

BHSCT Board Update from Committees

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| Date of Trust Board for consideration of this report. | 4 September |
| 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 | 23 July 2024 12 November 2024 18 February 2025 13 May 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 May 2025, and a number of amendments were proposed. The amended Terms of Reference will be considered at the next Assurance Committee on 16 September, and then brought back to Trust Board. |
| Summary Report from the Chair of the Trust Board Committee | |
| <p>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.</p> <p>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> | |

Since the last committee meeting, the Trust has of course been placed at Level 5 of the Support and Intervention Framework and the approach and work of the committee going forward will be informed by work in that context.

The ongoing work and agenda for this Committee will be principally determined by the outcome of the review of the Board Assurance Framework.

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. Mr McVey is due to step down from Trust Board at end September and so a new member and a new Chair of Assurance Committee will need to be identified.

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.

Also provided below are the last agreed minutes of the Assurance Committee from its February 2025 meeting, in line with the approach agreed at the Trust Board meeting on 30 April 2025.

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| 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). | 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. |
| Date of report | 25 August 2025 |

Assurance Committee

18 February 2025 at 14:00

Boardroom, Trust Headquarters, NCS Building

MINUTES

Present

Mr Joe McVey, Non-executive director and Chair of Assurance Committee

Mrs Ellen Finlay, Non-executive director

Professor Carmel Hughes, Non-executive director

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

In attendance

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| Dr Brian Armstrong | Director, Unscheduled and Older People's Services (<i>for part of meeting as indicated below</i>) |
| Ms Paula Cahalan | Director, Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health |
| Mr Alastair Campbell | Director, Performance, Planning and Informatics |
| Mrs Maureen Edwards | Interim Chief Executive |
| Mrs Fiona Cotter | Interim Director of Finance |
| Mr Chris Hagan | Medical Director (<i>for part of meeting as indicated below</i>) |
| Ms Moira Kearney | Interim Director of Cancer and Specialist Services |
| Ms Rhoda McBride | Deputy Executive Director Social Work |
| Mrs Olga O'Neill | Interim Director of Nursing and User Experience (<i>for part of meeting as indicated below</i>) |
| Mrs Ursula McCollam | Service Manager (Risk and Governance) |
| Dr Peter Sloan | Interim Director, Mental Health Intellectual Disability and Psychological Services |
| Mrs Gillian Somerville | Director of Human Resources and Organisational Development |
| Mr Peter Watson | Head of Office |

Apologies

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| Mr Colin McMullan | Interim Director Adult Community and Older People Services |
| Mrs Tara Clinton | Interim Director, ACCTS |
| Mrs Marion Mulholland | Director, Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients |
| Miss Tracy Reid | Interim Executive Director of Social Work |
| Professor Catherine Ross | Non-executive director |
| Ms Kerrylee Weatherall | Interim Director, Children's Community Services |

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| 1. Apologies | | |
| Apologies were noted as above. | | |
| 2. Chair's business | | |
| <p>Mr McVey welcomed all to the meeting.</p> <p>Mr McVey invited any conflicts of interest to be declared. No conflicts of interest were declared.</p> <p>Mr McVey noted that a considerable amount of work had gone into the papers, and thanked Mr Hagan, Mrs McCollam and Mr Watson in particular for the work to streamline the papers.</p> <p>Mr McVey noted that while there was a considerable bundle of documentation, it would be taken as read. While he was keen to ensure progress of the meeting as efficiently as possible, Mr McVey indicated he was very mindful of the importance of Assurance Committee and so he wished to ensure there was opportunity to take time for wider learning.</p> <p>Professor Hughes noted that she found the new templates helpful.</p> | | |
| 3. Minutes of the previous meeting of 12 November 2024 (draft at 3 December 2024) | Mr Watson | AC33 of 2025 A & B |
| The draft minutes of 12 November 2024 were agreed, subject only to an amendment to record Ms Cahalan as an apology for the meeting, and not an attendee. | | |
| 3. Matters arising | | |
| 3.1 Minutes of the meeting of 14 May 2024 | Mr Watson | AC34 of 2025 A&B |
| The revised minutes of 14 May 2024 were agreed. | | |
| 3.2 Outstanding NICE guideline implementation and outstanding Trust policy review | Mr Hagan | AC35 of 2025 |
| <p>Mr Hagan referred to the briefing paper provided.</p> <p>Mr Hagan highlighted in particular the work being taken forward to seek measurable improvement.</p> | | |

Professor Hughes noted that she had raised the previous query, and enquired if there was a timeline to resolve outstanding matters.

Mr Hagan reflected that ERRG had perhaps not functioned as well as it might have in recent years and he would wish to make improvements, holding directorates to account. Mr Hagan noted however that there was not necessarily additional funding for NICE Guideline implementation and so there needed to be cognisance of that.

