

**BHSCT Board Update from Committees**

<b>Date of Trust Board for consideration of this report.</b>	8 January 2026
<b>Name of Trust Board Committee</b>	Assurance Committee
<b>Chair of Trust Board committee (as at date of the report)</b>	Miss Patricia Gordon in temporary replacement for the previous committee chair, Mr Joe McVey, non-executive director
<b>Required frequency of meetings (as indicated by Terms of Reference for the Steering Group)</b>	4 times per year
<b>Meeting dates in the year prior to the Trust Board meeting</b>	18 February 2025 13 May 2025 16 September 2025 12 December 2025  Is Compliant with requirement in the Terms of Reference
<b>Date of last review of the Terms of Reference of the Trust Board Committee</b>	<p>The extant Terms of Reference were last reviewed in May 2025, and a number of amendments were proposed. The amended Terms of Reference were agreed at the Assurance Committee on 16 September, and are tabled below for the agreement of the Trust Board.</p> <p><b>Summary Report from the Chair of the Trust Board Committee</b></p> <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>The Committee continues to consider key risks from the Board Assurance Framework Risk</p>

	Document. A copy of the overview is attached below.
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## BAF SUMMARY DASHBOARD

### High Level Assurance Map

BAF Risk No./Title	1st Line	2nd Line	3rd Line	Overall Assurance
P01 - Mandatory Training	Medium	Medium	Medium	Medium
R04 - Financial Stability	Medium	Medium	Medium	Medium
SQ01 – Overcrowding	Low	Medium	Low	Low
SQ08 - Delay in Accessing Services	Medium	High	High	Medium
SQ36 - Workforce Capacity poses risk to service delivery and patient safety	Medium	Medium	Low	Medium
SQ39 - Cybersecurity Incident resulting in significant service disruption	Medium	Medium	Medium	Medium
SQ41 – Insufficient Domiciliary Care Capacity to Meet Service User Need	Medium	Medium	Medium	Medium
SQ44 - Risk of harm to vulnerable pts. in MAH whilst historical inv. is ongoing	High	High	High	High
SQ53 – Statutory Functions and ISP Management	Medium	Medium	Medium	Medium
SQ54 - Adult Safeguarding	Medium	Medium	Medium	Medium
SQ56 - Regional Medical Physics Services	Low	Medium	Medium	Low
SQ57 – Encompass	Medium	Medium	Medium	Medium
SQ58 – CCS SW workforce and caseloads	Medium	High	High	Medium

As at Assurance Committee Meeting – 12 December 2025

**Assurance RAG rating (suggested in HM Treasury guidance) on the effectiveness of controls from assurance work undertaken has been applied using the key below:-**

	High: Controls in place assessed as adequate/effective and in proportion to the risks
	Medium: Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
	Low: Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
	Insufficient information at present to judge the adequacy/effectiveness of controls
	Not relevant

The Committee identified the importance of confirming capital projects and culture and governance as risks, and ensuring that where risks were identified that action plans were also evidenced.

The Committee considered in detail the following key risks, SQ39 Cybersecurity Incident, SQ57 Children's Community Services Social Work and Caseloads, and SQ44 Risk of Harm to Vulnerable Patients at Muckamore Abbey Hospital.

The Committee also considered presentations of key risks from the Directorates of :-

1. Adult Community and Older People's Services (ACOPS)

Risk of harm to children with Special Educational Needs, due to lack of AHP capacity.  
Risks to service users living in independent sector care home placements commissioned by ACOPS

2. Mental Health, Intellectual Disability and Psychological Services

Risks at Muckamore in context of hospital remaining open.  
Ligature Risks in AMHIC  
Community Waiting lists for Adult Mental Health

3. Anaesthetics, Critical Care, Theatres, Sterile Service and Surgery

Service Continuity in Cardiac Surgery  
Increase in Surgical waiting times due to increasing demand  
Vacancies of resident doctors

The Committee also considered a report from the Risk and Governance Department. This report included detailed consideration of :-

Trust Incidents and SAI Quarterly Report

Complaints Quarterly Report

Legal Services Quarterly Report

Coroner's Services Quarterly Report

Policy and External Guidance Quarterly Report.

