

**Minutes of the fourth meeting of the Assurance Committee meeting held on 10
December 2015 at 9.30am at Trust Headquarters**

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| Present: | Mr B McCann, Chair Dr C Ackah, Non Executive Director Mrs L Ensor, Non Executive Director Mr B Graham, Non Executive Director Mr J Moore, Non Executive Director | |
| In attendance: | Mrs P McCreedy, Director of Operations Mrs C Duffield, Director HR and Organisational Development Mrs U Cunning, Director Community Care Mr O Harkin, Director Finance Dr K Lowry, Medical Director Mrs O MacLeod, Director Nursing and User Experience Mrs M O'Hagan, Director Surgery and Clinical Services Mrs W Magowan, Interim Director of Medicine and Emergency Medicine Mrs M Roulston, Director Women, Children and Families Mrs S Pullins, Head of Governance and Patient Safety (up to 6 December 2015) Mrs C Morrison, newly appointed Head of Governance (from December 2015) Mrs M McDowell, Executive Assistant | |
| Apologies: | Dr T Stevens, Chief Executive Ms B Donaghy, Interim Director Strategic Development and Business Services Mr O Donnelly, Director Mental Health Learning Disability and Community Development | |
| | | Action |
| ASC23/4/15 | Conflicts Of Interest No conflicts of interest were declared. | |



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| <p>ASC24/4/15</p> | <p>Minutes of meeting held on 10 September 2016</p> <p>The minutes of the previous meeting held on 10 September 2015 were approved.</p> | |
| <p>ASC25/4/15</p> | <p>Matters Arising</p> <ul style="list-style-type: none"> <p>Governance Review</p> <p>Mrs Roulston reported that the recommendations from the Governance Review have been implemented, with work continuing on some areas.</p> <p>She advised that the Shared Learning Model continued to be addressed at the Learning for Improvement Steering Group.</p> <p>Members noted that the Children Order Complaints Procedure was being reviewed on a regional basis and Trust staff were involved in this work.</p> <p>With regard to the recommendations on morbidity and mortality, it was noted that draft guidance had been issued to M & M leads to review mortality. Dr Lowry referred to the presentation made to Trust Board members in October by Dr J Johnston, Medical Adviser, Death Certification Policy and Legislation Branch, DHSSPs, regarding the roll out of the Regional Mortality and Morbidity Review System, commencing in August 2016. He indicated that Dr Johnston would be addressing the Medical Staff Committees at Antrim and Causeway Hospitals in the coming months.</p> <p>Self Assessment Governance Tool</p> <p>Action plan for 2014/15</p> <p>Members noted the position on the action plan at 30 November 2015 and noted that a review of the Standing Orders and Scheme of Delegation would be completed for consideration at the Trust Board meeting on 24 March 2016.</p> <p>Trust Board Annual Cycle</p> <p>Members considered the Trust Board Annual Business Cycle and gave approval, subject to the addition of the Audit Committee Annual Report, which would be</p> | <p>C Duffield</p> <p>S Pullins</p> |



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| <p>ASC26/4/15</p> | <p>considered annually by Trust Board. Mr Graham also highlighted the need for the Complaints and User Feedback Annual Report to be brought to Trust Board and it was agreed that this would be progressed.</p> <p>Self Assessment process from 2015/16 The Chairman referred to the letter from DHSSPS of 27 October which indicated that for future years, ALBs would provide assurance, through their mid year assurance statements, that the tool was being completed, actions were being addressed and any exceptions would be raised with the Department. As the mid year assurance statement had already been completed for 2015/16, assurance would be sought at the end of year accountability process for this one year only.</p> <p>Members noted that the development and creation of RAMP was being considered as a possible case study to show how the Board had shaped the vision and strategy of the Trust.</p> <p>Risk Management</p> <p>(a) Principal Risks and Controls Document</p> <p>Mrs Pullins presented the Assurance Framework – Principal Risks and Controls Document for 2015/16 as at November 2015. She highlighted that this document contained ten principal risks and particular reference was made to the following matters.</p> <ul style="list-style-type: none">• Medical Workforce Members noted the ongoing difficulties in recruiting medical staffing in a number of specialties, particularly at consultant and training grades.<p>Mrs Duffield advised of the work being undertaken through a number of regional medical workforce planning reviews and that recommendations were expected to be made in due course to address issues in the longer term.</p><p>The actions being taken to address this situation by the NI Medical and Dental Training Agency in order to attract and retain trainees were noted.</p> <ul style="list-style-type: none">• Elective Service Mrs O'Hagan advised that the number of patients on | <p>C Duffield</p> |
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waiting lists for new, review outpatients and inpatient/day case treatment in a range of specialties continued to be a risk for the Trust.

