



**Trust Board
SUBMISSION TEMPLATE**

MEETING	Trust Board – Public	Ref No. 8
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 11 May 2021 – approved by Assurance Committee on 27 July 20121.

Recommendations • To Note

**Minutes of the Assurance Committee
Tuesday 11 May 2021
Via Microsoft TEAMS due to COVID-19 restrictions**

Present:

Mr Peter McNaney, Chairman
Professor Martin Bradley, Vice Chairman
Professor David Jones, Non-Executive Director
Mrs Miriam Karp, Non-Executive Director
Dr Paddy Loughran, Non-Executive Director
Mrs Nuala McKeagney, Non-Executive Director
Ms Anne O'Reilly, Non-Executive Director

In Attendance:

Dr Cathy Jack, Chief Executive
Mrs Bernie Owens, Deputy Chief Executive
Ms Brenda Creaney, Director Nursing and User Experience
Mrs Carol Diffin, Director Social Work/Children's Community Services
Mrs Maureen Edwards, Director Finance, Estates and Capital Development
Mr Chris Hagan, Medical Director
Dr Brian Armstrong, Interim Director of Unscheduled and Acute Care
Mr Aidan Dawson, Director Specialist Hospitals and Women's Health
Mrs Janet Johnson, Interim Director Acute Services
Mrs Jacqui Kennedy, Director Human Resources/Organisational Development
Mrs Caroline Leonard, Director Surgery and Specialist Services
Ms Charlene Stoops, Director Performance, Planning and Informatics
Mr Wesley Emmett, Management Consultant, Observing
Mrs Ursula McCollum, Risk and Governance
Ms Fiona Gribben, Risk and Governance
Miss Marion Moffett, Executive Assistant

Apologies:

Mr Gordon Smyth, Non-Executive Director
Ms Claire Cairns, Head of Office

AC019/21 Minutes of Previous Meeting

Members considered and approved the minutes of previous meeting held on 16 February, 2021, subject to minor amendments.

AC20/21 Matters Arising

**a. Early Alert 21019 – Stillbirth Cluster January 2021
(Min AC03/1 b.i)**

Dr Loughran sought an update on the expansion of support for ethnic minorities to help with social deprivation and risk of still birth.

Dr Jack advised a business case was being prepared for an ethnic minority specific antenatal clinic. Mr Dawson advised a number of business cases were being developed in relation to Maternity Services. Dr Jack proposed that an update on these should be provided at a future Trust Board workshop.

AC21/21 Chair's Business

a. Conflicts of Interest

There were no conflicts of interests reported.

b. Emerging Issues

Dr Jack advised she had recently received two Whistleblowing submissions. One with serious allegations relating to the Orthopaedic Service. She advised Mrs Kennedy will lead on the management of the investigation into the allegations made.

c. Whistleblowing

Dr Jack advised that Internal Audit had undertaken an audit of Whistleblowing and is likely to provide limited assurance. She advised new arrangements are being put in place to manage Whistleblowing within the Chief Executive's Office.

Mrs McKeagney advised she had spoken to IA regarding the audit and endorsed the need to raise the profile of Whistleblowing within the organisation. As the Non Executive Director responsible for Whistleblowing she stated the need for the subject to be a regular item on either the Assurance or Audit Committee agenda. She offered her support in relation to developing new processes.

Mr McNaney stated it is important that Trust Board members receive regular reports on Whistleblowing at the Assurance Committee.

AC21/21 Assurance Framework

Mr Hagan explained work was ongoing to revise the Assurance Framework (AF) and a new template had been developed in relation to articulating risks in line with the three lines of defence model i.e. First Line – Operational (local department/business management); Second

Line – Oversight functions (Organisational oversight e.g.: Finance, HR, KPIs) and Third line – Independent (external e.g. RQIA, Internal Audit). He advised Section 1 of the AF Risk Document contained 6 risks that have been placed on the new template. This section contains 6 risks:

- SQ01 ED Delays
- SQ36 Workforce (4 risk amalgamated)
- SQ52 Blood tracking (new)
- SQ53 CReST (new)
- SQ54 Safeguarding (new)
- SQ55 Risk of harm where clinical staff vary from safe evidence-based practice (new)

Mr Hagan explained the risk matrix used and advised a workshop was being organised to consider risk appetite and the revised AF in more detail.