The Committee also considered updates from Information Governance, Health and Safety, and in relation to RQIA inspection reports.

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

Also provided below are the last agreed minutes of the Assurance Committee from its September 2025 meeting, in line with the approach agreed at the Trust Board meeting on 30 April 2025. The minutes of the meeting of 12 December 2025 will be considered in due course, pending the agreement and implementation of the revised Board Assurance Framework.

<b>Annual Reports for consideration by the Trust Board (if any).</b>	None
<b>Matter(s) for consideration by the Trust Board and recommended actions for the Trust Board (if any).</b>	<p>It is recommended that the Trust Board approve the Terms of Reference revised by the Assurance Committee, and tabled below.</p> <p>It is recommended that the Trust Board note the agreed minutes of the Assurance Committee of 16 September 2025, also tabled below.</p> <p>It is recommended that the Trust Board approve the continued approach to the Assurance Committee, pending the implementation of the revised Assurance Framework.</p>
<b>Date of report</b>	30 December 2025



22 May 2025

### TERMS OF REFERENCE

<b>NAME</b>	<b>Assurance Committee</b>
<b>PURPOSE</b>	<p>To have oversight of all aspects of integrated governance (with the exception of finance which is considered by the Audit Committee).</p> <p>To support individuals, teams and officers in discharging their individual accountability for the delivery of patient centred, safe and effective high quality services.</p> <p>To provide the Trust Board with an independent and objective review of the systems and processes in place which identify individual risks and their management.</p> <p>To ensure a robust assurance framework is maintained and developed.</p>
<b>DUTIES</b>	<p>Oversight of integrated governance and assurance at the Belfast Health and Social Care Trust.</p> <p>The committee is responsible for ensuring that effective and regularly reviewed structures are in place to support the implementation and development of governance.</p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> <li>▪ Risks and opportunities are identified and managed;</li> <li>▪ Risk Registers are maintained and updated</li> <li>▪ Appropriate internal and external controls are in place.</li> <li>▪ Appropriate arrangements and processes are in place to manage and learn from Serious Adverse Incidents (SAIs); Complaints; coroner's cases; clinical negligence claims; external reviews; rqia reviews; ombudsman reviews and arrangements to manage clinical governance and the safety of patients.</li> <li>▪ Timely reports are made to the Trust Board, including recommendations and remedial action taken or proposed if there is an internal failing in systems or services.</li> </ul>

	<p>The following Steering Groups currently report to each meeting of the Assurance Committee, and these groups have their own Terms of Reference</p> <ul style="list-style-type: none"> <li>▪ Social Care Steering Groups</li> <li>▪ People and Culture Steering Group</li> <li>▪ Clinical and Social Care Governance Steering Group</li> <li>▪ Organisational Governance Steering Group</li> <li>▪ Safety and Quality Improvement Steering Group</li> <li>▪ Involvement Steering Group</li> </ul> <p><i>At the date of agreeing these Terms of Reference it is noted that a full review of the Board Assurance Framework is underway, which review shall consider the groups which should report to the Assurance Committee, and the specific work of those groups.</i></p>
<b>AUTHORITY</b>	<p>The Assurance Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorized to seek any information it requires from any employee and all employees are directed to co-operate with any request made by this group/committee.</p>
<b>REPORTING</b>	<p>The Assurance Committee will report directly to the Trust Board.</p> <p>The Committee will be chaired by a Non-Executive Director. An update will be provided to Trust Board following each meeting of the Assurance Committee and be presented by the Non-Executive Director Chair of the Committee.</p>
<b>LEAD RESPONSIBILITY</b>	<p>Non-executive director to be appointed by Chair of Trust Board</p>
<b>MEMBERSHIP</b>	<p><b>Chair:</b> Non-executive director to be appointed by Chair of Trust Board</p> <p><b>Membership:</b> The Committee shall be appointed by the Trust Board and include non-executive directors, in addition to the non-executive director Chair of the committee.</p>

