

Assurance Committee

23 July 2024 at 14:00-17:00pm

Non Clinical Support Building, Royal Hospitals

MINUTES

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

In attendance

Dr Jack, Chief Executive

Mrs Owens, Deputy Chief Executive

Dr Brian Armstrong, Director Unscheduled and Acute Care

Mr Alastair Campbell, Director of Planning, Performance and Informatics

Mrs Maureen Edwards, Director of Finance

Dr George Gardiner, Deputy Medical Director

Mrs Olga O'Neill, Interim Executive Director of Nursing

Mrs Claire Cairns, Codirector for Risk and Governance

Ms Rachel Maxwell, Risk and Governance Manager

Mrs Ursula McCollum, Risk and Governance Manager

Mrs Gladys McKibbin, HR Codirector

Ms Rhoda McBride, Deputy Executive Director of Social Work

Mrs Judith Payne, Trust HQ

Mr Watson, Head of Office

Apologies

Ms Paula Cahalan

Mrs Janet Johnson

Ms Moira Kearney

Dr John Maxwell

Mr Colin McMullan

Mrs Marion Mulholland

Miss Tracy Reid

Dr Paula Scullin

Dr Peter Sloan

Mrs Gillian Somerville

Ms Kerrylee Weatherall

1. Apologies

Apologies noted as above.

Mr Smyth expressed his condolences to Miss Reid upon her recent bereavement.

2. Minutes of the previous meeting of 14 May 2024

Changes to the draft minutes were noted as follows:-

Page 1 – To be noted that Mrs Edwards and Mr McVey had been in attendance.

Page 5 - P Watson to check that it was Mr McConaghy rather than Mrs Somerville who had attended.

Paragraph 13 – It was agreed that this paragraph should reflect that the paper had not been received.

Subject to the above, Mr Small proposed the minutes, and Mr McVey seconded the minutes.

3. Matters Arising

There were no matters arising

4. Chair's Business

4.1 Conflicts of interest

No conflicts of interest were declared.

4.2 Emerging issues

Dr Jack referred to three emerging issues.

Dr Jack referred firstly to the media coverage in relation to the new Maternity Hospital. Dr Jack noted that she and Mrs Edwards had attended a meeting with the Permanent Secretary and Health Estates. It had been noted previously that there were some water safety concerns and Pseudomonas had been identified. An independent investigation is underway in relation to the causes of the issues, with due consideration of the next steps thereafter.

Dr Jack noted that there had been a number of MLA queries, while there had also been briefing to the First Minister. Further briefing will be provided to the Trust Board.

Dr Jack indicated that the Trust would continue to engage closely with Health Estates in relation to the matters.

Mr Small expressed his disappointment that this development for mothers and babies was to be delayed.

Mrs Edwards clarified that the issues were distinct from those that had previously issued.

Dr Jack also updated on the RQIA review which had commenced in June 2023 further to a set of difficult circumstances. RQIA had looked at incidents at Muckamore and in June 2024 identified a number of incidents which were considered might have been raised as SAIs. Discussions have been ongoing with RQIA and independent peer review has been initiated at SHSCT with the agreement of RQIA.

Dr Jack indicated that SPPG had now asked that these incidents be raised as Early Alert Notifications.

Dr Jack noted that Cardiothoracic Surgery is no longer in GMC Enhanced Monitoring. Dr Jack paid tribute to Mrs Johnson and Dr Gardiner on the work they had undertaken.

Mr Smyth commended colleagues on their work in this area.

5. Assurance Framework

5.1 BAF Risk Document and Corporate Risk Register Extract Briefing Document

Dr Gardiner referred the Committee to the tabled briefing document.

Dr Gardiner noted no BAF new risks, and no BAF risks closed.

Dr Gardiner noted the requests which had been asked of the Board regarding SQ08, SQ39 and SQ58

Dr Gardiner noted the new risk on the Corporate Risk Register including in relation to the Neuroradiology contract, and the mitigations put in place. Dr Gardiner noted that there remained a risk in recruitment of Neurophysiology consultants.

Dr Gardiner noted the 4 risks escalated from Operational to Corporate Risk register.

Dr Gardiner noted the closure of the Corporate Risk and the risk de-escalated from Corporate to Operational

5.2 Board Assurance Framework Risk Document & Corporate Risk Register

5.2.1 SQ08 Delay in Accessing Services

Mr Campbell advised that the data in relation to this is from May 2024, with some delay in reporting due to encompass.

