Minutes of the Assurance Committee
14 November 2023 at 2pm
Boardroom, Non-Clinical Support Building

Present

Mr Gordon Smyth, Non-Executive Director (Chair)
Professor Martin Bradley, Non-Executive Director – Vice-Chairman
Professor Carmel Hughes, Non-Executive Director
Dr Cathy Jack, Chief Executive
Mr Chris Hagan, Medical Director
Mrs Maureen Edwards, Director Finance, Estates and Capital Development
Ms Tracy Reid, Interim Director Social Work

In Attendance

Mrs Bernie Owens, Deputy Chief Executive
Mrs Gillian Somerville, Director of Human Resources/Organisational Development
Mrs Heather Jackson, Interim Director T&O, Rehab, Dental, ENT, OBS and Sexual Health
Mr Alastair Campbell, Director Performance, Planning and Informatics
Mrs Bronagh Dalzell, Head of Communications
Mr Colin McMullan, Interim Director Adult Community and Older Peoples Services and Allied Health Professionals
Mrs Janet Johnson, Director ACCTSS and Surgery
Dr Brian Armstrong, Director Unscheduled and Older People's Services
Mrs Paula Cahalan, Interim Director Child Health and NISTAR, Outpatients, Imaging & Medical Physics
Mr Peter Sloan, Interim Director Mental Health, Intellectual Disability and Psychological Services
Mrs Claire Cairns, Co-Director Risk and Governance
Mrs Ursula McCollam, Service Manager Risk and Governance
Miss Judith Payne, Business Support Manager – Minute Taker

Apologies

Miss Brenda Creaney, Director Nursing and User Experience
Ms Moira Kearney, Interim Director of Cancer and Specialist Services
Ms Kerrylee Weatherall, Interim Director Children's Community Services

Mr Smyth welcomed everyone to the meeting and noted apologies.

2. Minutes of Previous meeting

The minutes of the meeting held on 25 July 2023 were approved subject to some minor amendments.

3. Matters Arising

3.1 Ms Cairns to recirculate latest version of Board Assurance Risk Document

Ms Cairns confirmed the latest version of the Board Assurance Risk document had been recirculated.

3.2 Ms Weatherall to update to reflect on new focus and title of BAF Risk SQ58

This had been actioned.

3.3 Mr Hagan to report on monthly SAI report

This had been actioned.

4. Chair's Business

Mr Smyth advised he had spoken with Catherine McKeown in relation to the Audit Committee as the last audit committee meeting had been cancelled due to lack of quorate of Non-Executive Directors. Mr Smyth reported the major focus was to complete outstanding issues from previous audits. Mr Smyth highlighted whistleblowing had received limited assurance and Mrs Owens confirmed this would be re-audited on 15 January 2024. Dr Jack advised it had been raised at the executive team meeting on 13 November 2023 along with the number of outstanding reports.

Mr Smyth reflected on his first day he had to Chair the Audit Committee and he did not know any of the Non-Executive Directors but the team that were there were an excellent team and Martin Bradley had been key and advised Mr Smyth in relation to health issues. Prof Bradley is a real leader in the organisation and very calm and someone Mr Smyth respected. He thanked Prof Bradley for all he had done and hoped they would work together again in the future. Prof Bradley thanked Mr Smyth for his kind words.

4.1 Conflicts of Interest

No conflicts of interest were noted.

4.2 Emerging Issues

Dr Jack reported when the Permanent Secretary had written to the Trust regarding the financial balance and projected deficit Mrs Edwards and her team along with the executive team wrote a very comprehensive letter addressing the questions Mr May had raised. Dr Jack shared the letter with the Chairman and he was content because it was made clear in the letter we could not break even this financial year without causing harm to service users and patients. Subsequently the executive team have met with SPPG colleagues and Mrs Edwards provided a comprehensive document of all our cost pressures and unfunded service which is approximately £100 million.

Dr Jack said there continue to be challenges right across the sector such as ED pressures.

4.2.1 LIMS Go Live

Dr Jack advised LIMS successfully went live Monday 6 November 2023. There had been issues around cervical screening and the loss of accreditation temporarily when there was a visit from the UCAS and it is being appealed. Dr Jack reported the assurance call with the Department, SPPG and the Public Health Agency gave an absolute assurance of the quality of work from our labs. The lab are continuing to lead the work and deliver a service but they are not providing a second read to the Southern Trust given the concerns raised in the Southern Trust and the look back exercise.