	<p><b>In attendance:</b></p> <ul style="list-style-type: none"> <li>▪ Trust Executive Team</li> <li>▪ Co-Director Risk and Governance</li> <li>▪ Senior Manager, Risk and Governance</li> <li>▪ Head of Office of the Chief Executive</li> </ul> <p>Other members of Trust staff may be required to attend meetings as the committee considers necessary.</p> <p><b>Secretary:</b></p> <p style="padding-left: 40px;">Head of Office of the Chief Executive</p>
<p><b>MEETINGS</b></p>	<p><b>Quorum</b> A quorum is three members.</p> <p><b>Frequency of Meetings</b> The Committee will meet four times per annum</p> <p>The Chair of the Committee may convene additional meetings as is deemed necessary.</p> <p><b>Secretarial Support</b> Formal minutes will be taken to include the following:</p> <ul style="list-style-type: none"> <li>• The names of all present at the meeting</li> <li>• A record of the decisions made and any dissent</li> <li>• Details of how the group was assured and the evidence on which this was based</li> <li>• Details on any issues needing escalation. An action log will be provided, detailing who is responsible.</li> </ul> <p>Draft minutes and an action log will be issued no more than seven working days following each meeting.</p> <p>The agenda and papers will be distributed electronically to members no later than seven working days in advance of the date of the meeting. Members will be expected to have undertaken the necessary preparation for the meeting.</p> <p><b>Papers</b></p> <p>Papers shall include :-</p>

	<p>The BAF risk document  Risks for annual review  Directorate Presentations  Risk and Governance Reports.  Other papers as determined by the Committee.</p> <p><b>Withdrawal of individuals in attendance</b>  From time-to-time members may be called away to attend to urgent matters. This will be clearly documented in the minutes.</p>
<b>CONFLICT/ DECLARATION OF INTEREST</b>	<p>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the group.</p>
<b>REVIEW</b>	<p>These terms of reference and operating arrangements will be reviewed at least once each year by the Committee, with Terms of Reference shared with Trust Board for approval.</p>
<b>OUTPUT</b>	<p>The Assurance Committee will, as noted above, report to the Trust Board.</p>

**16 September 2025 at 1400**

**Boardroom, Trust Headquarters, NCS Building**

**MINUTES**

**Present**

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

Mr John Conaghan, Non-executive director (*via MS Teams*) (*attendance as indicated below*)

Professor Carmel Hughes, Non-executive director (*via MS Teams*)

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

**In attendance**

Dr Brian Armstrong                      Director, Unscheduled and Older People's Services

Ms Paula Cahalan                        Director, Child Health and NISTAR, Maternity, Dental,  
Gynaecology and Sexual Health

Mrs Fiona Cotter                         Interim Director of Finance

Mr Chris Hagan                          Medical Director

Ms Moira Kearney                        Interim Director of Cancer and Specialist Services  
(*attendance as indicated below*)

Mrs Ursula McCollam                    Service Manager (Risk and Governance)

Mr Colin McMullan                      Interim Director Adult Community and Older People  
Services

Mrs Olga O'Neill                         Interim Director of Nursing and User Experience

Mr David Porter                         Director of Strategic Development

Dr Peter Sloan                            Interim Director, Mental Health Intellectual Disability and  
Psychological Services

Mrs Gillian Somerville                   Director of Human Resources and Organisational  
Development

Dr Sara Templer                         Codirector, Risk and Governance

Mr Peter Watson                         Head of Office

Mrs Deirdre Winters                    Codirector for AHPs (*attendance as indicated below*)

Ms Kerrylee Weatherall      Interim Director, Children's Community Services / Interim  
Executive Director of Social Work

**Apologies**

Mr Alastair Campbell      Director, Performance, Planning and Informatics

Mrs Tara Clinton      Interim Director, ACCTS

Mrs Maureen Edwards      Interim Chief Executive

Mrs Marion Mulholland      Director, Trauma and Orthopaedics and Rehabilitation  
Medicine, Imaging, Medical Physics and Outpatients

