

BHSCT Board Update from Committees

Date of Trust Board for consideration of this report.	30 April
Name of Trust Board Committee	Assurance Committee
Chair of Trust Board committee (as at date of the report)	Mr Joe McVey, non-executive director
Required frequency of meetings (as indicated by Terms of Reference for the Steering Group)	4 times per year
Meeting dates in the year prior to the Trust Board meeting	14 May 2024 23 July 2024 12 November 2024 18 February 2025 le Compliant with requirement in the Terms of Reference
Date of last review of the Terms of Reference of the Trust Board Committee	The extant Terms of Reference were last reviewed in January 2020, and a revised draft Terms of Reference will be considered at the next meeting of the Assurance Committee on 13 May 2025
Summary Report from the Chair of the Trust Board Committee This report has been prepared for Trust Board in accordance with the Trust Board workplan which requires that the Assurance Committee report to the Board on three occasions per annum. As has been the practice in recent years, the Committee continues to review key risks from the Board Assurance Framework Risk Document, consider presentations from a number of Directorates in relation to their key risks, consider a report from the Risk and Governance Department, consider updates from Steering Groups which report to the Assurance Committee and consider other reports. Areas of particular focus by the Committee have been SAI performance, complaints management and lessons learned.	

<p>The Committee (and the Trust Board at its April 2025 meeting) has also noted the ongoing work in relation to a review of the Assurance Framework. It is envisaged that a revised Board Assurance Framework will be available later in the calendar year 2025.</p> <p>The ongoing work and agenda for this Committee will be principally determined by the outcome of the review of the Board Assurance Framework.</p> <p>The Chairman of the Committee, Mr Joe McVey is joined on the Committee (following a review of committee memberships) as at 2 April 2025 by Mr John Conaghan, Professor Carmel Hughes, and Mr David Small.</p> <p>This report has been shared in draft form with these non-executive members on the Assurance Committee. They are in agreement with this report to Trust Board.</p> <p>Also provided below are the last agreed minutes of the Assurance Committee from its November meeting. There has been ongoing discussion in relation to whether minutes of Board committee meetings should continue to be provided (along with this update).</p>	
Annual Reports for consideration by the Trust Board (if any).	None
Matter(s) for consideration by the Trust Board and recommended actions for the Trust Board (if any).	<p>It is recommended that the Trust Board approve the continued approach to the Assurance Committee, and support the ongoing review of the Board Assurance Framework as outlined above.</p> <p>The Board are asked to consider if they wish to continue receiving copies of Assurance Committee minutes, in addition to the updates provided in this template format.</p>
Date of report	16 April 2025

NB Any report to the Trust Board should be no longer than 10 pages in length.

Assurance Committee

12 November 2024 at 14:00

Boardroom, Non Clinical Support Building, Royal Hospitals

MINUTES

Present

Mr Joe McVey, Chairman of Assurance Committee

Professor Carmel Hughes, Non-executive director

Mr David Small, Non-executive director (via MS Teams)

In attendance

Mrs Maureen Edwards	Interim Chief Executive
Mrs Claire Corry	Interim Director of Finance
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Director of Nursing and User Experience
Miss Tracy Reid	Interim Executive Director Social Work (<i>from item 8</i>)
Mrs Bernie Owens	Deputy Chief Executive (<i>from item 15</i>)
Dr Brian Armstrong	Director Unscheduled and Older People's Services
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Janet Johnson	Director ACCTSS and Surgery
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mr David Porter	Director of Strategic Development
Ms Kerrylee Weatherall	Interim Director Children's Community Services
Mr Peter Watson	Head of Office
Ms Ursula McCollam	Service Manager (Risk and Governance)
Mr Jon Sims	Codirector, ICT (<i>until item 4.2.2</i>)
Ms Aine Stewart	Business Support Manager

Apologies

Ms Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mr Colin McMullan	Interim Director Adult Community and Older People Services
Mrs Marion Mulholland	Director, Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients

