

**Minutes of the Assurance Committee  
14 May 2024 at 2pm  
Boardroom, Non-Clinical Support Building**

**Present:**

Mr Gordon Smyth, Non-Executive Director (Chair)  
Professor Carmel Hughes, Non-Executive Director  
Mr Joe McVey, Non-Executive Director  
Mr David Small, Non-Executive Director  
Mrs Bernie Owens, Deputy Chief Executive  
Dr John Maxwell, Interim Medical Director  
Mr Alastair Campbell, Director Performance, Planning and Informatics  
Dr Peter Sloan, Interim Director Mental Health, Intellectual Disability  
and Psychological Services  
Mrs Claire Cairns, Co-Director Risk and Governance  
Miss Brenda Creaney, Director Nursing and User Experience  
Ms Kerrylee Weatherall, Interim Director Children's Community  
Services  
Ms Moira Kearney, Interim Director of Cancer and Specialist Services,  
joined via TEAMS  
Ms Olga O'Neill, Divisional Nurse, Unscheduled & Acute Care  
Ms Eileen McKay, Deputy Director of Social work  
Mr Brendan McConaghy, Codirector, Human Resources and  
Organisational Development  
Mr Peter Watson, Head of Office of Chief Executive

**Apologies**

Dr Cathy Jack, Chief Executive  
Mrs Heather Jackson, Interim Director T&O, Rehab, Dental, ENT, OBS  
and Sexual Health  
Mrs Maureen Edwards, Director Finance, Estates and Capital  
Development  
Ms Tracy Reid, Interim Director Social Work  
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  
Mrs Gillian Somerville, Director, Human Resources and Organisational  
Development

Mr Smyth welcomed everyone to the meeting and noted apologies.

Mr Smyth wished to note sincere condolences to Mrs Jackson on the passing of her father, with a number of directors attending the funeral this afternoon.

## **2. Minutes of Previous meeting**

The minutes of the meeting held on 24 November 2023 were agreed as an accurate record.

## **3. Matters Arising**

### **3.1 To discuss proposed changes with the Chairman and organise a workshop with Trust Board**

Members noted that the Trust Board meeting in July 2024, was to be a workshop, at which there would be consideration as to the role and function of Trust board, including assurance committee.

### **3.2 ACCTSS to present a 3-5 year strategy for capital requirement to decontamination to the Executive Team**

Completed.

### **3.3 Risk & Governance amalgamated report. C Cairns to develop a summary weekly governance report for Committee feedback**

Mrs Cairns advised that a revised version of the weekly governance report has been in place in recent weeks. Mr Small asked if other Trusts have a similar report and Mrs Cairns advised they do. The revised governance report will continue to be issued for a trial period, and will be subject to further review. All new SAIs & Early Alerts are included.

Discussion took place in relation to the management of the Trust's Risk Registers.

## **4. Chair's Business**

### **4.1 Conflicts of Interest**

No conflicts of interest were noted.

### **4.2 Emerging Issues**

Mrs Owens reported that on 22 & 23 May 2024, Junior Doctors will undertake industrial action. Further industrial action is planned from 6<sup>th</sup>

June 2024, which coincides with the scheduled Go Live date for Encompass (Digital Information system).

It was noted that staff have received the results of their applications for Car Parking permits at the Royal Hospitals site, with a number disappointed with the outcome.

#### **4.2.1 Neurology**

Dr John Maxwell advised there are pressures ongoing within this specialty area.

Dr Maxwell noted that discussions had taken place in recent days and he had been instructed by the Trust Chairman regarding next steps.

### **5. Assurance Framework**

#### **5.1 BAF Risk Document & Corporate Risk Register extract Briefing Document**

Mrs Cairns reported no new risks have been added to the Register.

#### **5.2.1 P01 – Mandatory Training**

Mr McConaghy advised there have been issues with the recording of staff training for encompass.

#### **5.2.2 SQ56 – Regional Medical Physics services**

Mrs Owens advised that the MHRA Radiopharmacy inspection in August 2023 had identified a number of issues within the Trust's Radiopharmacy service. The Radiopharmacy site has been under MHRA consideration for a number of years. Bi-monthly updates have been issued to MHRA on the implementation of the remedial action plan. Quarterly review meetings with MHRA and Trust senior management have taken place since October 2023.

Funding for a new Radiopharmacy building has been approved by the DOH. The estimated completion of the new building is 2026, while the Trust is currently prioritising the implementation of an interim solution involving the construction of a modular clean room suite.

The modular clean room is being installed and it is planned to be operational by late summer 2024, subject to satisfactory inspection by MHRA.

The service has, and will continue to, facilitate managed service shut downs as required to allow the team to take the necessary steps to improve compliance and complete the implementation of the modular clean room facility.

Professor Hughes enquired in relation to the scheduling of MHRA inspections. Mrs Owens advised the next inspection is planned for late summer 2024, following the completion of the installation of the modular building.

#### 5.2.3 **SQ57 - Encompass**

Mr Campbell advised that planning for Go-Live is progressing well. Mr Campbell noted that there would be a need to review licenses for current systems further to the roll-out of encompass.

