit of awareness and training across all the hospital and community sites. Funding is being sourced for a temporary Adult Safeguarding Nurse Lead as a Safeguarding Champion. A review of governance arrangements will be undertaken to ensure that all staff have access to appropriate training.

Dr Jack discussed the need for feedback from service users and suggested that we write to the last 10 discharges and ask them for their feedback.

AC53/21 Infection Prevention Control Annual Report

Mr McNaney welcomed Ms Robb and Ms Devenney.

Miss Creaney referred to the Infection Control (IPC) Annual Report for 2020/21. Ms Robb and Ms Devenney gave a detailed presentation providing of IPC performance and work undertaken in 2020/21 highlighting:

- HCAI reduction targets were not set by the DoH for 2020/21, therefore the Trust worked towards limits set for 2019/20
- The target for C.difficile was achieved in 2020/21 (target: 110, outturn: 102)
- The 2020/21 HCA target was not met in relation to MRSA bacteraemia (target: 12, outturn: 15), however an improvement was noted from 2019/20 (outturn 22) The 2020/21 target for Gram-negative bacteraemia was met (target: 201, outturn: 186)
- It is challenging to interpret data from 2020/21 and compare to previous years due to the COVID-19, such as reconfiguration of services, variations in acute inpatient admissions/ bed occupancy and patient groups
- Insufficient resource to provide a regular review of the management of patients with C.diff infection by a MDT (i.e. IPCNs, ICD, Gastroenterology, Antimicrobial pharmacist, Dietician) as per national guidance
- Complex outbreaks and infection related incidents
- Complex contact tracing exercises
- Significant resource required to assist in preparedness and management of COVID-19, both at Trust level and regional
- Urgent roll out of training in relation to COVID-19 along with development of other additional educational resources
- Management of complex COVID-19 outbreaks
- Assistance and support provided in reconfiguration of services and setting up of new services such as Beechall COVID centre, step down facility at Ramada hotel, staff accommodation, testing centres and vaccination centres
- Additional remit to support independent care homes during COVID-19 outbreaks
- Challenges (2020/21)
- Ensuring ongoing MDT engagement with Infection Prevention and Control across all levels of the organisation, from clinical areas to Trust Board
- Management of complex infection outbreaks/incidents often simultaneously, not limited to COVID-19 Effective antimicrobial stewardship
- ANTT training for medical staff
- IPC workforce issues which were particularly challenging with the additional IPC input required to prepare, manage and plan throughout the pandemic at Trust and regional level. Furthermore, the additional remit to provide support to independent care homes

resulted in significant additional workload. It was therefore necessary to pause a number of IPC work streams in order to focus resource on most urgent priorities in a timely way Supporting staff at risk of burnout

- Urgent need to develop and roll out education programme for staff
- Urgent need to review Trust facilities in relation to isolation facilities and ventilation and establish suitable routes between departments
- Limited information was available regarding management of the novel coronavirus initially
- Various changes to national guidance in relation to COVID19 which presented challenges in ensuring prompt dissemination across the Trust. This also contributed to anxiety for staff
- Internal/Externa/ engagement
- Engagement with Public Health Agency during complex outbreaks
- Ongoing engagement with RQIA
- Early alerts to DOH as required

Members noted reduction in Health Care Associated Infections (HCAls) remains a key patient safety priority across all Directorates and disciplines within BHSCT. Continuous improvement in the incidence and management of HCAls is a yearly goal and forms part of the longer-term Trust Quality Improvement Strategy.

Mr McNaney thanked Ms Robb and Ms Devenney for their very detailed presentation and asked the members appreciation to be passed on the IPC team.

Miss Creaney paid tribute to the IPC team for their hard work and flexibility throughout Covid. She also highlighted the continued focus on C Difficile management. Members also discussed the learning gained and the need to continue to review.

Ms Robb paid tribute to the leadership team for their work, acknowledged the difficulties they have faced throughout the pandemic and thanked them for their leadership.