4.2.2 SET Encompass Go Live

Encompass has gone live in the South-Eastern Trust and BHSCT took a number of ambulances on divert because they downturned. Our ED performance did not dip and that is thanks to everyone around this table and their teams with particular thanks to Mr McMullan and his team's lead in the community about realising more community packages and step down.

5. Assurance Framework

5.1 Board Assurance Framework Risk Document & Corporate Risk Register Extract Briefing Document

Mr Hagan reported no new risks have been added in the past quarter and none have been closed.

There is a new corporate risk around blood gas analysis and three risks have been escalated from operational to corporate which include unregulated placements, risk of harm to young

people and children's community services unable to secure full care placements then high risk harms and disease progression due to delays in the cancer pathways with 2 corporate risks closed and one de-escalated.

Mr Hagan advised internal audit have made a number of recommendations that impact upon the risk register in terms of actions on both corporate and directorate risk registry. They should be forward looking and include a time frame for implementation and responsible officer support. Directors have been asked to ensure their risks are updated to reflect this recommendation.

5.2.1 **SQ36 Workforce – Risk to delivery of services and patient safety due to significant workforce capacity challenges.**

Mrs Somerville reported this risk related to the delivery of services and patient safety due to workforce capacity challenges. They actively engage within the Trust and working groups to maximise the recruitment of staff. Following on from the Chats with the Chief Sessions over the summer it was clear that recruitment was high on the staff's agenda. Mrs Somerville, Dr Jack and Karen Bailey, Chief Executive of BSO set up a task and finish group to streamline the process.

Also in the risk document is the continued focus on agency use and the overall cessation of social work agency which has resulted in an increase of direct employees and stabilised the current workforce alongside cessation of all off framework nursing agency and both of these have resulted in financial savings.

Mrs Somerville advised they have also effectively used the international nurse recruitment contract to reduce risk and now are focusing on mental health and ED nurses. On the wider recruitment front they are crafting bespoke adverts for mental health, learning disability and community nursing. They are also working alongside NIMDTA and other key stakeholders regarding the availability and need of middle grade doctors for speciality areas and also includes reflecting on feedback received from NIMDTA and BMA junior doctor representatives.

At the board meeting in November there was clear focus on absent management and back to basics approach alongside clear communication and support for managers. In relation to the gaps in control, Mrs Somerville highlighted the labour market shortages which is further compounded by the lack of pay award and pay parity with colleagues across the water. It is also worth noting that the entry level pay is just in line with the national living wage requirements and are facing increased competition

from other sectors. There are ongoing pressures from the recruitment system, data limitations and aging technology which hopefully will be addressed in 2026.

Prof Bradley highlighted the success in reducing agency and congratulated the hard work.

5.2.2 **SQ44 – Risk of harm to vulnerable patients in Muckamore Abbey Hospital (MAH)**

Dr Sloan advised this relates to the risk of ongoing harm to patients in Muckamore Abbey Hospital through failure to provide safe care, appropriate staffing and also harm caused by staff inadvertently using restrain techniques or mishandling patients and also failing to respond to safeguarding concerns. This has been on the risk register for a number of years. There are a number of controls in place and there has not been any change to these controls since the last update. The gaps in control relate to ongoing staffing and the shortfall within learning disability services but also in the adult safeguarding team.

Historic CCTV viewing is ongoing at the site and new incidents continue to be identified. Resettlement is one of the controls and they continue to have patients whose discharge is delayed and who remain in Muckamore Abbey because of the lack of appropriate placements. The future model for learning disability services remains with the Department of Health. Whilst the hospital remains closed to admissions they do make use of adult mental health beds in AMAC but there are no ring fenced learning disability acute assessment beds currently in the trust.

Dr Sloan reported gaps in behavioural support staffing due to retirements and also delays in recruitment. The hospital is closed to admissions and there has been a consultation on the full closure of Muckamore Abbey Hospital and the date has been given of June 2024. Other mitigations include the expansion of the adult safeguarding team to enable work to occur at a greater speed and also additional hours being added to the historic team to speed the viewing of the CCTV footage.

They continue to work with other Trust colleagues and SPPG around patient resettlement and also continue to work with SPPG and Departmental colleagues on the creation of a finalised learning disability model.

Dr Jack highlighted the marked decrease of behavioural incidents which is now just below the statistical process control and this is due to a combination of less patients, more distributed into individual pods and the positive behavioural training for all staff.