Mr Campbell noted that the numbers waiting for outpatient appointment had increased, while demands for inpatient treatment may also have been impacted by lower outpatient activity.

Mr Campbell noted that the downturn envisaged by encompass implementation had occurred, with details as to the scale of this to follow.

Controls include validation and patient initiated follow up. As there is funding for additional activity then this will be deployed against long waiters.

The main gaps remain in staffing, the impact of Covid, absence of recurrent funding, and gaps in resource against demand.

Mr Campbell advised that the risk would need to remain on the risk register.

Mr McVey raised a query in relation to delays in outpatients.

Professor Hughes queried what the impact of encompass was likely to be on activity levels at BHSCT. Mr Campbell noted that the complexities of the data were such that it was difficult to be clear on the impact of encompass, including different issues in coding. Mr Campbell said that the data would suggest Outpatient activity was at 50% of previous activity levels but this was considered to be inaccurate.

Mr Small asked for a general sense as to how things were going. Mr Campbell noted that the CCIO had said that matters were going well.

Mr Small asked for clarity regarding the relationship between the Board Assurance Framework and the Corporate Risk Register. Mrs Cairns noted the high level nature of the BAF, and the bottom up approach to the Corporate Risk Register. Mrs Cairns noted that the full Trust Board historically has not seen the Corporate Risk Register, arising from Assurance Committee previously being attended by all of the Trust Board. It was agreed that the Board should see the Corporate Risk Register at least annually.

Mr Small raised a query in relation to the report on Cyber Security and the apparently low performance of 22%. Mr Smyth raised a query in relation to page 22, and Mr Campbell noted that there was a Business Case for

Cyber Security which had been approved but not funded. Mr Campbell did provide assurance that BHSCT was well placed in relation to cyber security when compared with other Trusts.

It was agreed that a deep dive on Cyber Security would follow at the next meeting.

ACTION:- Mr Watson/Mr Campbell

Dr Jack noted that each risk was reviewed in a deep drill every 12 months.

Dr Jack referred to SURG ENT 060 – Dr Jack asked that Mrs Johnson provide an update on this risk (recognising it was distinct from the previous risk arising from Audiology).

ACTION:- Mrs Johnson

5.2.2 SQ36 Workforce

Mrs McKibbin introduced herself and the work on workforce capacity and retention.

Mrs McKibbin indicated she would be happy to talk through the paper.

Mrs McKibbin noted the cessation of social work agency usage from June 2022. Mrs McKibbin noted that 83 additional staff had been appointed, and there had been the creation of a social work bank, through which circa 8900 hours had been worked

From August 2023, Mrs McKibbin reported that off-contract nursing had been ceased.

Mrs McKibbin noted the regional recruitment programme.

Mrs McKibbin also referred to the procurement of the new IT system for HR called Equip.

In relation to international recruitment, Mrs McKibbin noted the 30 overseas nurses appointed in the past year, with a focus on Learning Disability. There was also focus on recruitment of newly qualified nursing staff.

International medical recruitment meanwhile is currently being scoped.

In relation to new ways of working, new posts are being piloted in the HR team to assist Directorates with hard to fill posts, including in Supported Living, Homecare, and Social Work. Further evaluation of these pilot roles will continue.

Better links with Shared Services including at a Trust level are being developed, including a Belfast team.

Mrs McKibbin invited any queries from the Assurance Committee.

Mr Small noted that it was really important to have these deep dives on these issues. Mr Small recognised the impact of financial pressures, but that we needed to satisfy ourselves on matters we can control, including absence management and recruitment. Mr Watson clarified that the Attendance Management Action Plan had been issued on 14 June 2024, and will ensure that this is on Trust Board agenda for discussion in September 2024.

Mr McVey indicated it would be helpful to see the Action Plan, but also a way to track progress including metrics.

ACTION:- Mr Watson / Mrs McKibbin / Mrs Somerville

5.2.3 SQ58 Potential Risk of harm to children due to increase demand of casework, significant workforce challenges, high social work caseloads and unallocated cases

This item was deferred to the next meeting.

Dr Jack noted that there were continuing pressures in Children's Community Services, with escalating industrial action. Dr Jack noted that she considered it important to highlight the suggestions which the Department of Health had made regarding the current pressures in the system, including DHRs. Dr Jack noted that further detail would be brought to a confidential Trust Board in due course.