Mr Hagan advised as agreed at the previous meeting SQ38, Failure of Electrical Supply re risk of harm to patients and the provision of Clinical Services in the event of an NIE electrical supply failure, had been removed from the Principal Risk Register (PRR) document.

SQ01 ED Delays

Dr Armstrong explained SQ01 related to a system risk of delay in diagnosis intervention and treatment for ED patients. A range of controls are in place to mitigate the risk. There has been an improvement in the 4 hour target. Exit block continues to be challenging, this is a regional systems issue and it is hoped No More Silos work will address capacity issues.

Dr Loughran asked if there is any evidence that very ill patients are becoming more seriously ill whilst waiting in ED. Dr Armstrong explained that additional resus capacity meant that the sickest patients are cared for in a dedicated area. He explained it is Category 3 patients who experience delays not the Category 1 and 2 patients.

Dr Jack stated that EDs have been extremely busy since Easter as pandemic restriction have been relaxed and with primary care not fully operational. This is a regional Northern Ireland risk and acknowledged the huge amount of work being managed by Dr Armstrong and Ms Traub in managing patient flow.

SQ14 – Statutory Functions

Mrs Diffin advised that she had met with Internal Audit on 25 March 2021 to discuss the progress made across Adults and Children's Community Services. After providing substantial evidence to support the progress, Internal Audit had accepted recommendations had been 'fully implemented' and indicated they were satisfied with the assurances in place. Therefore Mrs Diffin was proposing to remove this risk from the PRR.

Members approved SQ14 be removed from the PRR.

SQ36 – Workforce

Mr Hagan explained 4 risks relating to workforce had been amalgamated into SQ36.

Miss Creaney advised that some of the issues within SQ36 will be addressed by the Nurse Strategy work.

Professor Bradley welcomed the merging of the workforce risks as it provides focus across the organisation.

SQ52 – Blood Tracking

Mrs Leonard explained the current system for Blood Tracking across the region is Lab Centre, an IT system which is due to end its natural life in 2023. There has been a successful business case to replace Lab Centre with the LIMS system, with BHSCT first to implement in 2021/22. The issue is that the provision for blood tracking pending the full implementation of LIMS is not available. It had been the subject of a separate business case, which unfortunately had not been prioritised by the Digital Health Board (DHB). The DHB have now provided comments on the outline business case and a decision is awaited from the DoH. Without the blood tracking system HMRA requirements cannot be achieved. The risk is scheduled for discussion at the June meeting of the Pathology Network Board.

Professor Bradley referred to the risk being time critical and asked what the timescale is to having the issues addressed.

Mrs Leonard advised the issue needed to be addressed within the next two/three months to facilitate the programmed work to go live concurrently with Lab Centre ceasing. In the event of the blood tracking business case not being approved the issue will have to be escalated to the DoH. She explained the issue had become a principal risk as there had been an assumption the business case was being processed alongside the LIMS system.

Professor Bradley asked who was accountable for the service.

Mrs Leonard explained the HMRA licence the Trust to deliver and manage blood products, therefore if the Trust fail to have a tracking system to meet the requirements of the licence it would be revoked.

In response to a question from Mr McNaney, Mrs Leonard advised the blood tracking was a regional business case processed by the HSCB through the DHB. Whilst it is the Trust's issue the solution sits outwith the Trust, hence being placed on the PRR. The DoH are aware of the consequences should the issue not be resolved

SQ53 CReST

Ms Traub advised the risk related to CReST's statutory duty to complete an annual care review for each resident in elderly care homes. Current achievement is 55%, this had been impacted by the pause on reviews due to the pandemic. In order to reduce footfall into care homes the DoH had paused the reviews, however they had been re-instated in January 2021. As a result of significant vacancies in the CReST teams it has not been possible to complete the reviews. A number of mitigations have been put in place, in terms of identifying particular care homes and high risk residents. Daily and weekly monitoring arrangements are in place. There has been some recent recruitment with new staff starting in June, which should improve the situation. However work associated with the Mental Health Capacity is also being delivered by the CReST staff. An IPT has been completed to increase the CReST, funding for the additional workforce has not been identified.