She referred to the additional allocation of £40m recently made to health and social care to address waiting list and spoke of the Trust 's plans to use this money, part of which would be to increase in house capacity and part to allow subcontracting with the independent sector. The need for recurrent funding to address the demand/capacity gap on an ongoing basis was acknowledged.

- **Emergency Department**

The concentrated efforts and the focus being given to address the pressures within Unscheduled Care to achieve the required targets were acknowledged and members noted the initiatives that were being further explored and developed.

Some of the governance initiatives being undertaken to improve quality and safety, whilst addressing the increased demand, were again acknowledged.

- **Health and Safety Requirements**

Members heard of the actions being taken to reduce health and safety risks to staff. These included the implementation of General Risk Assessment (GRANT) and Risk Assessment and Audit Tool (RANNT) and audits being undertaken on COSHH compliance and prioritisation of training.

The efforts being made by the Chief Executive to promote health and safety and raise the profile of the Trust's Health and Safety Committee were noted.

Members acknowledged that the Trust was making all efforts to demonstrate its commitment to ensuring a safer work environment for staff and hoped that this focus would continue to be maintained.

Mrs Duffield indicated that health and safety had been one of the areas covered in the recent regional Staff Survey and the views/feedback from staff would be helpful to inform where further improvement needed to be made.

- **Hospital Associated Infections**

The extensive list of actions being taken to address the



continuing risks of an outbreak of hospital infections was acknowledged.

Reference was made to the considerable pressures on the Microbiology services and in particular on the Infection Control doctor role and members recognised the need to offer additional support in these areas

- **Nurse Staffing Levels**

Mrs MacLeod advised that the continuing recruitment difficulties had increased the risk in this area. It was noted that this was in the context of a regional shortage of registered nurses.

Members heard of the various options being explored to manage this risk, including review of rotas and shift patterns. The situation was being managed on a daily basis to ensure that safe nurse staffing levels were being achieved.

- **Domiciliary Care**

Members noted that Domiciliary Care Services, both in house services and those provided in the independent sector, had been added to the document, in light of the current capacity not being sufficient to meet demand.

The particular issues relevant to the Northern Trust were noted. There included the significant large rural geographical spread and the expansion in the number of the Trust's population of people over 75 years of age. This situation had been recognised by the Commissioner and solutions were being actively considered to increase capacity.

(b) Independent Sector Nursing/Residential Homes

In Ms Donaghy's absence, Mrs Pullins presented a Quality Assurance Report on nursing and residential home provision in the independent sector as at June 2015.

She provided an overview of the provision of care provided by these homes and the capacity and demand issues. It was recognised that the discussion which followed reflected some of the earlier discussion on the increase in the number of elderly people living in the Trust. Members noted that all new placements into homes had been secured through the Trust's Central Bed Procurement Unit.