Mr Smyth asked if patients do not agree to the closure of Muckamore Abbey in June is there a plan B? Dr Sloan advised they are fully engaged with the families who are involved in the care of their loved ones on the Muckamore site. There are a number who do not wish the hospital to close but there are success stories too. Mrs Owens advised there is a plan B for Belfast as they have just finished refurbishment of Innishfree at Knockbracken. There is also a possible solution in Mallusk but RQIA are not happy with staffing and they are due to meet with RQIA to try to find a solution.

Dr Jack highlighted the resettlement review which noted the excellent work from both SET and Northern and was critical about the Belfast Trust but Dr Jack advised that next to Northern Trust, Belfast have delivered more resettlements.

Mr Smyth thanked Dr Sloan and his team for all their work in very difficult circumstances and thanked Dr Sloan for his leadership. Mr Smyth said RQIA need to work with the Trusts in a timely manner.

5.2.3 **SQ53 – ACOPS Independent Sector Care Homes**

Mr McMullan stated that the risk is the Trust does not have assurance and is unaware of quality of care and safety issues relating to service users who are living in independent secure care homes who have been placed by the older people services. The Trust are not fulfilling their statutory requirements of annual care reviews for all of the residents and have vacant caseloads without a social worker attached. They are non-compliant with Trust governance processes around Datix approvals and adverse incidents reported by care homes and are also non-compliant with quality assurance visits in line with rating of risks. There were 51 additional beds opened last winter and a number of service users who were waiting domiciliary care packages were placed there and some of that cohort are awaiting appropriate review and flow back home.

Mr McMullan reported a staffing crisis across teams with chronic vacancies and people off sick. There are a number of controls in place to mitigate against these risks and it is predominantly around prioritising work in the highest risk areas. They have also brought in bank staff to try to overcome the backlog of adverse incidents not approved and processed.

Mr McMullan advised they prioritise the vacant unallocated cases by risk assessment of service users and residents and those at highest risk would be allocated a key worker to do their care review.

The Commissioned services governance team are now at 100% staffing levels and have been prioritising quality assurance visits for care homes on level 2 (11 care homes) and level 3 (1 care home) escalation.

Mr McMullan advised the paper detailed the various levels of assurance at levels 1, 2 and 3. The key gap is around the staffing resource and their efforts to try and fill the vacant posts to have fully functional teams.

Miss Reid advised the care and support team, in social work, exists to have a total picture of all the pressures within the care homes but nearly 50% of those cases have not transferred over from community social work and therefore this team have only half the picture.

Mr McMullan highlighted the difficulty in the adverse incident processes in terms of care homes as they do not use the Datix system and Mr McMullan's admin team spend a large amount of time inputting these incidents into the Datix system and asked if this was something could be reviewed.

Mr Smyth advised with all the improvements that are being made that care is taken to ensure good governance and assurance.

Dr Jack advised at a recent Executive Team meeting the board assurance framework was discussed and they have requested that the date the risk was last discussed to be included in the document. Mrs Cairns agreed this would be added into the document.
Action: Mrs Cairns

5.3 **Risk Management Strategy Progress Update**

Mr Hagan reported this has been reviewed and updated and is out for consultation at the moment.

6. QMS Summary presentations

6.1 Medical Directors Office

Mr Hagan highlighted the integrated governance assurance framework. It is a new framework and there is a risk around engagement with committees because quite a few committees had to be postponed because they were not quorate. Mr Hagan asked that a deputy be sent to the meeting if you cannot attend.

Mr Hagan also stated the management of SAIs has been discussed on numerous occasions and there has been a significant increase in numbers and performance continues to be monitored on a regular basis by SPPG. Compared to the previous year there have been 39% more SAIs submitted and there is a monthly report to the Executive Team and Directors are working hard to close their SAIs.

Mr Hagan is concerned the Business continuity plans will get a limited or unacceptable internal audit review because the plan has not been kept up to date. Mr Hagan's team have been working on this and liaising with Directorates and divisions to ensure these plans are kept up to date and some of the feedback is that the plans are overcomplicated and the emergency planning team will review to simplify it.

Mr Hagan reported holding one to one meetings with divisions to try to get their medical device up to date through the MDAG group and the responsibility for delivering this sits within the directorates.

COVID staff reviews, Mr Hagan said the numbers are enormous and it would take time to work through this.