1. Apologies		
Apologies were noted as above, Mr Watson referring to the approach set out in the email of 7 November that the Chair of the Committee had indicated that those listed against the Matters Arising were not required to attend the meeting, should that be the only reason they would anticipate being present. Further, the approach had been agreed that those whose names were recorded against items 4 to 16 were asked to attend if possible, but if not possible, then he would relay any questions to the relevant colleagues.		
2. Chair's business		
<p>The Chairman welcomed all to the meeting, noting that he had been asked by the Trust Chairman to chair the committee following the departure of Mr Smyth, and pending further consideration regarding Trust committee structure and composition.</p> <p>The Chairman noted his gratitude to Mr Smyth for his long years of service as Chairman of the Assurance Committee.</p> <p>The Chairman noted that in the wider context of the review of Trust Board operations, a number of "tests of change" were being tried at this meeting. This was part of a work in progress and the Chairman indicated that he would welcome the input of all in the coming weeks.</p> <p>The Chairman noted that all papers as circulated on Convene should be taken as read by those attending.</p> <p>The Chairman noted his thanks to Mr Watson, Ms Stewart and all who had contributed to the collation of a comprehensive pack of papers.</p>		
Conflicts of interest		
The Chairman invited any conflicts of interest to be declared. None were declared.		
3. Minutes of the previous meeting of 23 July 2024	Mr Watson	AC1-2-24
The minutes of the meeting of 23 July 2024 were noted and agreed.		
3. Matters arising		
3.1 Minutes of the meeting of 14 May 2024.- Mr Watson	Mr Watson	AC2-2024

Mr Watson noted that the minutes of the meeting of 14 May 2024 had been reviewed at the 23 July meeting, a number of queries had been raised, and these had then been included in the circulated final minutes of 14 May 2024.

In recent days, Mrs McCollam had noted that the 14 May 2024 notes had not captured the reference to the paper on the impact of encompass go live and the full discussion that there had been regarding assurance.

It was agreed that this omission be rectified by an amendment to the minutes to include such reference, with final minutes then re-issuing.

ACTION:-Mr Watson

3.2 Cyber Security

Mr Campbell

It was noted that this was to be considered later in the agenda.

3.3 Surg ENT 060

Mrs Johnson

AC3-2024

3.4 Attendance Management

Mrs Somerville

AC4-2024

3.5 Longer trend data re SAI report.

Dr Gardiner

AC5-2024

3.6 Reds for Facilities

Dr Gardiner

AC6-2024 A
AC6-2024 B
AC6-2024 C

3.7 Infection Prevention and Control Update

Mrs O'Neill

AC7-2024

3.8 NMC Update to Trust Board

Mrs O'Neill

AC8-2024

The updates provided on Matters Arising 3.3 to 3.8 inclusive were noted, with no questions arising from the Assurance Committee.

4. Assurance Framework

4.1 BAF Risk Document & Corp Risk Register Extract Briefing Document

Mr Hagan

AC9-2024

Mr Hagan made reference to the tabled papers, and noted that he would be inviting the relevant Service Directors to speak to the specific risks. Mr Hagan raised a query as to whether SQ55 should remain given that it had remained stable for some time.