<b>Assurance Committee Workplan</b>		
The pre-existing workplan for the committee was noted.		
<b>1. Apologies</b>		
Apologies were as noted above.		
<b>2. Chair's business</b>		
<b>Conflicts of interest</b>		
<p>Mr McVey welcomed all to the meeting, noting that Mr Conaghan, Professor Hughes and Mr Small were joining the meeting online. Mr McVey welcomed Dr Templer to her first Assurance Committee meeting in her new role, and also welcomed Mrs McCollam back to the committee following her period of absence.</p> <p>Mr McVey thanked all for the provision of detailed and helpful papers, which would be taken as having been read, with clarifications sought as required on the content.</p> <p>Mr McVey noted that an additional paper in relation to medical professional assurance had been added with his agreement.</p> <p>Mr McVey noted that while there were ongoing discussions regarding changes to the Assurance Framework going forward which would impact on the name and work of the committee, for now the committee would seek to work "business as usual."</p> <p>Mr McVey also noted the typo on the agenda at paragraph 7.2 where the word, "Police" should in fact read, "policy".</p>		
<b>3. Minutes of the previous meeting of 13 May 2025 &amp; 18 February 2025</b>	Mr Watson	AC83 of 2025
<p>The committee agreed that the minutes of the meeting of 13 May were an accurate record of that meeting. Mr Watson noted that the minutes of 13 February 2025 had been agreed previously but since then Mrs Wells had advised that she had also been present via MS Teams, and so should be added to the list of those in attendance.</p> <p><b>ACTION:Mr Watson</b></p>		
<b>4. Matters arising</b>		
<b>4.1 Revised Terms of Reference for Assurance Committee</b>	Mr Watson	AC84 of 2025
<p>Mr Watson noted that he and Mr Small had, as agreed at the previous meeting, developed updated Terms of Reference following the last meeting. These revised Terms of Reference were agreed, it being recognised that they would be superseded in due course by the work on the revised assurance framework.</p>		

<b>ACTION:Mr Watson</b>		
<b>4.3 Assurance Committee workplan / Sharing of minutes of steering group</b>	Mr Watson	None
<p>Mr Watson noted that the workplan as tabled, envisaged updates from each Steering Group at each Assurance Committee meeting.</p> <p>It was agreed that this practice should continue.</p> <p>Mr Watson highlighted that the Trust Board had recently considered that it should, in addition to committee updates, also be provided with the minutes of the committees reporting to it.</p> <p>The Assurance Committee considered however that they did not wish to see the minutes of those groups reporting to the committee and would rather that only the update template be provided, through which assurance could be provided, or matters could be escalated to the Committee.</p>		
<b>5. Assurance Framework</b>		
<b>5.1 BAF Risk Document &amp; Corp Risk Register Extract Briefing Document</b>	Mr Hagan	AC86 of 2025 A
<p>Mr Hagan made reference to the cover sheet noting that no new BAF risks had been added during the quarter, no BAF risks had been closed during the quarter, and that there were 2 new corporate risks.</p> <p>Mr Hagan noted that work continued to transfer risks into the new format.</p> <p>Mr Hagan highlighted his ongoing concern that the BAF does not reflect the Trust's corporate objectives.</p>		
<b>5.2 Board Assurance Framework Risk Document &amp; Corporate Risk Register Extract</b>	Mr Hagan	AC86 of 2025 B
<p>The Committee then went on to consider the risks tabled for annual review. Noting that Mr Campbell had been an unavoidable late apology for the meeting, Mr Watson confirmed that Mr Campbell would be content to consider any queries outside of the meeting.</p>		
<b>5.2.1 SQ08 –Delay in Accessing Services</b>	Mr Campbell	AC87 of 2025
<p>There were no queries arising, and it was agreed that this risk should remain</p>		
<b>5.2.2 SQ36 – Workforce Capacity poses risk to service delivery and patient safety</b>	Mrs Somerville	AC88 of 2025

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Mrs Somerville spoke to the tabled paper, noting that the risk had been live since 2016. Mrs Somerville referred to the controls in place, and the regional work ongoing, and that the risk was neither increasing or decreasing. It was agreed that this risk should remain.

Mr Small commented that the dashboard was helpful, but that he was concerned that mandatory training should be within the gift of the Trust to address and yet it was not resolved. Mrs Somerville noted that overall the performance was 71% for the Trust.