#### 5.2.4 **SQ01 - ED delays report**

Mrs O'Neill reported on the delays being experienced by patients within the Trust Emergency Departments. A Regional Control Centre (RCC) was established in September 2023 with a view to the better management of demand across the system. A review of the Regional Control Centre is awaited. Mr McVey enquired as to when the outcomes from the Trust Task & Finish Group would be realised. Ms O'Neill indicated that a number of actions were being taken which it was hoped would bring forward improvements in the autumn. Mr Smyth thanked the Executive Team and the staff of the Emergency departments for the work being taken forward in these difficult circumstances.

## 6. **QMS Summary presentations**

### 6.1 **Children's Community Services**

Ms Weatherall advised there are significant risks across the service including high occupancy levels within children's homes across Belfast.

Ms Weatherall highlighted the challenges being presented by ongoing industrial action within the service.

Ms Weatherall also highlighted the sickness and vacancy levels within the service.

Ms Weatherall provided an update on the work with families of asylum seekers.

Mr Small acknowledged the excellent work being taken forward in this service, particularly in the context of the ongoing pressures.

### 6.2 **Nursing and User Experience**

Miss Creaney shared her QMS slide.

Miss Creaney noted that there are particular vulnerabilities with the Infection Prevention and Control team.

Miss Creaney noted that the Department of Health have now paused legislation in relation to free parking on hospital sites with revised legislation anticipated.

Miss Creaney advised that a Nurse supervision and revalidation report would be provided in July 2024.

Miss Creaney noted that the bereavement service has received a further 2 years of funding provided through charitable funds.

**6.3 Trauma, Orthopaedics, Rehab services, Maternity, Dental, ENT & Sexual Health**  
Deferred.

**6.4 Human Resources and Organisational development Attendance & Recruitment**

Mrs Somerville referred to the absence rate target for 2024/25 set by the Department of Health, which would require further improvements.

An attendance programme board has been set up to progress work in relation to absence management and there will be a report to the People and Culture Steering Group.

Mrs Somerville advised that she continued to engage regionally on work to improve the timeliness of recruitment processes.

Mr Small enquired in relation to arrangements for recouping overpayments. Mr McConaghy confirmed that arrangements are in place in such circumstances.

## **7. Risk and Governance Report**

**7.1 Risk and Governance Report Briefing Document**

It was noted that the completion of SAI reports remained an ongoing risk for the Trust, with circa 200 delayed.

Dr Maxwell provided assurance that he was taking steps to address the backlog with the teams.

It was also noted that a number of Trust policies are overdue for review, and again Dr Maxwell indicated that steps were being taken to address this.

**7.2 Risk and Governance Amalgamated Report incorporating**  
**7.3 Trust Incident & SAI full annual report**

Noted.

## **8. Social Care Steering Group**

### **Briefing paper/Adult Social Care Steering Group**

It was noted that a number of non-executive directors are members of this group.

Challenges within the adult services include in relation to recruitment.

The group are planning to implement compliance with monthly and bi-monthly reports.

### **Children's Social Care update**

Mrs McKay noted the new non-executive directors, with the next meeting scheduled for 28/6/2024.

Mrs McKay noted the challenges within the service including workforce pressures, and advised on the steps taken to address these.

## **9. People and Culture Steering Group**

### **Briefing paper**

Reference was made to the submitted paper.

## **10. Organisational Governance Steering Group**

### **10.1 Briefing paper**

Reference was made to the submitted paper.

### **11.2 Information Governance Annual Report**

Reference was made to the submitted report.

## **12. Safety & Quality Improvement Steering Group**

### **12.1 Briefing paper**

Miss Creaney provided an update on this, with the need to review the committee membership with a view to ensuring meetings were quorate.

## **13. Involvement Steering Group**

13.1 **Briefing paper** – The paper was not received.

13.2 **Assurance update**

## **14. External Reports**

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

A total of five inspection reports with no issues were noted.

### **14.2 RQIA Regulated Providers Inspections Report (MH&ID)**

Noted

### **14.3 RQIA Thematic Review Programme Status Report**

Noted

### **14.4 RQIA & Serious concerns report (CCS)**

Noted

### **14.5 Independent Neurology Inquiry Oversight Group update**

Noted

### **14.6 Medical & Dental Professional Assurance annual report**

Deferred

## **15. Professional Reports**

### **15.1 GMC Quarterly Dashboard Reports**

It was noted that a total of 2 investigations have been started within the Maintaining High Professional Standards (MHPS) framework. Processes are ongoing and no doctors are currently excluded.

Reference was made to the appraisal figures which had been provided.

Mr Smyth enquired in relation to the delays in doctors having appraisal completed. Dr Maxwell explained that the appraisal process for doctors was different to the appraisal processes which other staff groups engaged in.

## **16. Whistleblowing Update**

### **16.1 Briefing paper**

The paper submitted was noted. The Internal Audit action plan was also noted.

## **17. AOB**

No further items were discussed.

## **18. Date of Next Meeting**

Tuesday 23<sup>rd</sup> July 2024 at 2pm in the Boardroom, NCS, Royal Hospitals site.