SQ54 Adult Safeguarding

Mr Hagan pointed out that whilst Adult Safeguarding sits with the Executive Director of Social Work it is the responsibility of all Directors given the implications for the whole organisation.

Mrs Diffin referred to the ongoing challenges in relation to safeguarding with a considerable amount of work to be rolled out across the organisation.

Dr Loughran expressed concern at risks associated with feeding, washing and repositioning of patients.

Miss Creaney advised these are basic fundamental requirements for the care and dignity of all service users. Unfortunately there have been cases where patients have not been provided with good nutrition and skin integrity and as part of the assessment this can become an adult safeguarding issue. It is about ensuring everyone is sighted on the implications from not providing the fundamentals of care right through to the safeguarding requirements. The Central Nursing Team are

working to ensure staff are fully aware of the implications of their action or inaction in respect to good health and potential safeguarding issues as a result.

Dr Loughran stated that is important action is taken to ensure such risks are addressed and removed from the PRR.

Ms O'Reilly said there is a continuum from what is good care to what do we mean by safeguarding. It has gone from adult safeguarding to being called adult protection, externally there is a whole context emerging. She stated there is a need to develop criteria and better understanding around what is meant by adult safeguarding and suggested that this is an area for the Social Care Committee to consider.

Mrs Karp shared Dr Loughran's concerns regarding the risk being articulated in the PRR, relating to the fundamental essentials of care. She reflected that five years ago Trust Board had been advised there would be a senior nurse on every shift ensuring basic fundamentals of care was being delivered.

Professor Bradley agreed with Mrs Karps' comments. He expressed concern that given these fundamental elements of care were being escalated to the PRR it indicates a cultural issue across a number of Directorates. He referred to patient feedback, particularly about complaints and quality of care, a lot of issues raised are about fundamental care, relating to the day to day running of the system and how people treat each other. There is a need for someone at a local level to continually observe how patients are being treated and whether or not they are getting fundamental elements of care.

Dr Jack said this is clearly a patient safety issue and is about doing the ordinary things, ordinarily well. She referred to the Directorate Governance Reports which identify gaps in how fundamental elements of care is managed in many clinical ward areas. This evidenced that good basic nursing care is not being delivered in some areas, hence the risk being escalated to the PRR. She said having read the reports there was a need to refine the format and give a commitment for these reports to be available to members via sharepoint in advance of future Assurance Committee meetings.

Mr McNaney asked if issues with fluid balance and MUST audit are going to be added to the risk. He stated the need to identify the 5/6 elements of good nursing care, how these are measured how the gap analysis is brought to Assurance Committee members' attention. He asked who holds people to account for bad nursing care.

Dr Jack advised that Directors through their Collective Leadership Teams are responsible for safe patient care. Where standards of care falls teams are given support to address issues, however if there is no improvement people have to be held to account.

Mr McNaney stated good nutrition, skin care, fluid balance are basic elements of good nursing care. Therefore it is concerning that professional trained staff who are regulated are not delivering good safe care.

Professor Bradley expressed the view that there is a need for someone to have a continuous monitoring role observing and checking how patients are being cared for to ensure visibility and accountability on an ongoing basis.

Dr Jack said that a number of audits had been stood down due to the pandemic and the Governance Reports evidence a slip in performance in some areas.

Mr McNaney advised in relation to the risk it is important to articulate what are the good standards of nursing care being measured and what action is being taken to check that these standards are being delivered.

Dr Jack explained that each Director will know from their Directorate Governance Reports areas that need particular attention to address patient safety issues. These improvements should be evidenced in future reports.

Mr McNaney asked that Assurance Committee receive a report outlining how the Trust demonstrates that good basic care is being provided, the actions being taken to check this and how staff are being held to account when it doesn't happen.

Dr Jack undertook to follow up with Mr Hagan, Miss Creaney and Mrs Owens what and how information is provided to Assurance Committee.

Professor Bradley commented on the reputational risk to the organisation if these issues are not addressed and appropriate monitoring processes put in place.

Mr McNaney asked that Dr Jack and relevant Directors consider what action is being taken to ensure the fundamentals of good care are being complied with, outline the key matrix and how they are regularly checked and assured, how the accountability process works and provide up to date information on an on-going basis.