Responding to a specific query Mrs Cairns noted that that her team were working on a refresh to the BAF document, with a view to supporting the readability of the Board Assurance Risks.

6. Risk Presentations

6.1 Unscheduled Care

Mr Smyth expressed his gratitude to Dr Armstrong for the provision of his Assurance Heat Map.

Dr Armstrong noted the report recently received from RQIA, and welcomed the commendation from RQIA of the actions being taken at the Trust to address the significant issues in ED.

Dr Armstrong noted the other pressures in unscheduled care, and the actions take including by the RCC.

Dr Armstrong noted workshops which were ongoing.

Mr Smyth noted that Mr McMullan, Ms Kearney and Dr Sloan were apologies for the meeting, but that they had indicated that if the Committee had any queries regarding the risks identified (most of which will be well known to the Committee) that they would be happy to take any questions off-line. Mr Watson has agreed to facilitate that.

ACTION – Committee

Dr Armstrong also highlighted the issues in Cardiology and Neurology, noting the extended discussion at Trust Board regarding Neurology.

Dr Jack asked Dr Armstrong to update the Assurance Committee regarding the interaction from the Health and Safety Executive. Dr Armstrong noted that HSENI had been accepting of the actions being taken at the Trust recognising the particular constraints on the Trust.

Dr Jack noted that the trade union co-chair of the Trust Health and Safety Committee had also met with the HSENI.

Mr Small enquired as to the background and Dr Jack noted that the initial suggestion came from staff and there had been engagement with the commissioner for Older People.

Mr Small noted that there was reference to an absence of peer review flagged in Dr Armstrong's Heat Map. Dr Armstrong noted that peer review for some specialties is straightforward including in Cardiology.

Dr Jack noted that at Executive Team previously there had been discussion about Level 1 at the Trust, Level 2 demonstrating to ourselves, and Level 3 including RQIA and Colleges. Dr Jack noted that collectively as an Executive Team we had agreed to seek Level 3 review at least every 5 years.

Mr Small enquired in relation to the demand and capacity analysis. Dr Armstrong noted that this was being led by the Regional Control Centre.

6.2 Adult Community, Older Peoples and Allied Health Professionals

6.3 Cancer and Specialist Services

6.4 Mental Health and Intellectual Disability

Mr Small queried the linkage between these reports and the BAF and Corporate Risk Register.

Dr Jack explained the approach in relation to these including that these risks would be on individual Directorate Registers. Mr Small indicated that it would be helpful to have more detail on the risks themselves, the causes and the mitigations being taken to address each of these.

ACTION:- Mr Watson to follow up with the Directors in relation to this.

7. Risk and Governance Report

7.1 Risk and Governance Report Briefing Document

Dr Gardiner referred to the key areas for consideration including regarding

7.2 Risk and Governance Amalgamated Report

Mrs Cairns noted that the report provided now included key information, rather than the extensive detail previously provided.

Mr Smyth referred in particular to incidents in relation to behaviour by staff at page 3, and enquired what actions are taken in relation to these.

Dr Gardiner indicated that given the scale of this organisation, the number of incidents is very small. Dr Gardiner indicated that the imperative is to seek to resolve the issues locally at the time, and not rely on a process.

Mr Small indicated that it would be important that dependent on the nature of the issues, this would guide the actions.

Ms McBride noted that Adult Safeguarding had a process for the management of such allegations.

Mrs McKibbin noted that when issues arose HR would support managers to use the Conflict, Bullying and Harassment and Disciplinary policies and review these through the lens of an open, just and learning culture. Mr Smyth stressed the importance of monitoring timeframes.

Mrs McKibbin indicated that there was also work not only regarding individual incidents, but on identifying themes.

Ms McBride stated that issues of concern in relation to staff actions towards patients would be considered within the Adult Safeguarding processes. Mr Smyth enquired in relation to training, and Ms McBride provided assurance that training was provided for this.

Dr Jack noted that learning from Muckamore Abbey included that there had been assurance about a small number of incidents, but themes had been missed. Dr Jack commended the work of Ms McBride, previously Ms Traub and now Mr McMullan in identifying particular areas where there were vulnerable patients, and changes in patterns of behaviour.

Mr McVey referenced the number of outstanding SAI Reports, incidents in Mental Health and high costs of litigation.

Dr Jack noted that significant issues in mental health included impact on staff with serious injuries to staff members in recent times.

