



**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board Public	Ref No. 9
DIRECTOR	Chair	Date: 6 April 23
• Assurance Committee		
Purpose	<ul style="list-style-type: none">• Minutes of 8 November 2022 approved at Assurance Committee meeting on 14 February 2023	
Corporate Objective	<ul style="list-style-type: none">• Safety, Quality and Experience• Service Delivery• People and Culture• Strategy and Partnerships• Resources	
Key areas for consideration	For information	
Recommendations	<ul style="list-style-type: none">• For noting	

**Minutes of the Assurance Committee
8 November 2022
(VENUE: Non-Clinical Building RVH)**

Present:

Mr. Peter McNaney, Chairman
Professor Martin Bradley, Vice-Chairman
Mrs. Nuala McKeagney, Non-Executive Director
Ms Miriam Karp, Non-Executive Director
Mrs Anne O'Reilly, Non-Executive Director
Mr Gordon Smyth, Non-Executive Director

In attendance:

Dr. Cathy Jack, Chief Executive
Mr. Chris Hagan, Medical Director
Mrs. Maureen Edwards, Director of Finance, Estates and Capital Development
Mrs. Paula Cahalan, Interim Director of Child Health & NISTAR
Mrs. Heather Jackson, Interim Director of Trauma, Orthopaedics, Rehab Services, Maternity,
Dental, ENT and Sexual Health
Mrs Janet Johnson, Interim Director ACCTSS and Surgery
Miss. Tracy Reid, Director Social Work/Children's Community Services
Ms. Claire Cairns, Co Director Risk & Governance
Ms Kerry-Lee Weatherall, Interim Director Of Children's Community Services
Ms. Kim McCann, Assurance Co-Ordinator (Minute Taker)

1. Apologies:

Dr. Brian Armstrong, Interim Director of Unscheduled and Acute Care
Mrs. Moira Kearney, Interim Director Mental Health and Learning Disability
Miss. Brenda Creaney, Director Nursing and User Experience
Mr Alastair Campbell, Director Performance, Planning and Informatics
Mrs Jacqui Kennedy, Director of Human Resources
Mrs Bernie Owens, Deputy Chief Exec/Director of Neurosciences, Imaging, AHP's, Regional
Medical Physics, Covid/Oversight/Vaccination
Miss Gillian Traub, Director Adult Community and Older Peoples Services and Allied Health
Professionals

Mr McNaney welcomed everyone to the meeting.

2. Minutes of the Previous Meeting

The minutes of the previous meeting held on 26 July 2022 were considered and approved.

3. Matters Arising

3.1 Muckamore Abbey Hospital Update

3.1.1 Update on backlog of ASG Referrals and CCTV review

Miss Reid advised that closure of historical cases is ongoing and 40% of cases are now complete. Miss Reid added that new structures and arrangements have been put in place to prevent a backlog in the future and as a consequence of focusing on historical cases this has led to a downturn in CCTV viewed. Miss Reid added that an effort has been made to increase the hours of CCTV viewing by the Adult Safeguarding Team by recruiting more staff and increasing the number of screens.

In response to a query from Mr McNaney, Miss Reid advised that viewing of CCTV is advantageous for the safety of staff and patients. She added that the team continues to report any incidents to PSNI and DoH when needed, following Trust procedures/policies, the team continue to put in place mitigating measures to ensure safety is provided. Miss Reid informed the Chair that RQIA have been invited to strategy meetings and feedback received from RQIA notes that assurance has been provided. RQIA had previously requested two weekly updates and this has been changed to a six monthly update.

Mr McNaney asked what steps are being taken to address destabilisation of patients during the process of MAH patients being rehoused.

Miss Reid advised that this is a significant concern and there are continuing discussions on the resettlement process. Miss Reid added that she plans to discuss contingency plans and how to progress this with the new interim Director who is due to be appointed this week.

Mr McNaney added that this is something that the Board need to be made aware of and asked that it is brought to his personal attention in order to make sure that any issues are escalated to the right people. Mr McNaney thanked Miss Reid and her team for their work and added that the feedback received today provided assurance.

Action - Ms Reid to ensure issues of concern are raised with the Chairman for escalation

3.1.2 Update on meeting with Clinical Lead re Admission to MAH on 17 June 2022

Dr Jack informed members that East London Consultant in is MAH today (8 November 2022) giving feedback to teams about discharge plans

Mr Hagan informed members that one of the concerns was that the clinical lead has stepped down and an expression of interest has been circulated.