4. Assurance Framework

4.1 BAF Risk Document & Corp Risk Register Extract Briefing Document

Mr Hagan

AC36 of 2025

Mr Hagan thanked Mrs McCollam for her work on the BAF and noted that he also wished to highlight the new template and heatmap which assisted in demonstrating 1st, 2nd and 3rd line assurance.

Mr Hagan also noted the work to link the risks to the corporate plan,

Mr Hagan also noted the wish to rationalise the presentation of risk for example under overarching headings such as Patient Flow, elective care or Looked After Children.

Mr Hagan indicated that going forward he would wish to be both concise and precise in relation to risks, and the consequences of such risks.

4.2 Board Assurance Framework Risk Document & Corporate Risk Register Extract

Mr Hagan

AC37 of 2025

4.2.1 SQ41 Domiciliary Care

Mr McMullan

AC38 of 2025

Mr McVey noted that Mr McMullan was only available later in the afternoon.

Mr Hagan noted however that in his view Mr McMullan had clearly articulated the risk and mitigations for both SQ41 and SQ53, and he was content that they remained on the risk register.

Mr Small agreed that the risks were clearly articulated with the mitigations and controls set out.

Mr Small noted the root causes of capacity, resourcing and funding in these and indeed other risks, with the role of the Trust to ensure that we have managed the risks as best as we can, in a context where it was not possible to remove the risks.

Mrs Edwards noted that the approach to risk management had been discussed with the Permanent Secretary at Accountability Review, echoing Mr Small that all we could do was seek to mitigate risks and prioritise investment to the biggest risks.

Mrs Edwards noted that she was clear in 'Support and Intervention' meetings and with SPPG in relation to matters within the control of the Trust and those outwith the control of the Trust eg. in social care there were accepted capacity issues.

Mr Small noted that it was good to note that we were open and transparent in relation to the risks, and he was content with the detail given, but it was frustrating that the root cause could not be addressed more quickly.

Mrs Edwards noted that the Permanent Secretary had commended the improvements in unscheduled care in recent weeks, with her highlighting the two-fold approach of work at the "front door" led by Dr Armstrong and at the "back door" led by Mr McMullan. Mrs Edwards reflected that there was a risk that if our staff perceived others were not making similar endeavours, they would become frustrated.

Mrs Edwards passed on her thanks to our staff.

Mr Small again applauded the efforts of those who had prepared the submissions.

Professor Hughes noted that she too had noted the issues regarding resources, but she too was content with the controls in place.

Risk to remain on the BAF.

Mrs O'Neill joined the meeting.

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| 4.2.2 SQ53 ACOPS Independent Sector Care Homes | Mr McMullan | AC39 of 2025 |
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Discussed in the context of 4.2.1.

Risk to remain on the BAF.

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| 4.2.3 SQ54 Adult Safeguarding | Miss Reid | AC40 of 2025 |
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Miss McBride referred to the paper provided.

Miss McBride referred to the two key risks, namely resourcing particularly in the adult protection gateway team, and in the shortfall of 0.3 WTE for training.

Mrs O'Neill noted that she had an update on the training which she would discuss with Miss McBride.

Mr Small noted that this was slightly different from the other risks in that it was not all about resourcing.

Miss McBride agreed and indicated that work continued for example on increased awareness on acute sites. Miss McBride noted that fragmented governance arrangements remained an issue of concern. The context was also the incoming Adult Protection Bill.

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| 4.2.4 SQ55 Risk of harm due to variance from safe evidence-based practice where clinical staff work without appropriate review and audit of their work | <i>Mr Hagan</i> | AC41 of 2025 |
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Mr Hagan noted that this risk has been on the Risk Register for a number of years following the concerns arising in the circumstances of the Neurology recall and Inquiry.

Mr Hagan assured the committee that there had been significant work to identify lone working and to support small teams. Work continued through the high performing teams framework, while live governance arrangements were fully embedded through the organisation.

Mr Hagan noted that the Trust had met all the requirements of the INI recommendations, as determined by Dr Patricia Donnelly, acting for the Department of Health.

The Committee agreed that this risk should be removed from the Risk Register.

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| 4.2.6 Paper in relation to revisions to template | <i>Mr Hagan</i> | AC42 Of 2025 A - D |
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Mr Hagan noted that he was conscious of the ongoing work by Mrs Champion, and the likely recommendation in relation to the name, attendance and work of the Assurance Committee.

Mr Hagan considered that most BAFs should have 6 to 10 risks with better alignment with corporate goals.

Mr Hagan invited colleagues to provide feedback to himself and Mrs McCollam on the new format.