Dr Jack noted the high volume of reported SAIs and recognised the challenges of managing the workload, including a difference of approach for example with SAIs in Mental Health and not in some other areas. Mrs Cairns noted that delays were sometimes contributed to by colleagues seeking to reach “perfection” in reports, rather than being content with timely and early learning from situations. Mrs Cairns referred to rapid turnaround of reviews, and commissioning managers setting deadlines for response needed to be considered as steps to improve timeframes for reporting.

Mr Small noted that longer trend data would be of assistance.

ACTION:- Risk and Governance team

Dr Jack referenced that litigation costs are ordinarily very high in Maternity Services.

Mr Smyth reflected the benefit of discussing the data at meetings such as this.

Dr Gardiner noted that this was Mrs Cairns' last Assurance Committee meeting and wished to highlight her work across a number of years.

Dr Gardiner noted the change in the MDO under Risk and Governance had been huge, in being able to track and link incidents was immense.

On behalf of the whole team, Dr Gardiner wished to put on record his thanks on the occasion of Mrs Cairns last meeting of Assurance Committee.

Mr Smyth thanked Mrs Cairns on behalf of the Committee, for her contribution, helpfulness and the tremendous job she had done.

Mr Small noted that the volume and quality of the data was very impressive, and allowed him to have assurance at the committee. Mr Small noted that Mrs Cairns was behind much of that.

Mrs Cairns noted that there was a team who sought to provide assurance and highlight gaps. Mrs Cairns acknowledged the work of her entire team.

Dr Jack noted that Mrs Cairns had taken up post just prior to her taking up the role of Medical Director. Mrs Cairns had kept the organisation safe and been the conscience of the organisation, had been quietly effective and unassuming, investing and developing her team along with fulfilling wider roles at headquarters and in whistleblowing. Dr Jack thanked Mrs Cairns for her outstanding contribution.

Mrs Cairns thanked all for their remarks referencing her 41 years at the Trust.

The meeting adjourned at 1550 resuming at 1600.

8. Professional Reports

8.1 Medical and Dental Professional Assurance Report

It was noted that this report had been withdrawn.

8.2 GMC Quarterly Dashboard reports

Dr Gardiner referred to the summary report circulated.

Dr Gardiner highlighted particular areas:-

14 doctors with agreed restrictions, 3 also the subject of GMC Restriction.

2 MHPS investigations

0 doctors excluded.

Dr Gardiner highlighted the performance of appraisal at 36% but noted the impact of the implementation of encompass. Dr Gardiner noted that all doctors revalidating in recent months had 2023 appraisal complete.

Dr Gardiner noted the details about revalidation activity including deferrals due to lack of recent appraisal data. Dr Gardiner noted that absence of

patient feedback continued to be an issue in some specialties, including intensive care medicine.

Mr Smyth noted the reference on the National Training Survey to the 28 Reds for Facilities, and was concerned at the impact of this on recruitment.

Dr Jack indicated she was unsure of the impact of encompass.

Mr Smyth enquired as to the timeline for return of the facilities.

Dr Gardiner noted that the issues are being taken forward at the Local Negotiating Committee, but that ongoing work in encompass would mean that there may be a delay in facilities being returned.

Mr Smyth stressed that it was important that nurses and doctors had facilities which were appropriate, as it was a competitive market, and we should ensure reasonable facilities. Dr Gardiner indicated that he would seek to clarify the meaning of the data.

ACTION:- Dr Gardiner

Mr Small enquired as to what restriction meant. Dr Gardiner noted this could include restriction from sites, or interaction with particular colleagues or at GMC level including testing for example for alcohol. Dr Gardiner noted that colleagues were working through restorative processes and the numbers were falling.

8.3 Nursing BHSCT Supervision Compliance Assurance Report

Mr O'Neil noted 85% compliance on supervision for nurses, a slight drop on last year. There was spread of good practice to areas of issue. In relation to midwives there had been agreement in 2022 by the CNO that supervision needed to be re-implemented. There has been some improvement in the past year but performance is still only at 25%.

Professor Hughes sought clarification as to what supervision meant in this context. Mrs O'Neill referred to the "external oversight" of skills, having a critical companion, to provide support to an individual nurse.

Mr Small queried again the midwifery low level of compliance. Mrs O'Neill provided assurance that there would be improvement in the next year.

8.4 Nursing BHSCT Revalidation Report

Mrs O'Neill referred to the requirement for revalidation for nurses every three years.