Dr Jack added that there are a number of vacant posts and Peter Sloan is currently covering as Chair for Mental Health & ID. An expression of interest has been circulated as Mrs M Kearney is not anticipated to return to work in the near future.

Mr McNaney asked to be kept up to date with the outcome of the expression of interest.

3.2 Action to follow up with Permanent Secretary's Office regarding meeting with PSNI

Dr C Jack informed members that she followed this up with Peter May via email on 26 July 2022 and she is still awaiting a response from Chris Matthews

Dr Jack added that she has requested that Miss Reid complete a review of what happened to Adult Safeguarding in MAH and bring this back to Trust Board as she feels there is significant learning.

Action – Miss Reid - Item for Trust Board

3.3 Update on discussions with NIMDTA regarding enhanced monitoring

Mr Hagan updated, advising of inconsistency in relation to enhanced monitoring of cardio thoracic versus neurology. He added that there was a discussion with NIMDTA to continue to monitor the situation with GMC

3.4 Integrated Governance & Assurance Framework 2022-2023

Mr Hagan confirmed that approved amendments to the Integrated Governance & Assurance Framework document have been made and circulated to members following the last Assurance Committee meeting in July 2022. It has also been circulated Trust wide for implementation.

Dr Jack added that there may be a minor modification within the document regarding 'Culture, Leadership and Involvement'.

Mr McNaney asked for the document to be updated in order to be signed off completely.

ACTION: Bring amendment to February 2023 meeting

3.5 Update on Mental Health, Intellectual Disability and Psychological Services draft paper to be presented

Miss Reid gave an update on behalf of Mrs M Kearney. Miss Reid informed members that the paper has not been progressed.

Mr McNaney added that there are understandable reasons for this and when the interim Director is in place a time scale for completion of this draft paper can be established.

Action – New Interim Director to progress once in post

3.6 IHRD 10-30 Group – Managing Children in Adult Settings Policy: Task and Finish Group Implementation plan update

Mrs Cahalan informed members that a Task and Finish group was set up to revise the Managing Children in Adult Settings policy and this was led by Geraldine Byers. The policy went through Standards and Guidelines in September 2022 and is over the line but work is ongoing to ensure implementation and monitoring arrangements are in place at an individual service level. Mrs Cahalan advised that after establishing an initial level of assurance regarding compliance across the Trust, this

would, in the future, be monitored at Directorate level through the QMS process. Both Mr McNaney and Dr Jack agreed that this is acceptable.

3.7 Mortality Review within Orthopaedics

Mr Hagan briefed the committee and reported team relationship issues/difficulties are compromising patient learning and safety. Mrs Jackson added that there is a plan in place involving Martin Neill (CD) who will carry out structured judgment reviews. Mr McNaney and Dr C Jack requested that a Governance Review is pursued in respect of this and asked C Hagan to liaise with Mrs H Jackson regarding this.

ACTION: Update to be provided by Mr Hagan/ Mrs Jackson

3.8 Rapid Review Process Pilot

Mr Hagan reported that the Rapid Review Process was being piloted as an alternative review for level 1 SAls and that Dr M Cross would be keeping him updated with the progress of this pilot.

3.9 Revalidation/Supervision for Registered Nurses and Midwives Reports to be circulated

Mr P McNaney confirmed with Dr C Jack that the reports were circulated by Brenda Creaney for electronic approval immediately after July 2022 meeting. Mr McNaney asked for it to be noted that this action is complete and reports were approved.

3.10 Inform SPPG re the reality of the situation in EDs and the need for regional action

Dr B Armstrong was an apology but provided an update which was read out by the Chair Mr McNaney "SPPG are already aware of current Unscheduled Care pressures, Regional Workshop scheduled for 9th November, CEOs, Directors of Acute & Community invited".

Dr Jack added that RQIA are currently carrying out an unannounced inspection of the Emergency Department in RVH and Clare Ward in Knockbracken. Feedback is expected tomorrow afternoon (09/11/22).

4. Chairs Business

4.1 Conflicts of Interest

There were no conflicts of interest noted.

4.2 Emerging Issues

There were no emerging issues noted.

5. Assurance Framework

5.1 Board Assurance Framework - Risk Document & Corporate Risk Register Extract (NOV 2022)

Mr Hagan presented the Board Assurance Framework (BAF) and Risk Document (as at 1 November 2022) and informed members that a new risk was added recently, which will be presented today (see item 5.3).