The management of Trust policies are constantly needing reviewed to ensure policies are up to date. Mr Hagan's team introduced new guidance around keeping policies up to date by advising it needs updated and if it is not updated the policy will be removed.

Mr Hagan highlighted Industrial tribunals are an enormous drain on the Medical Directors Office and other senior officers in the organisation and is an area of risk.

Mr Hagan reported they continue to work hard around the medical leadership and high performing teams. The professional governance information system (PGIS) collates information around doctor's practice, SAIs, incidents, complaints, coroners. Mr Hagan discussed this with Patricia Donnelly at the Department and were commended for having such a system in place.

The appraisal rates for 2022 were 98% and are sitting at 68% this year compared to 40% at the same point last year so improvements have been made and they continue to remind doctors it is contractual requirement.

Mr Hagan said the job planning rates are not what they should be across the organisation. Initial benchmarking shows the rates to be poor. They have committed by April of next year to

have job planning rates to 80%. Mr Hagan plans to submit a business case for a job planning software package which will ensure consistency of job planning across the organisation and will improve performance.

Mr Hagan reported work on new curriculum for medical education for the university. There are two areas of enhanced monitoring in cardiothoracic surgery and neurology and Mr Hagan would be meeting with NIMDTA to improve these.

Mr Smyth asked what the issues were with job planning. Mr Hagan said COVID had been a factor and appraisals were not being done during this time as the CMO had said they did not need to be completed. They need to bring the rigour of annual job planning back and the responsibility for this sits with the care delivery units.

Mr Smyth also asked Directors to focus on the business continuity plans to get these updated. Mrs Johnson advised there has been a high degree of work ongoing and the plans have been submitted and teams have booked into workshops. Mrs Cairns confirmed the validation element is 30 minute workshops run by the emergency planning team and confirmed needed to be completed by the end of November.

6.2 **Unscheduled & Medical Specialties**

Dr Armstrong highlighted ED overcrowding was red on all levels of assurance and was emphasized by the recent RQIA inspection. Also in amber was the increasing acute medical outliers in the Trust. Cardiology EP had been a concern but following external validation this has now moved to green. Enhanced monitoring SPR training was also red.

Dr Armstrong advised they were still actively looking at decompressing the RVH. They are working with the Regional control room and had a trial run with SET Encompass go live and it worked reasonably well. They had a conversation with RQIA and a re-inspection of the ED is planned for the end of the month. Dr Armstrong had planned to start phone first in January but our Chief Executive has been compelled to start before Christmas.

Dr Armstrong is working with Dr Sloan's team regarding an alternative pathway for mental health patients.

Dr Armstrong advised they had received the GIRFT report and there were a number of recommendations that they will work through.

Dr Armstrong has been working with Mr McMullan's team to help to expand and support the hospital at home service.

Dr Armstrong reported on the Neurology inspection by NIMDTA on 19 October 2022. He advised it was a good visit and said they have no ongoing safety concerns. They noted the improvements that have been made and commended them for moving to Consultant of the day.

Dr Armstrong is keen to improve flow and improve discharge performance. He is working on improving simple discharges and working with pharmacy colleagues to improve discharges. They are focused on improving the discharge lounge.

Dr Armstrong said the reduction in nursing agency spend is around £4M but the medical spend is projected to be £1M more than last year but they are working to try to have a regional cap on these rates. They are looking at International Clinical Fellowships and also work with Mrs Cahalan on outpatient modernisation in terms of validation of patients.

Prof Bradley asked about delays in ED relating to stroke and thrombectomy. Dr Armstrong confirmed these patients are prioritised. Mrs Cahalan stated that the out of hours element of the thrombectomy service is a cost pressure and not commissioned 24/7.

6.3 **Social Work**

Miss Reid advised this was a new directorate since last year when Childrens' Community and the Executive Director of Social Work were split. There has been a lot of work done in terms of establishing and ensuring controls are in place across areas which social work, social care and safeguarding operate across the organisation. They have been categorised under professional safety, compliance with statutory functions and safeguarding. The majority of areas are in amber.

Miss Reid highlighted her greatest worry is the number of unallocated social work cases across all divisions. There has been a lot of work around definitions and looking to divisions to make sure there is assurance.

Miss Reid said there were challenges in SDRs and challenges with supervision compliance and this reflected in some areas in terms of vacancy and absenteeism. They now have systems and processes for creating that information and monitoring it and it is an improving picture.