Mrs O'Neill indicated that for the 12 nurses who had not revalidated, there were explanations for these. However, the team in nursing had reviewed their procedures to seek to improve the efficiency and effectiveness of the process of revalidation, and continued to work with Directorates and Divisional teams.

8.5 Adult Safeguarding Report

Ms McBride spoke to the annual report for 2023/2024.

Ms McBride noted that the report came to Assurance Committee and also to the Department of Health.

Ms McBride noted the achievements and key challenges.

Ms McBride noted key achievements including:-

Regional work on date, performance, training and development, policies and procedures, joint protocol, user feedback and case review.

Quarterly audit cycles.

Training on Adult Safeguarding

Engagement with service users

Data triangulation – monthly data reports.

Action Plan at the Trust.

Challenges have included:-

Lack of access to L2 and L3 training for non-social work staff. Demand outstrips capacity.

Increase in complex referrals.

Workforce issues, unfunded posts, sickness and absenteeism – impacting on investigations.

Ongoing issues with encompass and restrictions on data access. First report run last week show inconsistency with manual counts.

Ms McBride invited any questions.

Mr Smyth noted encompass implications. Mr Smyth asked when Ms McBride envisaged stabilisation. Mr Smyth noted that these were early days and there remained issues perhaps with how the system was being used. Mr Campbell advised that other Trusts continued to encounter data issues many months on since implementation.

Mr McVey commended the team on the report. Mr McVey referred to Adult Safeguarding Champion Position Reports, and also the identified issues with training. Ms McBride advised that training for non-social work staff was unfunded; without training they cannot fulfil the screening role.

Mr Small also commended the comprehensive nature of the report. Mr Small also noted the importance of the Level 3 external audits. Mr Small asked for

an update on how the action plan was reviewed. Mr Small asked about training.

Ms McBride explained Level 1 and Level 2 mandatory training, and then Level 3, 4 and 5 training required for various roles. Ms McBride clarified that for social work and social care, training was satisfactory, but it was difficult to speak to individual areas for Level 1 and Level 2 training. Ms McBride that work was ongoing in relation to how training could be captured across the Trust.

Mr Small asked for data on social work training to be provided.

ACTION:- Ms McBride

Ms McBride advised that there are 5 working groups within the Trust which feed into the Safeguarding Committee. The action plan is divided into those 5 workstreams.

9. Infection and Prevention and Control Annual Report

Mrs O'Neill referred to the Annual Report which had been tabled.

Mrs O'Neill noted that the report is necessarily detailed, but it also acts as a guide as to the wide reaching role and function of the Infection Prevention and Control team.

The report provides detail in relation to Department of Health targets.

Mrs O'Neill referenced that Covid continued to be managed with six outbreaks as at today.

Mrs O'Neill referenced the staffing changes in the team in recent times.

Mrs O'Neill indicated that new in post, and reflecting on what she had heard today, she would wish to focus on what would be done moving forward, and not merely looking back. Mrs O'Neill also noted that she would reflect on the Committee's wish to see improving trend data.

Mr Smyth referred to concern in relation to isolation facilities.

Mr McVey commended the report and enquired in relation to the approach of the Department to unfunded pressures in this area. Ms O'Neill noted that while the DoH review was ongoing it was unlikely that there would be new monies, and so she was encouraging the team to look at that which could be provided from within existing resources.

Dr Armstrong noted that in recent times the Infectious Diseases service had moved from a position of vulnerability to a team now of 5 consultants, allowing to provide a more comprehensive service.

Dr Jack noted the practice of boarding patients at ward level and prolonged waiting at EDs. Dr Jack enquired if there could be consideration of the impact of this on infection prevention and control. Dr Jack also asked Mrs O'Neill to review the data at page 20 to assist her understanding on that.

ACTION:- Mrs O'Neill.

Mr Small referred to the comparison tables at pages 17 and 18, with favourable comparison against local Trusts, but less so when comparison with Trusts in other parts of the UK. Mrs O'Neill to seek some further information on this.

ACTION:- Mrs O'Neill

10. Any Other Business

Mr Smyth noted the papers in relation to the NMC and suggested that the Trust Board be advised on this further at a Trust Board in September 2024, with consideration of the implications for the Trust.

ACTION:- Mrs O'Neill

There was no other business for the Committee.

Mr Smyth thanked colleagues for the work which had gone into the preparation for the meeting, the papers provided, and the informative discussions which had taken place

11. Date of Next Meeting – 12 November 2024