Mr Small noted that there remained significant organisational risk, where for example there may be an issue with fire, and it was identified that relevant staff were not up to date on their mandatory training. Dr Armstrong indicated that a move to increasing online access to training would assist with overall performance on mandatory training. Ms O'Neill highlighted the steps being taken in PCSS with those staff who did not have online access, but noted that recording of mandatory training completion remained a challenge.

Mrs Somerville highlighted the significant improvement realised by the provision of mandatory training at the Day 1 induction for staff.

Mrs Somerville indicated that she would flag the need for improvement on mandatory training with Executive team.

**ACTION:Mrs Somerville**

<b>5.2.3 SQ57 – Encompass</b>	Mr Campbell	AC89 of 2025
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Mr Small queried if this should remain on the risk register, rather than be considered as part of normal business. Mrs Cotter noted that the Organisational Governance Steering Group had considered that the risk should remain on the register, in the context of ongoing issues. Professor Hughes reflected on her understanding of ongoing issues regarding prescribing.

Ms Weatherall noted that all Trusts had escalated that Childrens Community Services was not on encompass as yet.

It was agreed that encompass risk should remain on the register.

<p>More generally, Mr Small noted that in SQ54, 8 out of 9 controls were colour coded “amber”. Ms Weatherall advised that she had met with the Deputy Executive Director for Social Work to seek to progress work in Safeguarding.</p>		
<b>6. Directorate Presentations</b>		
<b>6.1 Childrens Community Services</b>	Ms Weatherall	AC90 of 2025
<p>The presentation was noted, and there were no queries arising.</p>		
<b>6.2 Nursing and User Experience – <i>deferred until the next meeting</i></b>	Mrs O’Neill	None
<p>Presentation deferred to the next meeting.</p>		
<b>6.3 HR and Organisational Development</b>	Mrs Somerville	AC92 of 2025
<p>The presentation was noted, and there were no queries arising.</p>		
<b>6.4 Unscheduled Care</b>	Dr Armstrong	AC93 of 2025
<p>The presentation was noted, and there were no queries arising.</p>		
<b>7. Risk and Governance Report</b>		
<b>7.1 Risk &amp; Governance Report Briefing Document</b>	Mr Hagan	AC94 of 2025
<p>Mr Hagan referred to what he hoped was an easier to follow R&amp;G report.</p>		
<b>7.2 Risk &amp; Governance Amalgamated Report incorporating:</b>	Mr Hagan	AC95 of 2025
<ul style="list-style-type: none"> <li>• Trust Incident &amp; SAI Quarterly Report</li> <li>• Complaints Quarterly Report</li> <li>• Legal Services Quarterly Report</li> <li>• Coroner’s Services Quarterly Report</li> <li>• Police &amp; External Guidance Quarterly Report</li> </ul>		
<p>Mr Hagan highlighted from the report that while there were 502 complaints reported, this number was far exceeded by the number of compliments at 6355.</p> <p>Mr Hagan also noted that only 2.19% of formal complaints were categorised as High Risk.</p>		

Mr Hagan noted that there was a decreasing number of outstanding SAI reports, with the Trust remaining on Level 2 of the SIF in relation to this issue. It was hoped however that numbers would continue to be reduced such that reports could then be provided in a timely way going forward.

Mr Hagan noted that consultation in relation to PSIRF was closing shortly.

Mr Hagan flagged an issue with retained products following surgery, which issue he had raised with Mrs Clinton.

The Committee commended the comprehensive report.

### **8. Social Care Steering Groups – Adults and Childrens**

Ms Weatherall

AC96 A-B of 2025

Ms Weatherall noted that both steering groups continued to be well attended, with comprehensive input from all in attendance. Ms Weatherall provided assurance that all was being done which could be done, to mitigate the risks identified.

Mr Conaghan reiterated the comments made by Ms Weatherall, noting the rewarding nature of the work of the Steering Groups.

### **9. Nil agenda item**

### **10. Clinical and Social Care Governance Steering Group**

Mrs O'Neill/Mr Hagan

AC97 of 2025

Mrs O'Neill reported that this group continued to meet regularly.

Mrs O'Neill referenced the highlighted issues considered including high costs from community independent sector providers and the already referenced issue of outstanding SAI reports. Mrs O'Neill also noted the update from the Service User and Experience Feedback Group.