The number of internal and external referrals regarding adult safeguarding have increased. There was an overemphasis on the dependency of the investigation process and there has been a move away from this and so the number of adult protection investigations have reduced and is comparative to the number of adult safeguarding alternative safeguarding responses. This allows to deal with issues outside of safeguarding such as through the SAI process, complaint management, HR and risk management.

Miss Reid advised they continue to review internal structures and some work has not progressed as they have not appointed a second deputy. They have made significant inroads on the level of linked nurses and staff across the organisation. Their most significant improvement was the establishment of the app which allows them to count activity. There will be an adult safeguarding report for each ward.

Miss Reid outlined their efficiencies such as stopping off contract, addressing high levels of absenteeism and the welfare of social workers and valuing the social workers. There are challenges around outstanding annual reviews and delivery of domiciliary care. In terms of equity there has been a drop in carer's assessment.

Dr Jack recognised the hard work the Executive Director of Social Work and her team have completed to keep the organisation safe. There are a lot of ambers but great to see the sense making and work will continue.

6.4 **Child Health & NISTAR, Imaging, Medical Physics, Outpatients and Medical Illustration**

Mrs Cahalan highlighted the unscheduled pressures in the Children's Hospital ED and in particular the increase in 14 and 15 year olds following the decision during the pandemic to divert this work to RBHSC from RVH. There was an RQIA inspection last year and they are working through the action plan arising from this. Following No More Silos investment they are hoping to commence the urgent care model following approval from SPPG. They are in a better position than they were a year ago when RQIA undertook the visit. They have challenges because the flow into the hospital is dominated by unscheduled pressures and trying to do elective work alongside this is where the greatest risk is at present. There are vulnerable children across the region not getting timely access to elective care / tertiary services. There are challenges around mental health in the adolescent population and they are working closely with Dr Sloan on the pathways for these patients. There are a lot of small teams and workforce challenges in keeping the rotas safe.

Mrs Cahalan outlined that both the imaging and medical physics services work under robust regulatory requirements and have a huge amount of oversight and scrutiny from regulators. There are some Imaging service challenges such as the limited MRI capacity vs growing demand. There are also issues with ageing imaging equipment, particularly on the Mater site and also with obtaining QSI accreditation in the Mater because of the limits of the current accommodation.

Mrs Cahalan advised that diagnostic and in particular neuro radiology remains a challenge in terms of workforce. They are heavily reliant on tele-radiology and other Trusts are offering more attractive agency rates so they are losing locums.

Mrs Cahalan reported there are two areas of vulnerability for the Regional Medical Physics Service. There has been a lot of work on radio pharmacy but despite this work there was an inspection by MHRA in Summer 2023 with critical findings, one of which was that the senior management were not supporting or investing enough time on this. They met with IAG in October and there is huge commitment to deliver on the post-inspection action plan and keep the service running safely until the new modular unit is operational, which is expected to be around May next year.

The second vulnerable area is the Regional Imaging Protection Service - following a lot of lobbying they have received investment but, given the lengthy process associated with getting the proposal approved, there was a limit to the number of staff completing training and the service are now struggling to attract people to fill the posts. There will be considerable lead time for training of around 5 years, to become a medical physics expert.

Mr Smyth asked for clarity on the locum rate for agency that other Trusts are offering. Mr Hagan advised a regional framework had recently been agreed by all Trust. Mrs Cahalan said it had not been implemented yet and in the meantime they are reliant on tele radiology services. Dr Jack advised the on-call radiology service at a consultant level needs to be completely reviewed as Northern Ireland wide, as a number of these consultants on call have a quieter time in other Trusts for better pay. Dr Jack will raise this at PTEB as there is efficiency and equity in that.

7. Risk and Governance Report

7.1 **Risk and Governance Report Briefing Document**

7.2 **Risk and Governance Amalgamated Report incorporating**:

- Trust Incident & SAI Quarterly Report
- Complaints Quarterly Report
- Legal Services Quarterly Report
- Coroner's Services Quarterly Report

Mr Hagan highlighted that although there are 23,000 incidents reported 95% are minor and 4% result in an SAI. The number of SAIs have increased over time but the actual numbers of incidents is quite small and the SAI trend is starting to dip. There is an increasing number of instant report which is reflective of an open and transparent culture where people feel safe to report an incident. The majority of adverse incidents relate to behaviours and falls. Mr Hagan highlighted being open in terms of involvement and family engagement in SAIs.