Dr Jack pointed out that it is not just nursing care it is about clinical governance and what does good care look like and what information Assurance Committee requires. She advised that it was intended to

explore this further at the Risk Appetite/Assurance Workshop being planned.

Miss Creaney provided assurance that accountability processes are in place based on the fundamentals of care, and managing this as a safeguarding issue demonstrates the importance the Trust places on the fundamentals of good care.

SQ55 Risk where Clinical Staff Provide Service in Isolation

Mr Hagan explained SQ55 related to there being a potential patient safety risk where clinical staff are not following evidence based practice and where there is no peer review or supervision. He advised that he would be presenting a paper on Peer Review to a Trust Board Workshop, which outlines action being taken to address the issues. The paper has been presented to the Executive Team and Chairs of Division.

Mrs Karp welcomed the Peer Review work given lone working has been a real concern for some time.

Mr McNaney asked how the Trust is sharing the learning from the Neurology Review and had the medical staff involved shared their experience of the review and Public Inquiry.

Mrs Owens advised a workshop is being planned with the Neurology team to review learning from the Inquiry, the overall recommendations and agree actions required.

Professor Jones emphasised the need to ensure learning from the Neurology Inquiry to address lone working and ensure clinicians work in teams to protect themselves and patients.

Mr McNaney referred to the Duty of Candour and the need for consultant staff to accept they need to work in teams in the best interest of the organisation and patient safety.

Dr Jack stated the processes outlined in the Peer Review paper will address these issues. A considerable number of consultants are supportive of Peer Review, and initial focus will be on them to commence implementation with timescale to roll out to all staff within a year.

Mrs McKeagney welcomed the Peer Review process and asked if the review of clinical professions working in isolation will be completed by the 1 June 2021 target?

Mr Hagan advised the mapping exercise had commenced in 2020 and all Divisions have identified where people are working in isolation and should be completed by the target date.

Mrs McKeagney emphasising the importance of the Trust demonstrating processes have been implemented and are being measured to address the issues of lone working evidenced in the Neurology Review.

Corporate Risk Register

Mr Hagan presented an extract of the Corporate Risk Register and pointed out three new risks:

- SSS L072 – Blood tracking (SQ52 BAF refers)
- SSS OH61 RISOH System – risk may be unable to meet Blood Safety and Quality Regulations (20050 as regulate by MHRA and there its statutory requirement will not be met and will not be regulated to supply blood and blood products therefore any care requiring blood or blood products must cess. There is no contingency
- SSS CT105 – risk that surgical trainees within the regional cardiothoracic service may be removed from the service given ongoing concerns related to bullying and undermining

One risk has been downgraded from Corporate to Operational i.e. NUE PCSS01 Unsafe and unauthorised paring on Trust sites. Two Corporate Risks have been closed:

- PPI T1G2 funding for TIG funded schemes
- PPI INF COD insufficient outcome/mortality rate data.

Following consideration members approved the report.

AC22/21 Quality Management System Presentations

a. Specialist Hospitals and Women’s Health and Mental Health

Mr Dawson gave a detailed presentation on the following:

Child Health Service and NISTAR

Progress in relation to:

- Assess care of adolescents within BHSCCT
- Management of waiting lists, specifically surgical
- Mutual Professional Registration relating to EU exit
- Preparation for new Children’s Hospital and workforce planning

An emerging risk:

- Belvoir Ward - potential risk of failure of the existing ventilation, which would cause loss of pressure in side rooms. There is a risk of transmission of infection to staff and patients

Maternity, Dental, ENT and Sexual Health

Progress in relation to

- Improve governance processes across Division
- Agree new maternity hospital funding and progress
- Review medical job plans in RJMS
- Supporting Trust Response to Covid-19 and managing elective surgery and out-patients
- Embedding QI and initiating QI Forum

Trauma, Orthopaedics and Rehabilitation Services

Progress in relation to

- Improve elective access and reduce waiting lists for elective services across the Division
- Improve patient flow and repatriation, with a decrease in delayed discharges across Division
- Continue to address workforce issues
- Implementation of Duke of Connaught facility in Musgrave Park Hospital
- Address estates issue across all of Division
- Learning from patient experience reports, care opinion and complaints
- Safety and Quality