### **11. Organisational Governance Steering Group**

Mrs Cotter

AC98 of 2025

Mrs Cotter referenced the meeting pattern for the group and the committees which reported in to the Steering Group.

Mrs Cotter referred to the matters which the Group wished to highlight to the Assurance Committee for noting. In particular, there had been discussion about the need to “widen” the consideration of

risks arising from boarding patients, beyond the identified fire risk. Mrs O'Neill updated that individual ward areas completed their own risk assessments for boarding patients.

Professor Hughes referenced the escalation front the Environment and Sustainability Group, with Mr McMullan updating on the work being led by Mr Campbell.

The Committee noted that where risks were escalated to it, its role was to provide challenge and seek assurance that all actions were being taken to mitigate the risk, and that there had been, and was, ongoing escalation of the risks within and outwith the Trust.

*Mrs Deirdre Winters joined the meeting.*

<b>12. Safety and Quality Improvement Steering Group</b>	Mr Hagan	AC99 of 2025
<p>Mrs O'Neill advised that there was nothing for escalation from this Steering Group, with no new risks. The Committee raised no queries in relation to the report tabled.</p>		
<b>13. Involvement Steering Group</b>	Mr Campbell	AC100 of 2025
<p>Mr McVey noted that the report referred to the absence of a "Changing Places" facility at the RVH. Mr Porter agreed that he would explore further.</p> <p><b>ACTION:Mr Porter</b></p>		
<p><b>14. Reports for consideration according to Assurance Committee Annual Plan</b></p> <p><b>14.1 AHP Annual Professional Report</b></p> <p><b>14.2 Medical Annual Professional Report</b></p> <p><b>14.3 Risk Management Strategy</b></p> <p><b>14.4 Nursing Annual Professional Report</b></p> <p><b>14.5 Annual Infection Prevention and Control Report</b></p>	<p>Mrs O'Neill</p> <p>Mr Hagan</p> <p>Mr Hagan</p> <p>Mr Hagan</p>	<p>AC101 of 2025</p> <p>AC102 of 2025</p> <p>AC103 A&amp;B of 2025</p> <p>AC104 A&amp;B of 2025</p> <p>AC104 C&amp;D of 2025</p>

#### 14.1 AHP Annual Professional Report

Mr McVey welcomed Mrs Winters to the meeting and thanked her for the comprehensive report.

Presenting the AHP Professional Assurance Report 24/25, Mrs Winters noted that AHPs were a diverse workforce of 14 professions working across a wide range care pathways, and regulated by HCPC

Mrs Winters explained that the report covers how assurance is provided through:

- A reporting structure in the Trust and to PHA under Regional AHP Assurance Framework
- Outlining key risks and mitigations
- A quarterly AHP Assurance meeting co-chaired by Olga O'Neill, Executive Director of Nursing, and Colin McMullan, Director of ACOPs and AHPs

Referring to the details in the Appendices, Mrs Winters noted that from the AHP Professional staff update for 24/25: biannual return there was a very small number of staff subject to disciplinary/capability process, or referred to / currently involved with HCPC – 1 Physiotherapist, 1 Occupational Therapist and 1 Diagnostic Radiographer.

Mrs Winters noted that professional heads of service provide assurance and that there was active ongoing monitoring for staff subject to disciplinary/ capability or involved with HCPC

Key Challenges for AHPS were highlighted as

Workforce: @ March 25: workforce gap 19.7%

- 10.4% vacancies
- 5.4% long term absences
- 3.9% Maternity leave

- 8.97% turnover

- Workforce based on 42 week / 5 day model
- Professional heads of service balance priorities across acute and unscheduled and elective care to mitigate risk and maintain safe delivery
- Focus on attraction, recruitment and retention – links with staff engagement
- Peripatetic workforce: Vac / ML (8% - 85.4 WTE: frequently deployed beyond original scope: additional cost pressures and reduced flexibility

Students: increased number from WPD baseline 335 to 488.

Placements for BHSCT: 22/23 =410; 24/25 = 563

Mr McVey advised that he considered the report very comprehensive and helpful in putting a spotlight on an important part of the workforce.