Dr Jack asked if there was a thematic review of SAIs as Dr Jack noted there was a clear shift around quarter two of 2020-2021 which may reflect some of the reporting in COVID but this would help to look at the potential harm. Mrs Cairns agreed to take this forward.
Action: Mrs Cairns

Dr Hagan highlighted high risk complaints in unscheduled care relating to a delay in a patient being seen by a doctor on the stroke team feeling they were not suitable for Lysis and also in terms of patients leaving the ED who have not been seen and two suicides. The CRR completion rate is 75% and they continue to monitor this. The named staff form completion is at 65% and this would need to improve.

Prof Hughes asked about the two suicides and if this was usual. Mr Hagan said these were SAIs and there would be more information following the SAI investigation. Dr Armstrong said ED was not ideal environment for mental health patients and he was working with Dr Sloan on this. Prof Bradley said the number of complaints has remained steady but the number of patients being seen has increased compared to years ago. Dr Hagan highlighted there are 5 times more complements received and 95% of people would recommend this organisation to their friends and family.

Prof Bradley left the meeting

Mr Hagan reported there were 14 new coroners cases with 12 of those on the M &M pathway and 2 mortality reviews. There was also a death in cardiology that happened in Omagh but linked to Belfast.

Mr Smyth said he thought it was a much better coroner's report than previously and Mr Hagan confirmed there had been a lot of work done to make the report more accessible and understandable.

8. Social Care Steering Group

8.1 Briefing paper

8.2 **Assurance update**

Miss Reid reported the group had met on 16 August and 13 November. They have refreshed the structures of these meetings and now meet quarterly. They have implemented new score cards and briefing papers and created a new dashboard which allows sight of the issues. Miss Reid highlighted that there are no NEDs on the committee and the next meeting is due to be held in February 2024.

Mr Smyth enquired about the increasing number of looked after children and the challenges in the provision of short breaks. Miss Reid replied that they were struggling with short breaks and are trying to deal with this by using more formal placements but this has a knock on effect to other children. Short breaks are a challenge and the transition for children with disability to the adult services seems to be very difficult.

Mr Smyth asked if there was still an issue with underage children being placed in adult wards. Mrs Cahalan replied that 95% of all children or young people under the age of 18 are admitted to the Children's Hospital. They have refreshed the policy and have greater oversight of those who are placed in the adult environment. Mrs Cahalan reported the priority one finding from internal audit has been signed off and there is continued work on the priority two finding.

9. People and Culture Steering Group

9.1 **Briefing paper**
9.2 **Assurance update**

Mrs Owens reported the first meeting was held on 2 November 2023. Prof Bradley and Mrs Owens co-chaired the meeting. Considerable work has been completed in a small group to get the structures and terms of reference in place. There are 4 sub-groups: learning culture; enhancing leadership; staff experience and wellbeing; and organisation workforce capacity.

10. Clinical and Social Care Governance Steering Group

10.1 **Briefing paper**
10.2 **Assurance update**
10.3 **Annual complaints report 2022-2023**
10.4 **Adult Safeguarding position report 2022-2023**

Mr Hagan advised he co-chairs this group with Miss Creaney and Miss Reid. The group review a large number of reports and they need to stagger these throughout the year. Miss Reid highlighted the implementation of the adult protection bill and continue to contribute to the Adult Protection Board. The annual complaints report and the adult safeguarding position report were circulated and these were noted.

11. Organisational Governance Steering Group

11.1 **Briefing paper**
11.2 **Assurance update**
11.3 **Information Governance Annual Report**

Mrs Edwards reported the last meeting was on 2 October 2023 and was co-chaired by Prof Bradley. Mrs Edwards advised there were no issues to be escalated other than MHRA which has already been discussed. The reports were noted.

12. Safety & Quality Improvement Steering Group

12.1 **Briefing paper**
12.2 **Assurance update**

Mr Hagan reported meeting on 25 October and he co-chaired the meeting with Prof Hughes and Miss Creaney. The hospital transfusion committee report was discussed and is now in green. They discussed HCAIs and antimicrobial stewardship and are still to review the annual IPC report. There were a number of issues raised by the optimisation committee such as difficulty obtaining quorum for the IG assessment group, the medical gas around prescribing and the gaps around the trust approval and pathways for drugs and therapeutics on policies and guidelines. There are no specific issues for escalation. The paper was noted.