4.2 Board Assurance Framework Risk Document & Corporate Risk Register Extract

Mr Hagan

4.2.1 SQ58 - Potential Risk of harm to children due to increase demand of casework, significant workforce challenges, high social work caseloads and unallocated cases (previously at Assurance Committee in July 2023)	Ms Weatherall	AC11-2024 A AC11 -2024 B
<p>Ms Weatherall referred to the documentation tabled.</p> <p>Ms Weatherall highlighted the range of actions being taken to mitigate the risk including work at the Department of Health.</p> <p>Ms Weatherall noted that a residual risk remained and her recommendation was that the risk remain on the register given the continuing immense pressure.</p> <p>Professor Hughes enquired in relation to the latest position regarding Action Short of Strike. Ms Weatherall indicated that negotiations continued between the Department of Health and NIPSA, with the next few weeks being critical.</p> <p>Professor Hughes enquired further regarding the demands from other sectors which had been referred to. Ms Weatherall indicated that the Education Authority and Youth Justice recruitment campaigns had resulted in experienced Trust staff leaving to new posts.</p> <p>Ms Weatherall also reflected on the challenges presented by sickness absence.</p> <p>Mr Small noted that it was good to be updated on the risk, and helpful to understand the context and the enormous challenges. He was assured that controls were in place, despite there being no immediate solutions. Mr Small noted that organisationally we would have to continue to manage the risk while ensuring that the Department of Health were continually updated.</p> <p>It was agreed that the risk remain on the Principal Risk Register.</p>		
4.2.2 SQ39 – Cyber Incident (previously at Assurance Committee in May 2023)	Mr Campbell	AC12-2024 A AC12-2024 B
<p>Mr Campbell introduced Mr Sims to speak to the papers which had been provided to the Committee.</p> <p>Mr Sims noted that he had sought to provide an overview of the risk, and details of the assurances he could and could not provide.</p> <p>Mr Sims noted that planning was based on “when” we have a cyber attack and not “if”, while it was important that Cyber security was owned by the entire organisation and not just ICT. Reporting on the latest test phishing exercise, Mr Sims noted that circa 20% were opened, 10% clicked on the link and 5% entered details</p> <p>Mr Sims recommended that the risk remain on the Principal Risk Register, and also that consideration be given to obligations for Cyber Security training.</p>		

Ms Kearney queried the position of LIMS given it had now been taken over by the Business Services Organisation. Mr Sims noted that it was still within the HSC network, with the Trust required to hold BSO to account from a Cyber Security and compliance perspective.

Mr Small noted the risk identified with the low uptake of awareness training.

Mr Sims noted the two elements of training, namely that data governance mandatory training included Cyber Security (which was at circa 50% compliance) and the non mandatory monthly training bytes which was at a lower level of circa 20% compliance. Consideration was being given to separating out Cyber Security from the data governance mandatory training.

Mr Small indicated that we should aim higher than 20% compliance.

Mr Campbell noted that the 50% compliance reported may in fact be higher, due to under-reporting on the Learning Management System, while it was hoped that the new onboarding system would also assist.

Mr Sims also clarified that the Trust's "technical" protections would have prevented the test phishing entering the organisation in the first instance.

Mr Campbell noted that regionally the work of Mr Sims team had been recognised as the best in NI, and the only Trust awarded a "satisfactory" rating, but Mr Campbell noted that the Trust was still some way off industry standards and with an ongoing threat (eg 57 approaches in the last month) the risk should remain on the Principal Risk Register.

It was agreed that the risk remain on the Principal Risk Register.

4.2.3 SQ44 - Risk of harm to vulnerable patients in Muckamore Abbey Hospital (MAH) whilst the historical investigation is ongoing	Dr Sloan	AC13-2024 A AC13-2024 B
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Dr Sloan referred to the papers presented, and in particular noted the change of name on the risk to reflect that the risk was now not in relation to the investigation but rather in relation to the fragility of current staffing arrangements.

Dr Sloan noted that some of the controls had been amended to reflect the revised risk.

Dr Sloan noted that evidence of controls was captured in the template tabled, including MDAG report and RQIA inspections.

The residual risk remaining arose from the 85% agency staffing.

Dr Sloan noted that the risk was decreasing over time, with the hospital now home to only sixteen patients, and requiring less and less of a nursing complement.

Dr Sloan's recommendation was that the risk remain on the Principal Risk Register for now, with his hoping that by the time a next review of the risk would be due, the hospital will have closed.

Mr Small recognised the ongoing challenges including the use of agency staffing, accepting that for now we had to seek to manage the risks while pursuing the ultimate goal of closure.

Professor Hughes enquired as to what the number of residents would be for the hospital to be non-viable.

Dr Sloan said that a number of resettlements were planned pre Christmas which would take the number of patients to circa 10, at which point it may be appropriate to look to individual Trusts to take responsibility for remaining patients.

It was agreed that the risk remain on the Principal Risk Register.

5. Risk Presentations

The Chairman thanked those colleagues who had provided the papers in relation to risks within their Directorates. The Chairman invited the Committee to raise any specific queries regarding the reports which had been tabled.

5.1 Cancer and Specialist Services

Ms Kearney

AC14-2024

Ms Kearney noted that she had considered it important to flag the range of risks in haematology but also wished to assure the Committee that there continued to be the removal of risks from the risk register.