Mental Health

Progress in relation to

- RQIA Inspections of Shannon Clinic, Valencia, Beechcroft CAMHS
- Adult and Children's Safeguarding: Review of processes, to include training across Division
- Mental Capacity Act (MCA) – all Chief Executives are writing to the DoH advising they will not be in a position to delivery of legacy legislative requirements by 31 May 2021
- Bed pressures: understanding data and system blocks
- Workforce: single handed consultants, nursing ASWs and AHP
- Reconfiguration of Services

Mr McNaney advised the Trust Chairs are meeting the Minister on 12 May and undertook to raise the MCA issues.

Mr Dawson advised the DLS had advised Trust Mental Health Director's that Chief Executives' should write to the DoH regarding the in ability to meet the MCA 31 May 2021 deadline.

Professor Bradley referred to Obstetrics readmission rates and asked how this figures compares nationally and if there are specific reason for them.

Mr Dawson undertook to follow up with the team.

In relation to Trauma Orthopaedics senior management capacity dealing with complaints, Professor Bradley noted the patient feedback around complaints indicated a decline in the ability to deal with complaints as they arise. If there can be local resolution of complaints it prevents a lot of work subsequently.

Mr Dawson accepted that complaints performance had reduced since 2019. He said the pandemic and high number of complaints in recent months had impacted on performance. It is hoped as services begin to resume that the number of complaints will begin to reduce.

In response to a comment from Professor Bradley regarding the review of mental health services and indication of an increase in funding for CAMHS, Mr Dawson advised the Minister is due to attend the Health Committee in relation to Mental Health and will be accompanied by Mr Toogood, DoH, the Children's Commissioner and the Mental Health Champion.

Ms O'Reilly referred to the reconfiguration of mental health services and sought assurance that there is a more strategic focus on the service.

Mr Dawson said there is a focus across the region, the mental health forum, involving Trust Directors, RQIA, DoH, PHA/HSCB meet fortnightly. A Project Team has been established to look at a one service model and reduce variation in accessing the service across the region to ensure appropriate use of resources.

Ms O'Reilly welcomed the focus on outcomes, which should improve patient experience. She further advised the mental health reconfiguration is included in the No More Silos work.

b. Human Resources and Organisational Development

Mrs Kennedy gave a presentation, update in respect to of Human Resources and Organisational Development.

Safety

- 1 high risk relating to electronic data record system has been reassessed and downgraded to medium
- On-boarding (corporate induction) moved to virtual due to Covid
- 90% compliance with HR regional Controls Standards
- Occupational Health – achieved ISO re-accreditation in June 2020 and SEQOHS re-accreditation in July 2020

Experience

- Recruitment – complex, issues with requisition process
- Positive comments provision of childcare, particularly during pandemic
- Occupational Health – positive feedback received from managers
- People and Culture Metrics

Effectiveness

- Occupational Health - 61% increase for psychological support, reflects the challenges of workforce wellbeing over the pandemic, also 26,777 advice and wellness calls taken and 1,126 wellness calls made. 34,360 Covid-19 results delivered and contact tracing, 1646 staff traced
- Digital Resources – Learning Development team transferred to virtual training during Covid with 43,000 hits on the digital resource
- Workforce Appeal – regional initiative 5028 applicants 292 new starts; 306 medical, AHP and nursing graduates started early; 355 medical and nursing students assisted with Covid surges

Experience

- Statutory/Mandatory Training and SDR – challenges with uplifting information and reporting
- Regional Benchmarking (CIPFA) – average HR costs as a percentage of organisational running costs - average 2.12% BHSCT at 0.53%; average number of employees to HR staff 68 BHSCT 187 – reflects HR/OD services delivered by a small team
- OD additional 67,094 episodes carried out between March 2020 and February 2021- extended to 7 day to provide support during pandemic

Timeliness

- Recruitment – need to address issues to improve process
- Workforce Appeal – very successful 4 weeks from application to appointment
- Occupational Health Waiting Times – number of medical referrals have decreased with psychology referrals increasing

Equity

- Ethnic Minorities Staff Network established
- Equality and Diversity Awards 2020 – Trust shortlisted for 2 awards
- Belfast Trust Supports Pride