Mrs McCollam added that the new format sought to streamline and better map controls to assurance, making it easier to read. As risks are transferred over, the heat map will be fully populated and the BAF Summary Dashboard page will evolve, with metrics such as risk appetite added. This will require a board workshop to determine the risk appetite and tolerance of each risk.

Professor Hughes noted that she found the new format much easier to follow, while the guidance notes were also very helpful.

Mrs Finlay said she considered it to be a great document, and enquired if there would be training in its use and application.

Mrs McCollam advised that training would be provided, while there would also need to be consideration and training on the changes following the work of the department of health. The plan was to support teams to transfer the risks over to the new format by July and then progress training thereafter.

Mrs O'Neill noted that she also found the new format helpful, and suggested that going forward the guidance notes/narrative should be expanded.

Mr Small noted that the format assisted in the clear identification of cause, effect, controls, and lines of assurance. Mr Small asked could the BAF Summary Dashboard page have the 'Overall Assurance Rating' for each risk, as this is referenced on the individual risks. Mr Hagan noted that the heat map would be updated to reflect this.

Mr McVey thanked all for their input and noted that the new revised template and the proposals in the paper were agreed.

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| 5. Directorate Presentations | | |
| 5.1 Adult Community, Older Peoples Services and AHPs | Mr McMullan | AC43 of 2025 |
| <p>Mr McMullan was not present at this point in the meeting. Mr Watson noted that he would pass any queries which the Committee had, to Mr McMullan.</p> | | |
| 5.2 Trauma, Orthopaedics, Rehabilitation Medicine, Imaging, Medical Physics and Outpatients | Mrs Mulholland | AC44 of 2025 |
| <p>Mrs Mulholland was not present. Mr Watson noted that he would pass any queries which the Committee had, to Mrs Mulholland.</p> | | |
| 5.3 Child Health and NISTAR, Maternity, Dental, Gynae and Sexual Health | Mrs Cahalan | AC45 of 2025 |
| <p>Mrs Cahalan provided an overview of her report highlighting the three risks pertaining to workforce, to infrastructure and environment, and elective waiting times and access. Mrs Cahalan flagged the risk of the delays in the opening of the new Maternity Hospital, which had a consequent impact on the current facility, and in turn on those services which were due to move to that facility. Professor Hughes enquired regarding the risk of losing staff. Mrs Cahalan advised that she did not have data on this risk but her own experience had been that in fact some staff were now choosing to work at least in part at Belfast. Mrs Cahalan noted the risk in small teams, if colleagues sought to relocate. Mrs Cahalan noted however that the breaking of ground for the new Children's Hospital was a significant step in encouraging recruitment and retention of staff.</p> | | |

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| 6. Risk and Governance Report | | |
| 6.1 Risk & Governance Report Briefing Document | <i>Mr Hagan</i> | AC46 of 2025 |
| 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 | <i>Mr Hagan</i> | AC47 of 2025 |
| <p>The Committee noted the reports as submitted.</p> <p>Mr Hagan noted that he was considering how the reports might be better presented going forward.</p> <p>Mr Hagan considered that Assurance Committee should not rehearse discussions and considerations which had already taken place in detail in other parts of the assurance framework. Mr Hagan indicated that he would wish, at future meetings, to only bring to the Committee, matters for escalation.</p> <p>Mr Small agreed with this approach, noting that while the detail provided was impressive, it was difficult to have clarity on the risks. Summary and trend data would be very welcome.</p> <p>Mr Hagan noted that theming the risks would then allow for a “deep dive” into particular areas of concern.</p> <p>Ms Kearney advised that she considered the summary sections very helpful.</p> <p>Mrs Finlay agreed that the summary reports were helpful and that other Trust groups should be trusted to have appropriately considered the detailed information.</p> <p>It was agreed that moving forward the Risk and Governance report would be a short ‘highlight’ report of the analysis of R&G data, identifying trends and learning themes/outcomes and risks in relation to Risk and Governance work streams.</p> | | |
| <p><i>Dr Armstrong joined the meeting.</i></p> <p><i>Mr Hagan left the meeting.</i></p> | | |
| 7. Social Care Steering Group – Adults and Childrens | Miss Reid | AC48 of 2025 A & B |
| <p>Miss McBride referenced the reports submitted for the groups which met quarterly.</p> | | |

There remained challenges in the workforce, with unallocated cases, but there also was good work continuing in relation to recruitment and retention of staff, as previously described to Trust Board.

Children's Services remained in a difficult position given staffing issues.

The Committee had no questions.

8. People and Culture Steering Group

Mrs Somerville

AC49 of
2025

Mrs Somerville referred to the paper presented, highlighting that the group had most recently reviewed its Terms of Reference in January 2025, and that the four workstreams were progressing well inclusive of the Open, Just and Learning workstream which had been presented at February Trust Board.