Mr Small concurred that the report provided the necessary assurance to the Committee.

*Ms Moira Kearney joined the meeting.*

Mr McMullan noted that AHPs are central to innovation across the Trust.

Speaking of her previous experience, Ms Cahalan referenced previous work with Department of Health colleagues to identify required training numbers, but which had not been followed by the identified required increase in training places. Mrs O'Neill noted too the attraction of roles in the private sector.

#### 14.2 Medical Professional Annual Report

Introducing the tabled report, Mr Hagan noted that some of the content had already been shared with the full Board.

Mr Hagan highlighted the small numbers in MHPS processes and the small number of doctors with restrictions in place.

In relation to Appraisal, Mr Hagan noted the snapshot at end July, with his expectation that the Trust was on track for all to have completed appraisal by the end of the year.

In relation to Job Planning, Mr Hagan noted that the target of Internal Audit had been for the Trust to achieve 70%, with performance by end March 2025 only slightly short of this, such that Internal Audit were content. Mr Hagan noted that a new Medical Director's Assurance Group was in place with Job Planning being one measure which was carefully reviewed. An App to assist Job Planning is also soon to be rolled out, and Mr Hagan indicated his hope that all these measures would assist in progression to 100% with current job plans. Referencing Intellectual Disability where there was 0% of current job plans, it was noted that this was an area where there was currently no Clinical Director, but that all did have job plans (even if out of date).

Mr Hagan also referenced the Leng report, and the issues identified with the progression of the Physician Associate role.

Mr Hagan noted the GMC Dashboard and highlighted that in particular it confirmed that contrary to some narrative, the Trust refers a small number of doctors to the GMC.

Mr Hagan noted that the report also highlighted continuing improvement in trainee experience.

Mr Small recognised the focus on job planning and asked that it be maintained. Mr Small commended the clear report and asked Mr Hagan if there were any aspects of particular concern. Mr Hagan confirmed that he was content with the management of concerns, and also with the good work with Directorates in relation to appraisal and job planning. Mr Hagan also noted that the health rota systems were also starting to produce information in relation to doctor productivity.

### 14.3 Risk Management Strategy

Mr Hagan referred to the excellent work previously undertaken by Ursula McCollum, and indicated that he was seeking approval to roll this forward. The Committee agreed.

Mr Hagan also referred to plans for a workshop on risk appetite to be held later in the Autumn.

*Mr Conaghan left the meeting.*

#### 14.4 Nursing Annual Report

Mrs O'Neill noted that the report provided assurance in relation to the processes for revalidation.

Mrs O'Neill also referred to the low Fitness to Practise numbers which she highlighted were exclusive of Muckamore Abbey.

#### 14.5 Annual Infection Prevention and Control Report

The Committee thanked Mrs O'Neill for this report which was accepted.

### **15. RQIA Reports**

#### **15.1 RQIA Thematic Review Programme**

#### **15.2 RQIA Inspections Report (ACOPS)**

#### **15.3 RQIA Inspections Report (MHID)**

#### **15.4 RQIA Inspections Report (Childrens Community)**

Mr Hagan

Mr McMullan

Dr Sloan

Ms Weatherall

AC105 of  
2025

AC106 A&B  
of 2025

AC107 of  
2025

AC108 A&B  
of 2025

#### 15.1

Mr Hagan highlighted that the choking issue had been closed.

Dr Templer noted that she was considering how best practice in relation to the management of RQIA reports might be rolled out more widely.

#### 15.2, 15.3, 15.4

Mr McMullan highlighted that in relation to the ACOPS reports, it was notable that many facilities are being inspected without any improvement needs being identified.

Ms Weatherall noted that the experience with Children's Community services and RQIA was relatively stable.

<b>16. AOB</b>	<b>Mr Watson / All</b>	
<p>There was no other business and the meeting concluded at 3.30pm. Mr McVey reiterated his thanks to all those who had contributed to the meeting and in particular thanked Mr Watson for his support and guidance to him.</p>		
<p><b>17. Details of next meeting:</b></p> <p>25 November 2025 at 2pm (subject to any amendment to the Assurance framework)</p>		