12.3 **Haemovigilance Annual Report**

Dr Jack paid tribute to Aine OKane, who has now left the Trust, for all her hard work and the changes that she made to the haemovigilance team. The report was noted.

13. Involvement Steering Group

13.1 **Briefing paper**
13.2 **Assurance update**

Mr Campbell presented the reports for noting. He highlighted the need for Non-Executive Directors for the group. They have recently appointed a new head of involvement. Mr Hagan asked that the photograph be changed on Page 39 of the report as it refers to the clinical director of cardiac surgery and the picture is not that person. Mr Campbell agreed to change this. The report was noted.

14. External Reports

14.1. **RQIA Regulated Providers Inspections Report (ACOPS)**

14.2 **RQIA Regulated Providers Inspections Report (MH&ID)**
14.3 **RQIA Thematic Review Programme Status Report**
14.4 **RQIA & Serious concerns report (CCS)**
14.5 **Independent Neurology Inquiry Oversight Group update**

The reports were noted.

15. Professional Reports

15.1 GMC Quarterly Dashboard Reports

Mr Hagan stated the submission had one doctor excluded but this was not the case as no doctors were excluded.

Mr Hagan highlighted the experience of trainees and issues with facilities and secondly workload. Mr Hagan had a discussion with the BMA representative about setting up a forum for junior doctors but the issues regarding facilities is primarily related the RVH site. Dr Jack advised the junior doctors common room and IT suite beside the pharmacy was taken over by the discharge hub during COVID. Dr Jack asked that these be returned to the junior doctors, as we are out of COVID.

Mr Hagan reported that complaints are down from 80 to 23.

Revalidation was deferred on 62 due to insufficient evidence which is a reflection of not having appraisal information and 12 were deferred due to ongoing processes.

The report was noted.

16. Whistleblowing Update

16.1 **Briefing paper**
16.2 **Table of cases 1 April 2023 – 20 September 2023**
16.3 **Internal Audit action plan update**

Mrs Owen advised the annual report from 1st April 2021 to March 2023 was presented to Trust Board in September 2023. The report to this assurance committee was for the period April 2023 to August 2023. There were 20 cases raised under the whistleblowing process which represented an 8% increase of concerns raised during the same period in the previous year. Eight were raised anonymously, 2 were raised by the 'speak up for safety' mailbox, 3 were raised by confidential disclosure and 7 were raised openly by whistle-blowers. Twelve cases were accepted as whistle blow cases, 2 cases were not accepted, 2 cases are in the combined process of whistle blow / HR / fraud, 4 cases are waiting further decision regarding management. The themes raised were around: medicines management; staff training; practice issues within several disciplines; concerns about patient care; bullying

and harassment in the workplace; management practice issues and criminal conduct issues. Of the 20 cases raised during this period, 15 remain open and 5 have been closed and there is an outline of the cases in the appendix.

The last internal audit report provided limited assurance and they are returning to review the whistleblowing process on 15 January 2024. The internal audit report listed 17 recommendations in the action plan and as way of assurance, 10 are green/complete and 7 are yellow but almost complete. Two of these are regarding an oversight committee which combines HR/whistleblowing and fraud. There has been one meeting and another meeting due in November to discuss the revised draft of the Terms of Reference for the group. There was also a recommendation for a fraud case to be notified to this group for noting but fraud have their own database. Whistleblowing now have a database and Mrs Cairns and her team have gone through a process to reconcile both databases to ensure they are correct in preparation for the annual report.

There was a recommendation regarding updating the whistleblowing policy and this has been completed and ready to go on the Loop next week. Mrs Owens thanked Mrs Cairns for all her work on this. There was also a recommendation regarding guidance for managers and this is almost complete. Mrs Owens acknowledged and thanked NIAS for their help and guidance in preparing this.

There are two recommendations regarding training and an e-mail has been sent to all Directors to ask for volunteers to undertake investigation training. At present there are 170 people who will be attending training. It is planned this training will take place in December and January.

Mrs Owens thanked Mrs Cairns and her team along with Caroline Walton and Mark Ruddy for their help. She also thanked the Directors for their help in clearing the historic cases.

Mr Smyth highlighted the briefing paper states ‘the trust is planning that all actions will have been appropriately addressed ahead of further follow-up by internal audit in December’. He thanked everyone for their hard work so far on the recommendations in the action plan.

17. AOB

No further items were discussed.

18. Date of Next Meeting

Tuesday 27 February 2024 at 2pm in the Boardroom of Non-Clinical Support Building.