5.2 Risks being presented:

5.2.1 SQ39 – Cyber Incident

Mr A Campbell was an apology – this risk to be carried forward and presented at Assurance Committee February 2023.

Action For inclusion in Feb agenda- Mr Campbell

5.2.2 SQ44 MAH

Miss Reid reported nothing further to add or highlight regarding SQ44 and explained that any issues she wanted to highlight have been discussed previously under matters arising.

5.2.3 SQ55 – Review/Audit of Clinical Staff

Mr Hagan reported that this continues to be a key risk for Medical Directors Office. Mr Hagan added that there will be a Peer Review taking place in most areas. Mr Hagan reported that a consistent approach is needed across the organisation.

Dr Jack suggested a presentation to understand CRR as well as a workshop in April 2023 on how to take forward

Mr McNaney suggested inviting Mr P McBride to the workshop and concentrate/Identify the riskiest area in the Trust – Mr Hagan suggested Outpatients Department.

ACTION: Trust Board Workshop April 2023 – C Hagan

5.2.4 R04 – Financial Stability

Mrs M Edwards reported that risks are identified in the summary and being managed appropriately but there is nothing to highlight.

5.2.5 SQ36 Workforce

Mrs Kennedy was not in attendance to present. Mr McNaney highlighted that this risk was due to be presented in February and July but was deferred twice and asked that this is presented in February 2023.

ACTION: Mrs Kennedy to present

5.3 SQ58 New Risk re CCS ability to deliver on its Delegated Statutory Functions (DSF)

Mrs Weatherall presented and highlighted key issues and risks including increasing demand as evidenced by number of children on CPR, insufficient supply of workforce available regionally and high levels of vacancies in current workforce, difficulty in recruiting staff due to complexity of cases and high workload.

Mr McNaney suggested inviting/liasing with Ray Jones. Mr McNaney agreed that this risk should be added to the Principle Risk Register.

Mr McNaney requested a report to go to Trust Board regarding the short and long term actions and this is considered by Executive Team in the first instance.

ACTION: Development of report – Mrs Weatherall

6. QMS Presentations

6.1 Medical Directorate

Mr Hagan gave a detailed summary of the Medical Directorate QMS presentation including risks, the impact on the Directorate and actions being taken to provide assurance. Mr Hagan highlighted that there were 300 SAIs outstanding and 100 SAIs are expected to be completed by December 2022. Mr Hagan added that a long-term solution is needed as the impact/pressure on the team is evident and that development of an improvement plan continues.

6.2 Social Work

Miss Reid gave a detailed summary of her QMS presentation and highlighted the areas of highest risk, which included: risk of harm to children/families due to unallocated cases, challenges in identifying appropriate placements and access to CAMHS/ASD services, risk of harm to adults waiting on care packages, risk to human rights and wellbeing of adults with learning disability due to inappropriate placements and delays in hospital, risk to adults with mental health issues not able to access psychiatric inpatient assessment and delays in detention processes and variations in Adult Safeguarding resources and practices across Divisions and ongoing an challenges in LD and MAH.

Miss Reid added that Domestic Homicide Reviews have been taking up considerable resources and staff time as they require a significant amount of information to be gathered. Miss Reid reported that there are currently 6 DHR active and requested clarification on Trust involvement and who owns the report. Mr Hagan suggested meeting with Miss Reid to discuss further.

ACTION: Mr Hagan / Miss Reid to progress and report back

6.3 Surgery & ACCTSS

Mrs Johnson gave a detailed summary of the QMS presentation for Surgery and ACCTSS and highlighted risks in the following areas: time critical surgery, Ophthalmology, Thoracic/Lung cancer and Vascular surgical services. Mrs Johnson gave a summary of the impact on each service as well as actions being taken. Mrs Cahalan gave a Theatre Recovery Plan update adding that theatre rebuild is at 90% of baseline SLA.

Mr McNaney praised Mrs Johnson on the positive patient feedback noted in the presentation.

6.4 Outpatients, Imaging & Medical Physics

Mrs Cahalan gave a detailed summary of the QMS presentation for Outpatient, Imaging and Medical Physics. Mrs Cahalan shared the Assurance Map with members and gave a summary of controls in place as well as areas of concern including main divisional risks which consisted of; management of patients across RIS/PACS systems, shortage of diagnostic and interventional radiology workforce, risk of underreporting significant radiological discrepancies, MRI equipment beyond recommended replacement at the Mater Hospital, risk of loss of licence in Radiopharmacy, Medical Physics workforce availability and management of expedited patient pathways within Outpatients.