AC54/21 Assurance Framework Risk Document and Corporate Risk Register Extract Draft November 2021

Mr Hagan presented the Assurance Framework and Risk document for the period to November 2021.

a. Statutory and Mandatory Training

Ms Stoops provided an update to Members. Statutory and Mandatory Training covers 10 core areas and focus is on progressing all directorates. During the pandemic, it was necessary to suspend the welcome events and digital solutions were developed for all 10 core areas so they have all been in place since September. Monthly directorate training compliance reports and run charts have been

circulated and a workshop was held with all of our statutory and mandatory training providers. The action plan has been refreshed in order to improve compliance for staff and address gaps and control.

Members noted the position.

b. Mental Capacity Act

Ms Kearney provided an update in respect of the implementation of the Mental Capacity Act (MCA). New staff have been recruited for MCA compliance throughout the Trust. Panels are run four days a week and we continue to have ongoing discussions with trade union colleagues in relation to staff workload.

Members noted the position.

c. Fire Safety

Mrs Edwards provided an update in respect of Fire Safety and advised that the action plan is regularly reviewed and noted that training is currently at 53% performance. She explained fire safety training is regularly advertised on the hub and training numbers have begun to increase since the MS Teams fire awareness training was introduced. With regard to evacuation planning, there have been some challenges with the relocation of services; as a result a checklist has been introduced so that when staff move areas, they get the appropriate training in the new area. The fire team continue to identify any anomalies.

Mrs Edwards also provided an update on the work with the emergency planning team and provided feedback on two recent fire incidents.

Mr Smyth acknowledged the amount of work done in this area.

Members noted the update.

AC55/21 Quality Management System (QMS) Reports

a. Unscheduled Care- Brian Armstrong

Dr Armstrong presented a comprehensive summary of the QMS report in respect of Unscheduled care. He provided figures for the increase in ED attendances and case mix changes. He highlighted concerns around the bottlenecks in ED and delays in community care packages creating sub optimal conditions for patients in respect of dignity and overcrowding. He noted the main risks and outlined the plan for moving forward highlighting the additional measures being put into place to try to add extra capacity.

Ms O'Reilly paid tribute to Dr Armstrong for his consistent leadership. She also asked about the mental health presentations at ED and any work being done on that. Dr Armstrong provided details on a recent piece of work commissioned with clinicians between the Mental Health Directorate and EDG to try and come up with an alternative model. He advised that we need to find other pathways for these type of patients,

Further discussions took place around flexibility in Pharmacy and the effects of downturn in beds in BCH due to Covid.

Members approved the report

b. Social Work

Ms McKay presented the QMS summary presentation for Social Work highlighting key risks as non-compliance of Statutory Functions across the Directorates; growing number of unallocated cases increasing the potential of children being left in harmful situations; increasing unmet need re Domiciliary care packages- may lead to deterioration of placement at home of delay in discharge from hospital; increasing pressures on LAC placements- inability to place a child in a placement that meets their needs; workforce; high levels of vacancies particularly in Children's Community Services (24-56% across frontline teams); retention of staff- high turnover of staff in some teams; succession planning- challenges in attracting staff in some divisions; Adult Safeguarding; risk to patients from staff not recognising adult safeguarding scenarios.

Mr McNaney referred to the need for the Trust to do everything possible to address its staff vacancies and to meet its obligations and statutory functions. He sought assurance that management were undertaking a risk prioritisation exercise and putting in place appropriate mitigations. Ms McKay advised that a there are weekly meeting with staff side to review the situation and the management team were conducting a risk prioritisation/mitigation exercise. She reported that the trade unions have also written a letter of concern, which they want to share with the Northern Ireland Social Care Council.

Ms O'Reilly raised a number of queries including how the shift from 18 to 16 affects staffing and about work on changing the model of foster care. Ms McKay agreed to follow up with Foster Care colleagues and report back to Ms O'Reilly.

c. Nursing and PCSS

Deferred to future meeting.

AC56/21 Learning from Experience Steering Group (LESG)

Miss Creaney advised the LESG had not met recently however the supporting committees continue to meet. She further advised the LESG was subject to review.

Members noted the position.