- Positive Action 2 – Employability for persons across PAN disabilities – working initiative with Belfast Met
- Diversity and Inclusion – mandatory equality training
- NI Diversity and inclusion Aware – Trust awarded the Legal Island Divisors and Inclusion Charter Mark

Risks

- Organisational Workforce Capacity
- HR and OH workforce capacity
- Muckamore Abbey Hospital

Professor Bradley emphasised the importance of child care provision to support staff and the need to continue to be innovative in providing this. Listening to staff this has been a real bonus during the pandemic. He sought further clarification in relation to the People and Culture reference to abuse, bullying and harassment from staff. Mrs Kennedy explained this related to the number of complaints/allegations received from staff relating to some form of bullying or harassment by staff.

Professor Bradley referred to Internal Audit report on the recruitment process and the considerable length of time it takes to recruit a post.

Mrs Kennedy explained the process from requisition to being processed through to Shared Services Recruitment. She said there are delays within the Trust in processing requisitions which need to be addressed.

Mr McNaney expressed concern at the lengthy recruitment process given the workforce issues and asked what plans are in place to address these.

Mrs Kennedy explained the Trust does not have a recruitment function as this had been transferred to regional Shared Services some years ago. Within HR there is a small team of staff who manage the administrative process of requisitions. The Shared Service recruitment does not have a tracking system. Regionally there is a plan to replace the recruitment system which has quite a long timescale. However, Trusts are working with Shared Services for an interim solution which would provide a more effective applicant tracking electronic system. She advised additional resource would be required if the Trust was to introduce a new recruitment system outwith the regional process.

Mr McNaney reflected on consequences the recruitment process has on the workforce and ability to provide safe services. He expressed the view that the Trust should be investing in interim arrangements to address the unacceptable length of time in processing requisitions within the Trust.

In response to a comment from Mr McNaney, Mrs Kennedy undertook to develop an improvement plan, with targets and timescales, to address the internal recruitment issues and report back to the next meeting.

c. Performance Planning and Informatics

Ms Stoops gave a presentation in respect of Performance, Planning and Informatics.

Safety

- SAIs/Early Alerts/Complaints - no significant concerns raised, focus on improving complaints response times
- Internal Audit – outstanding recommendations reliant on regional processes
- Coding – improved performance, coding within 3 months of discharge
- QMS – continue to support development of system
- Response to Covid – rebuild/surge plans, continue to support new way of working with use of technology
- Digital – provide support to staff working remotely

Experience

- Flexibility of teams to respond to Covid
- Development of communications
- Programme of work in Public Health
- Involvement Strategy – work on-going

Effectiveness

- Supporting new ways of working to deliver better outcomes
- Development of new Digital Strategy
- Public Health Programme
- Partnership working with GPs
- New integrated care system being developed
- Supporting Encompass to go Live in 2023

Efficiency

- High level of absenteeism – engaging with OH on case by case approach
- Improvement in SDRs
- Statutory Mandatory Training – improved compliance, focus on achieving Directorate targets
- No significant issues around financial management
- Internal Audit – satisfactory assurance for the management of contracts during Covid

Timeliness

- Additional IS capacity secured for priority patients during Covid
- New Dynamic Purchasing system to procure IS contracts

- More timely reporting and access to support QMS

Equity

- Excellent feedback on Equality, Disability and Rural Needs Screening – all of Surge/Rebuild plans have been subject to screening during pandemic.
- Focus on improved access to services

Risks

- Threats to Cyber Security
- Potential harm to patients as a result of a delay in accessing services

Mr McNaney referred to the cyber security threat and asked if everything possible was being done at local and regional level to mitigate the risk.

Ms Stoops advised locally all possible mitigations are in place. The Cyber Security Programme Board (CSPB) is meeting in the near future and Ms Stoops will be seeking assurance that all relevant action is being taken to mitigate the risk. This will be fed back to Audit Committee. She highlighted further mitigations are linked to regional processes. A regional Programme Board was established a few years ago with Trusts asked to input into one large business case in respect of resource required. A decision was then taken to split the business case into a smaller number of cases for the different elements needed to deliver against the Cyber Strategy, most of these have not been progressed. Ms Stoops advised that the CSPB will assess the Trust position and she will then write to the regional Programme Board regarding those areas that cannot be addressed locally.