Dr C Jack requested that going forward all QMS presentations include an Assurance Map.

ACTION: All Directors

7. Risk and Governance Amalgamated Report incorporating:

Mr Hagan presented the Risk and Governance Amalgamated report incorporating:

- a. Trust incident and SAI Quarterly report
- b. Complaints and Quarterly report
- c. Legal services Quarterly report
- d. Coroner's services Quarterly report

Mr Hagan informed members that he and the team continue to work on this report to improve it. *(Audio is not great at this point in the recording)*

Mr McNaney confirmed with members that this report has been read and asked members if they had any questions or would like to highlight any areas.

Mr Smyth had a query regarding page 119 of the report (Coroners) reference to Trust Incident Reporting system and there is mention of 6 different cases. Mr Smyth asked if this is something that should have been picked up. Mr Hagan replied that these cases are Category 4 and they are triangulated at Outcomes Review Group.

8. Social Care Steering Group

Miss Reid presented a summary report in respect of the Social Care Steering Group.

Members noted the report.

9. People and Culture Steering Group

The first meeting of the People and Culture Steering Group is scheduled to take place on 16 November 2022. No Update at this stage.

Members noted this.

10. Clinical and Social Care Governance Steering Group

Mr Hagan presented a summary report in respect of the Clinical and Social Care Governance Steering Group.

Members noted the report.

11. Organisational Governance Steering Group

Mrs Edwards presented a summary report in respect of the Organisational Governance Steering Group.

Members noted the report.

12. Involvement and Experience Steering Group

12.1 Dr Jack advised of further consideration to the committee structure and proposed that the involvement committee is a Steering Group with sub committees and SUEFG be transferred to sit under the Clinical & Social Care Governance Steering Group

This proposal was considered and approved.

12.2 Mr Campbell was not in attendance, members noted the report with nothing to highlight.

13. Safety and Quality Improvement Steering Group

Mr Hagan presented a summary report in respect of the Safety and Quality Improvement Governance Steering Group.

Members noted the report.

14. External Reports

14.1 RQIA Thematic Review Programme

Mr McNaney asked members if they had any issues they would like to raise regarding the report. Members had had nothing to highlight.

14.2 RQIA Regulated Providers Inspections (ACOPS)

Miss Traub was due to present but unfortunately could not attend. Mr McNaney asked members if they had any issues they would like to raise regarding the report. Members had had nothing to highlight.

14.3 RQIA Regulated Providers Inspections (MH & ID)

Mrs Kearney was not in attendance. Mr McNaney suggested that this could be a potential carry forward to the next meeting. Members added that they had nothing to highlight from the report.

ACTION: Report presented to February 2023 meeting to cover both quarters – Mr Sloan

14.4 Independent Neurology Inquiry Reflective Analysis Group Mr Hagan

Mr McNaney asked members if they had any issues they would like to raise regarding the report. Members had had nothing to highlight.

15. Professional Reports

15.1 GMC Quarterly Dashboard Reports

Mr McNaney asked Mr Hagan if there were any issues he would like to highlight, Mr Hagan replied that he did not. Members noted the report.

15.2 Hospitals Transfusion Committee Annual Report 2021-2022

Mr McNaney noted that this report will be deferred to Feb 2023.

Action – include on February 2023 agenda

15.3 AHP Annual Report 2021 – 2022

Miss Traub was due to present but unfortunately could not attend. Mr McNaney asked members if they had any issues they would like to raise regarding the report. Members had had nothing to highlight.

15.4 Information Governance Report 2021 – 2022 (for noting)

Mr McNaney noted that this report had been presented at Organisational Governance Steering group. Members noted the report

15.5 Medical & Dental Annual Report 2021-2022

Mr McNaney noted that this report will be deferred to Feb 2023.

Action – include on February 2023 agenda

16. Whistleblowing Update

16.1 Whistleblowing Briefing Document & Quarterly Report

Mrs Kennedy was unable to attend to present. Mr McNaney asked members if they had any issues they would like to raise regarding the report. Members had had nothing to highlight, report noted.

17. AOB

No other business to note.

18. Details of next meeting: Tuesday 14th February 2023 at 2.00 pm