AC57/21 Risk and Governance Amalgamated Report

a. Trust Incident and SAI Quarterly Report April- June 2021

Mr Hagan presented the Trust Incident and SAI Quarterly report for the period April to June 2021. He highlighted a number of issues outlined in the report, there has been an increase in incident reporting probably reflective of the upturn in activity. There had been 45 SAIs, the vast majority of which are level one. He also reported an issue with outstanding reports and advised that additional staff have been trained to assist.

Members noted the report.

b. Complaints Quarterly Report – April to June 2021

Mr Hagan presented the Complaints Quarterly Report for the period April to June 2021.

Members note the report.

c. Legal Services Quarterly Report April to June 2021

Mr Hagan presented the Legal Services Quarterly Report for the period April to June 2021.

Members noted the report.

d. Coroner's Services Quarterly Report Quarterly report April to June 2021

Mr Hagan presented the Coroner's Services Quarterly Report for the period April to June 2021.

Members noted the report.

AC58/21 Governance Steering Group

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

Members noted the report.

a. Hospitals Transfusion Committee Annual Report

Mrs Edward presented the Hospitals Transfusions Committee Annual Report for 2020/21.

Members noted the report.

AC/59 Involvement Steering Group

Ms Stoops presented a summary report in respect of the Involvement Steering Group.

Ms O'Reilly advised the she was pleased with the systematic embedding of involvement across the organisation.

Members accepted the report

AC60/21 Safety and Quality Steering Group

a. Assurance Update

Mr Hagan advised that he had nothing to add to the report except that the structure is currently being reviewed.

Members accepted the report.

AC61/21 Social Care Committee

Members accepted the report.

AC62/21 External Reports

a. RQIA Thematic Review Programme statue

Members noted the report.

b. RQIA Regulated Providers Inspections

Members noted the report. Dr Jack advised that in light of the recent issues regarding ED she expected that RQIA would want to visit.

c. Independent Neurology Inquiry Reflective Analysis Group

Members noted the report.

d. Regional Pharmaceutical Quality Assurance Service Report – RBHSC Aseptic Audit

Members noted the report.

AC63/21 Professional Reports

a. GMC Quarterly Dashboard Reports

Members noted the GMC Quarterly Dashboard Reports

b. Medical and Dental Governance Annual Report 2019/20

Mr Hagan presented the Medical and Dental Governance Annual Report, he explained the document was an amalgam of two years. He pointed out, due to the pandemic, the revalidation of doctors and the appraisal was paused in 2020, which has had an impact on the figures for 2019 and 2020. The Trust has engaged the GMC and they have smoothed out the early validation processes which has been very helpful and we continue to work with medical staff to complete appraisals.
There are some risks including the potential impact of the pandemic on the ability to deliver comprehensive education for our medical students, associated and trainee doctors. Also the impact on the Trust to be able to develop and deliver teaching commitments and for staff to complete CPD.

Mrs Karp thanked Mr Hagan for the report and noted some of very positive points. She asked if the report captured doctors that are quasi suspended because they are currently sick. Mr Hagan advised that there were none currently but he would take that back to the team.

Dr Jack noted the report could be strengthened by the including the impact on the pandemic.

In response to a question from Dr Loughran regarding funding for Physicians assistants, Mr Hagan advised he understood there was no funding stream available

c. Allied Health Professions Annual Report

Miss Creaney presented the Allied Health Provisions Annual Report for 2020/21

Members accepted the report.

AC64/21 Whistleblowing Update

Mrs Kennedy provided a summary report in respect of Whistleblowing. She noted there had been 6 additional whistleblowing complaints lodged between July and October 2021.

Members noted the recruitment process had commenced for the Whistleblow Case Manager. An additional resource has also been identified on a temporary basis to support the coordination of some complex whistle blowing cases, in particular relating to medical staff.

Mrs McKeagney advised she thought the report is much more robust and thanked all involved.

Members accepted the report.

AC65/21 Any Other Business

No other business reported

AC66/21 Date of Next Meeting

Members noted the next meeting of Assurance Committee was scheduled for Tuesday 15 February 2022