Mr McNaney reflected on other organisations engaging independent experts to evaluate cyber risk, he emphasised the importance of the Trust writing to the DoH highlighting the need for the regional issues to be addressed.

Ms Stoops referred to recent cyberattacks in QUB, North West Independent Clinic and others organisations, who have had to engage external advisors because of the difficulties they are facing. The Trust has had to block contact with these organisations and it is difficult to get an understanding as to when this can be lifted. A regional group has been established to look at those issues specifically. Ms Stoops has met with the Trust Cyber and Information Governance Teams to get an overview of what the Trust believes are the issues. The Trust is keen to continue to do business with QUB given the inextricable links. However, there is a lack of understanding at a regional level around the importance of the Trust being able to work with other organisations. A lot of staff within the Trust have dual roles with QUB.

Mr McNaney reiterated the importance of the Trust writing to the DoH explain the issues and impact on business.

Professor Bradley asked would the Trust volunteer to do some of the regional work if additional resources were made available.

Ms Stoops stated given the regional work BHSCT is currently supporting, the Trust would be best placed to do some of the regional work. BHSCT is the only organisation with the expertise, skills and ability to deliver the work. She expressed frustration at the planned transfer of ICT to a regional Shared Service and the impact this will have on innovation and the Trust's ability to be safe in terms of cyber. The Trust has shared concerns and risks with the DoH on relation to this issue.

Dr Jack stated there are concerns with the ICT Shared Service programme, which need to be managed as a system.

AC23/21 Learning from Experience Steering Group

Miss Creaney presented a summary report of the Learning from Experience Steering Group. She explained the group is under review as part of the overall Assurance Framework review.

Members noted the report.

AC24/21 Risk and Governance Amalgamated Report

a. Trust Incident and SAI Annual Report 2020/21

Mr Hagan presented the Trust Incident and SAI Annual Report for 2020/21. A total of 28,495 incidents had been reported during the period, 107 of which were processed as SAIs to HSCB.

In response to a comment from Mr McNaney regarding the number of Never Events, Mr Hagan explained 3 related to connection of oxygen tubing. There had been issues raised in relation to service safety alerts, immediate action was taken to institute a change to prevent similar incidents happening in the future. Action had been taken in respect of learning from the wrong site surgery incident to improve processes.

Mr Hagan highlighted the delays in SAIs being completed, action has been taken in relation to Level 1 SAIs and improvement has been evidenced. A business case is due to come to Executive Team to improve how SAIs are investigated in a more timely way to identify learning quicker.

Dr Loughran referred to the 3 Never Events relating to NG tubing and asked if this was higher or lower than previous years and if action is

being taken to stop such incidents occurring. Mr Hagan advised that learning letters had been issued re-enforcing compliance with training requirements.

Ms McCollum advised there had been 3 never events relating to NG tubes in 2019.

Dr Jack advised there had been several such incidents a few years ago and protocols and training had been put in place. However, she said there is a need to engineer the risk out of the system.

Dr Loughran asked if there is any learning from other hospitals in relation to zero NG tubes incidents.

Dr Jack explained that electronic prescribing would address the placement issue as there were built in checks. Electronic prescribing will be rolled out is part of the Encompass programme.

In relation to Service User Family Engagement section reporting 69 families had not been advised of an SAI, this has been revised to 24. Information is awaited from some areas in terms of family engagement.

Dr Jack advised that family engagement will be included in the monthly reporting going forward.

Mr McNaney stated that is important families are advised of SAIs in respect of openness and transparency.

Mr McNaney asked if blood patching or any issues relating to the Neurology Review had been deemed an SAI. Dr Jack advised an SAI had been submitted however the DoH asked for it to be paused pending the Neurology Inquiry.

Members noted the report.

b. Complaints and Compliments Quarterly Report October to December 2020

Mr Hagan presented the Complaints and Compliments Report for the quarter October to December 2020. He referenced the number of complaints that hadn't been resolved locally due to the pandemic.

Professor Bradley referenced he earlier conversation and referred to the High Risk Complaints section, which detailed issues of fundamental basic care being the subject of complaints.