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| <p>ASC27/4/15</p> | <p>Discussion followed on performance and quality issues, with members noting the monitoring arrangements in place and how review meetings were held on a regular ongoing basis.</p> <p>Members noted that each Director would have processes in place to manage incidents and SAIs, in accordance with Trust policies and guidelines. Having noted that the majority of SAIs had related to slips, trips and falls, they recognised that a reclassification of this category had led to the significant drop in the number of incidents being reported.</p> <p>Members noted the external assurance sources which existed, particularly through RQIA and NISCC. The effect of the requirement for care workers to be registered with the NISC was acknowledged.</p> <p>They noted that the suspension of new admissions was possible on receipt of failure to comply notices being issued by RQIA and other significant concerns being raised. Mrs Cunning referred to the resources required from the Permanent Placement Team to respond and manage complaints about placements in the Independent sector. The issues with regard to Safeguarding Vulnerable Adults were noted and the role of Reference Panels was acknowledged in this area.</p> <p>The positive impact of in reach training, education and development initiatives underway in 20 homes in Antrim and Ballymena , funded through the Integrated Care Partnership, was welcomed as a positive development and it was hoped that funding could be secured to expand this service to other areas of the Trust in the future.</p> <p>Assurance Framework</p> <p>Members noted the revised Assurance Framework Committee Structure which had been updated at 23 November 2015. With further changes being required, it was left for these to be considered by the Executive Team/SMT and brought back to the Committee at the next meeting.</p> | |
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| <p>ASC28/4/15</p> | <p>Learning for Improvement Steering Group</p> <p>(a) Overview</p> <p>In the absence of the Chief Executive, Mrs MacLeod presented an overview of the activities of the Learning for Improvement Steering Group, noting that the Committee had held its last meeting on 15 October 2015. Particular reference was made to the work being undertaken on whistleblowing arrangements and members noted that a training package for staff was being developed. Members were also pleased to note that a PPI register was now in place and the improvements were being made to embed PPI into daily activity.</p> <p>(b) SAIs</p> <p>Mrs MacLeod advised that it had been agreed by the SAI Review Group that Safety Panels would be instigated to support Chairs of investigations.</p> <p>(c) Inpatient Experience Survey</p> <p>Members noted the results of the 2014 patient experience survey undertaken by DHSSPS. Mrs MacLeod drew attention to the emerging themes for the Northern Trust and highlighted that the areas where improvements had been suggested were already being addressed. The continued focus needed to address communication issues was highlighted.</p> | |
| <p>ASC29/4/15</p> | <p>Social Care Governance Steering Group</p> <p>Mrs Roulston presented a report of the Social Care Steering Committee, noting that the last meeting had been held on 27 November 2015.</p> <p>The discussion which had taken place on the Delegated Statutory Functions with regard to both adults and children was noted.</p> | |
| <p>ASC30/4/15</p> | <p>Clinical Governance Steering Group</p> <p>a) Overview</p> <p>With the membership of this committee including clinical medical staff, the need to provide 6 weeks' notice of a meeting being arranged was noted to have the</p> | |



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| <p>ASC31/4/15</p> | <p>necessary quorum in place.</p> <p>Dr Lowry reported on the results of the audit of medical staff reviews of radiology, laboratory and other investigations and the action being taken re abnormal testing.</p> <p>b) Annual Risk Management Report</p> <p>Mrs Pullins presented the report for the period for 2014/15. She highlighted that the increased number of SAIs and untoward events was attributed to the Trust's decision to commence reporting of all falls graded as major, however, this decision has been reversed in the last year and would be reflected in the latest figures.</p> <p>c) Medical Devices and Decontamination Committee</p> <p>Members noted a summary of the 2014/15 annual report prepared by Professor M Scott, Chair of the Committee. They noted the Controls Assurance Standards substantive compliance for both medical devices and for decontamination, with scores of 84.2% and 83.45% being achieved.</p> <p>The activities of the Medical Devices and Capital Scrutiny Committee and Clinical Procurement Advisory Committee during 2014/15 were also noted.</p> <p>d) RQIA Inspection at Antrim Hospital: 21-23 October 2015</p> <p>Mrs MacLeod circulated feedback on the initial findings of the acute hospital inspection undertaken by RQIA on 21 – 23 October 2015 and indicated that the official report from RQIA was awaited. It was noted that this was the first audit using the new programme of inspectors, new methodology and inspection tools.</p> <p>Corporate Governance Steering Group</p> <p>Members noted the progress being made by the various Committees reporting to this group.</p> <p>Members noted the drafted Health and Safety report which had been circulated and agreed to forward any comments to Mrs Pullins.</p> | |
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| <p>ASC32/4/15</p> | <p>Organ Donation Report</p> <p>Dr Lowry referred to the Executive Summary of the Annual Report highlighting that between 1 April – 30 September 2015, the Northern Trust had one deceased organ donor, resulting in two patients receiving a transplant.</p> <p>It was noted that a new Clinical Lead for Organ Donation had recently been appointed in the Trust. It was hoped that the Chair's post of the Organ Donation Committee, which had recently been vacated by Professor Whittington, Non-Executive Director, could be filled in the near future.</p> | |
| <p>ASC33/4/15</p> | <p>Appreciation</p> <p>Members noted that Mrs Suzanne Pullins would be commencing her new post as Assistant Director Safety, Quality and Patient Experience and Deputy Director Nursing, on 7 December 2015.</p> <p>The Chair expressed his appreciation to Mrs Pullins for the help, advice and guidance, she had provided as Head of Governance over the past four years and expressed best wishes to her in her new role.</p> | |
| <p>Asc34/4/15</p> | <p>Date of Next Meeting</p> <p>It was agreed that the next meeting would be held on Thursday 11 February at 9.30am at Trust Headquarters, Bretten Hall, Antrim Area Hospital.</p> | |



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