Mrs Finlay enquired in relation to attendance management plans.

Mrs Somerville noted that the data was heading on the wrong trajectory, and that further to discussions with the Chairman and Miss Gordon, there is to be work done by Executive Team and then a presentation at Trust Board in May 2025.

9. Clinical and Social Care Governance Steering Group

Mrs O'Neill/Mr
Hagan

AC50 of
2025

Mrs O'Neill referred to the paper presented and noted that this group continued to meet quarterly, with matters escalated as appropriate.

Mrs Finlay enquired in relation to the reasonableness of the timeframes for complex complaints.

Mrs O'Neill noted that these timeframes were not helpful, but that she was hopeful that a revised complaints procedure would resolve some of these issues.

10. Organisational Governance Steering Group

Mrs Corry

AC51 of
2025

Mrs Cotter referred to the paper provided and the three items for escalation:-

MDR/IVDR

Encompass risks

Out of Date risks

Mr Small enquired in relation to the definition of out of date risks.

Mrs McCollam provided an overview of how a risk becomes overdue for review, referencing guidance within the Risk Management Strategy. She noted that at the most recent Risk Register Review Committee, it was noted that 12.5% of Corporate risks were not reviewed within the required timeframe, with some of these being graded as catastrophic risks.

Mrs McCollam noted that 17% of Directorate risks were also not being reviewed in a timely way.

Mr Small noted that the committee should be concerned about this, and that there should be a plan to address the risks.

Mrs McCollam noted that an action plan was in place to address overdue risks, and this would be overseen by the Risk Register Review Committee who have bimonthly meetings. Governance managers were asked to link with their Directors to address overdue risks.

Mrs McCollam noted that the number of overdue risks had also been highlighted by Internal Audit, alongside the need to review the number of risks on the risk register. She added, the Internal audit report was currently being reviewed, and once finalised would be shared widely for action..

Ms Kearney noted the workload impact on governance staff who were working across a number of areas.

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| 11. Safety and Quality Improvement Steering Group | Mr Hagan | AC52 of 2025 |
| <p>Report noted.</p> <p>Ms Kearney provided update and context for the issue identified regarding blood stock levels.</p> | | |
| 12. Involvement Steering Group | Mr Campbell | AC53 of 2025 |
| <p>Mr Campbell referred to the report, noting the continuing positive input from Service Users, which input he was seeking to grow.</p> | | |
| <p>13. Reports for consideration according to Assurance Committee Annual Plan</p> <p>13.1RQIA Thematic Review programme</p> <p>13.2RQIA Regulated Providers Inspections Report (MH & ID)</p> | Mr Hagan | AC54 of 2025 |

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| <p>13.3RQIA Regulated Providers Inspections Report (ACOPS)</p> | <p>Dr Sloan</p> <p>Mr McMullan</p> | <p>AC55 of 2025 A-C</p> <p>AC56 of 2025</p> |
| <p>The submitted papers were noted by the Committee.</p> | | |
| <p>14. Professional Reports (not yet timetabled in the Assurance Committee Annual Plan)</p> <p>14.1 GMC Quarterly Dashboard Reports (Briefing Summary)</p> | <p>Mr Hagan</p> | <p>AC57of 2025</p> |
| <p>The submitted paper was noted by the Committee but not discussed as Mr Hagan had been called away from the meeting.</p> | | |
| <p>15. AOB</p> <p>Terms of Reference Review</p> <p>RCP Invited Review: Belfast Health and Social Care Trust - Epilepsy</p> | <p>Mr Watson / All</p> <p>Mr Watson</p> | <p>Verbal Update</p> <p>AC58 of 2025 A-C</p> |
| <p>Mr Watson noted that there had been plans in early 2024 to review the Terms of Reference of the Committee but these had not progressed given considerations as to the work of the Board.</p> <p>There was now the context of the Department of Health work following INI.</p> <p>In any event, not least given the requirements of Internal Audit, there was a need to progress the consideration of revised Terms of Reference. Mr Watson will seek to prepare a draft for consideration at the May meeting, subject to the Department of Health timeframes.</p> | | |

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| <p>ACTION:-Mr Watson</p> <p>Dr Armstrong referred to the update on the RCP Epilepsy Review, with actions now completed. Dr Armstrong noted that this was a further example of a review in Neurology, and that it was a safe service.</p> <p>Mr McVey thanked Mr Watson and Mrs McCollam for their work in preparing for the meeting. While the work to streamline the work of the Committee was a work in progress, he considered that the Committee was working efficiently and effectively.</p> | | |
| <p>16. Details of next meeting:</p> <p>13 May 2025 at 2pm</p> | | |