Members note the report.

c. Legal Services Quarterly Report October to December 2020

Mr Hagan presented the Legal Services Report for the period October to December 2020.

Mr McNaney noted a neurology case was due to be heard and sought assurance that the Trust legal representatives had been advised that these cases need to be managed compassionately. Mr Hagan confirmed the legal adviser had been fully briefed on the need to manage these cases sensitively and compassionately.

Members noted the report.

d. Coroner's Services Quarterly Report October to December 2020

Mr Hagan presented the Coroner's Services Report for the quarter October to December 2020.

Members noted the report.

AC25/21 Governance Steering Group

Mrs Edwards presented a summary report in relation to the Governance Steering Group. She highlighted this is the first report to include the Environment and Sustainability Group.

Members noted the report.

AC26/21 Information Governance Annual Report 2019/20

Ms Stoops presented the Information Governance Report for 2019/20.

Mr McNaney noted the report demonstrated an enormous amount of work in relation to Information Governance.

Members approved the report.

AC27/21 Involvement Steering Group

Ms Stoops presented a summary report in respect of the Involvement Steering Group. She advised a piece of work is planned to look at how the work of the group can be framed against the Trust's priority workstreams. A further piece of work, involving Ms O'Reilly, is on-going on the Involvement Matrix linking into the workstreams.

Mr McNaney asked that the emerging integrated care system approach be the subject of a future Trust Board Workshop.

Members noted the report.

AC28/21 Safety and Quality Steering Group

Mr Hagan presented a summary report of the Safety and Quality Steering Group. He explained a lot of the work of the group had been stood down with the development of QMS reporting. Consideration is being given to how this group can be refocused with the Executive Directors focusing on safety issues that cross cut across the organisation.

Members noted the report.

AC29/21 Infection Prevention Control Annual Report 2019/20

Miss Creaney presented the Infection Prevention Control (IPC) Annual Report 2019/20. She explained due to the pandemic there had been a delay in completing the report.

Miss Creaney advised as a result of continual focus on anti-microbial stewardship there had been an improvement in the Cdiff performance, which had been sustained despite the complexity of Covid. In relation to MRSA there had been an improvement, however there is further work to be undertaken.

Members welcomed the Trust improvement from a regional and national perspective.

Miss Creaney advised that whilst IPC control had been taken off the PRR work is ongoing within particular divisions with IPC on local risk or corporate risk registers.

Professor Bradley welcomed the improvement in relation to IPCs.

Members approved the report.

AC30/21 Social Care Committee

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

Members note the report.

AC31/21 External Reports

a. RQIA Thematic Review Programme Status

Mr Hagan presented the RQIA Thematic Review Programme Status report for the period April 2021.

Members noted the report.

**b. RQIA Inspections with Adult Social and Primary Care
January to March 2021**

Miss Traub presented the report in respect of RQIA Inspections within Adult Social and Primary Care for the period January to March 2021.

In response to a question from Mrs Karp, Miss Traub advised that all areas of improvement remain on the local improvement plans until addressed.

Members noted the report.

c. Independent Neurology Inquiry Reflective Analysis Group

Mr Hagan presented a summary report in respect of the Independent Neurology Inquiry Reflective Analysis Group.

Members noted the report.

AC32/21 Professional Reports

a. GMC Quarterly Dashboard Reports

Mr Hagan presented update reports in respect of the GMC Dashboard for information. He pointed out in April 2020 the CMO had indicated that the contractual requirement for appraisal was being waived due to Covid-19. The Trust has now reinstated the process and extended the deadline to end of May.

Mr Hagan pointed out one doctor is currently excluded, 14 are restricted, some of whom are subject to Maintain High Professional Standards (MHPS) process.

In response to a question from Mrs McKeagney, Mr Hagan advised that the 14 doctors restricted remain in the workplace.

Dr Jack explained in relation to the doctor excluded there is a system in place for a four week follow up in line with MHRP requirements. Mr Hagan advised that this process includes regular meetings with Mrs Karp to keep her apprised of the situation.

AC33/21 Any Other Business

a. New Report Format.

Mr McNaney reflected members' positive comments on the new format of reporting providing real time information

AC33/21 Date of Next Meeting

Members noted next meeting is scheduled for 2.00pm on 27 July 2021.