Professor Hughes enquired in relation to electronic prescribing in haematology. Ms Kearney and Mr Campbell noted that the Beacon facility within encompass would facilitate this, and there would be an increasing focus on encouraging this to be built within encompass.

5.2 Children's Community Services

Ms Weatherall

AC15-2024

Ms Weatherall referenced the paper she had presented and reflected on the positive news in recent weeks of investment in the area.

5.3 Anaesthetics, Critical Care, Theatres & Sterile Services, & Surgery

Mrs Johnson

AC16-2024

Mrs Johnson highlighted the details in relation to pre-assessment capacity issues, and the recently completed £1.7m business case. Pending investment, the Trust continued to seek to arrange mega clinics to increase pre-assessment capacity.

Mrs Johnson also highlighted the risks in SAS medical staffing at the Mater Hospital and issues in the paediatric chronic pain service, and with head and neck cancer.

Mr Small enquired regarding the background to the issues of recruitment into specialty areas.

Mr Hagan said there were many reasons including the market in Northern Ireland not being competitive including in relation to salary; the starting salary for consultants in the Republic of Ireland was for example 2.5 times that of that in Northern Ireland.

Mr Hagan also referenced the impact of inquiries such as IHRDNI.

There was however an opportunity to make BHSCT an organisation of choice, including as it did, the regional specialties.

6. Risk and Governance Report		
6.1 Risk & Governance Report Briefing Document	Dr Gardiner	AC17-2024
6.2 Risk & Governance Amalgamated Report incorporating: <ul style="list-style-type: none"> • Trust Incident & SAI Quarterly Report • Complaints Quarterly Report • Legal Services Quarterly Report • Coroner's Services Quarterly Report • Police & External Guidance Quarterly Report 	Dr Gardiner	AC18-2025

Mr Hagan referred the Committee to the tabled reports.

Mr Hagan noted in particular that 436 out of 508 catastrophic incidents were in Adult ED.

Mr Hagan also noted the decreasing number of reported incidents, and the issue of retention of foreign objects.

Mr Hagan noted that a key issue was in relation to overdue SAI reports with it being difficult to stand over 30 SAI reports outstanding back to as far as 2017.

Mr Hagan also highlighted the high number of compliments.

Mr Small agreed with Mr Hagan that it was good to note the high number of compliments, particularly when the focus was so often on complaints.

Mr Hagan noted that real time patient feedback was also very important.

Professor Hughes enquired in relation to outstanding NICE guideline implementation and outstanding Trust policy review. Mr Hagan indicated he would seek further information from his team.

ACTION:-Mr Hagan

Ms Kearney noted that a number of outstanding Policy reviews in Pharmacy were consequent upon encompass and she was confident of being back on track by end December 2025.

7. Social Care Steering Group	Miss Reid	AC19-2024
8. People and Culture Steering Group	Mrs Owens	AC21-2024
9. Clinical and Social Care Governance Steering Group	Dr Gardiner	AC22-2024
10. Organisational Governance Steering Group	Mrs Corry	AC23-2024
11. Safety & Quality Improvement Steering Group	Dr Gardiner	AC24-2024
12. Involvement Steering Group	Mr Campbell	AC25-2024

The Chairman referred to the updates which had been provided from each of the Steering Groups and invited any queries from the Committee. The Chairman noted that in the context of the INI Oversight Group update, a question had been posed as to whether the Assurance Committee should see the minutes of meetings of groups which reported to it.

Mr Small noted that the updates from other groups were helpful, with it being important that the Trust was careful with how it managed all the various reports from various aspects of Trust business. This was all part of the wider considerations ongoing as to how the Trust Board conducts its business.

Mrs Edwards agreed with Mr Small's comments.

Mrs O'Neill echoed the comments saying that various committees could not become involved in reviewing the minutes of various other committees. Rather, reviewing succinct updates, inclusive of escalated concerns, or communicated assurance, was the proper function of the Assurance committee.

It was agreed that minutes of groups reporting into the Assurance Committee would not routinely be tabled at Assurance Committee.

Miss Reid suggested that individual groups might wish to conduct annual self-assessment of their activities.

Professor Hughes noted that she had found the revised risk templates used at this meeting to be very helpful.

Mr Hagan noted that when the assurance framework had been reviewed there had been an attempt to be as concise as possible, but the framework had then grown. Mr Hagan welcomed the approach taken by Dr Sloan of re-describing current risks.		
13. Reports which Assurance Framework links to EDG		
13.1 RQIA Regulated Providers Inspections Report (ACOPS)	Mr McMullan	AC26-2024 A and B
13.2 RQIA Regulated Providers Inspections Report (MH & ID)	Dr Sloan	AC27-2024 A and B No paper submitted
13.3 RQIA Review Programme Status Report		
13.4 RQIA & Serious concerns report (CCS)	Dr Gardiner	AC28-2024 A and B
13.5 Independent Neurology Inquiry Oversight Group update	Ms Weatherall	AC29-2024
13.6 Whistleblowing Report	Mrs Owens	AC30-2024 A and B
	Mrs Somerville	
The Chairman noted the above reports and there were no questions arising.		
14. Professional Reports	Mr Hagan	AC31-2024 A and AC31-2024 B
14.1 GMC Quarterly Dashboard Reports (Briefing Summary)		
Mr Hagan referred to the papers provided noting that at the Trust there were circa 2000 doctors in total, of whom circa 1400 were permanent medical staff. Mr Hagan noted that the biggest risk at this time was regarding the completion of appraisal, with 64% of doctors having completed appraisal for the calendar year 2023. Mr Hagan noted that he would be picking up this work, with a view to securing improvement in the latter part of 2024, and		

also noted the increasing interest of the GMC who had identified 65 doctors not ready to revalidate as they were not up to date with their appraisal.

Mr Hagan noted that independent sector providers would stop a doctor working in their facility if they did not have up to date appraisal, but previously a softer approach has been taken at the Trust. Mr Hagan indicated that discussions were now taking place with senior medical leaders as to what sanctions might look like eg withholding study leave. Mr Hagan noted that the GMC now wished to have discussions about doctors who were not completing appraisal and this may of itself act as a prompt for doctors to do appraisal, so that they were not the subject of discussion with the regulator.

The Chairman enquired as to the background of the reluctance of individuals to complete appraisal.

Mr Hagan noted that prior to the pandemic appraisal rates had been good. When the pandemic commenced, the Chief Medical Officer had stood down the requirement for annual appraisal, and this was a factor, as was a number of doctors not seeing the value in appraisal.

The Chairman enquired what was different in Nursing and Mrs O'Neill outlined the approach there including nursing development leads, review of training and supervision requirements and revalidation every three years. Also appraisal informed the commissioning of specialist education.

Mr Small welcomed the commitment of Mr Hagan to address the appraisal issues.

Mr Hagan noted that any punitive measures would need to be carefully considered, and that he hoped that the regulatory interest would assist.

Mr Hagan noted that he would be raising the matter at his "Town Hall" meetings with medical staff which would resume week commencing 18 November.

16. Integrated Governance and Assurance Framework

Mr Hagan

AC32-2024

Mr Hagan referenced the work which had commenced on the review of the assurance framework at the BHSCT, and also referenced the work of Mrs June Champion on behalf of the Department of Health.

Mr Hagan noted that the guidance in relation to governance changes regularly, and in particular he made reference to the INI recommendation 20 regarding a Safety and Quality Assurance Group being required of Trust Boards.

Mr Watson noted that there was ongoing discussion with the Department of Health in relation to the INI recommendations implementation including meetings in the coming days.

Mrs Owens referenced the review of the work of Trust Board which was already underway, with the Chairman confirming that this was indeed a work in progress.

Mrs McCollam referenced the recommendation that the current framework be extended for another three to six months. Mrs Owens cautioned about the need to review and revised the framework in the early months of 2025. Mrs Edwards indicated this would need to be considered at the Trust Board workshop in early December.

17. AOB		
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There being no other business, the Chairman reiterated his thanks to colleagues for all the work which had gone into the planning of, and the papers for, the meeting. The meeting concluded at 1520		
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18. Details of next meeting: 18 February 2025 at 2pm		
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