



**Minutes of the 10th meeting of the Assurance Committee meeting held on
Thursday 28 September 2017 at 9.00am in the Boardroom, Trust Headquarters**

Present	Mr S Cuddy, Non-Executive Director Mr B Graham, Non-Executive Director Mr G Houston, Non-Executive Director Mr B McCann, Chairman (Chair) Mrs G McGahey, Non-Executive Director Mr G McGivern, Non-Executive Director	
In attendance	Mrs E Brownlees, Director Human Resources, Organisational Development & Corporate Communications Ms B Donaghy, Divisional Director Strategic Development & Business Services Mr O Donnelly, Divisional Director Mental Health, Learning Disability & Community Well-being Mr O Harkin, Director Finance Mrs P Hughes, Divisional Director Community Care Mrs W Magowan, Divisional Director Medicine & Emergency Medicine Mrs E McEneaney, Director Nursing & User Experience Ms M Mulholland, Head of Communications Mrs S O’Kane, Interim Assistant Director Governance & Patient Safety Mr S O’Reilly, Medical Director Mrs M Roulston, Divisional Director Women, Children & Families Dr T Stevens, Chief Executive Mrs M West, Assistant Director Surgery & Clinical Services (attended for Mrs O’Hagan) Mrs L Bates, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mr P Corrigan, Non-Executive Director Mr J McCall, Non-Executive Director Mrs M O’Hagan, Divisional Director Surgery & Clinical Services	

2.	PRESENTATION Dr David Morgan, Consultant Obstetrician/Gynaecologist and Mrs Caroline Keown, Head of Midwifery attended to present on the MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) Report into Neo-natal Deaths January to December 2015. Dr Morgan reassured the committee that the report does not accurately reflect the quality of care currently provided by the Trust,	
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	<p>stating that the report takes two years to be published. Dr Morgan talked to notes from Perinatal Mortality Meeting 2016 (Summary of NHSCT Review of Perinatal Mortality for 2015).</p> <p>Mrs Keown advised that Causeway Hospital received a Certificate from the Royal College of Obstetricians/Gynaecologists, being one of Top 10 Performing Hospitals across UK, in relation to the excellent mentoring and training opportunities offered to medical trainees, under the leadership of Dr Gary Dorman and Dr Lorraine Johnston. Dr Stevens referred to the challenges which have been experienced by the Causeway Hospital site over recent years, stating that the turnaround in obstetrics and gynaecology services has been phenomenal.</p> <p>Mr McCann stated that the presentation has provided assurance in relation to obstetrics and gynaecology services delivered by the Northern Trust.</p>	
3.	<p>CONFLICTS OF INTEREST No conflicts of interest were declared.</p>	
4.	<p>MINUTES OF MEETING HELD ON 15 JUNE 2017 The minutes of the previous meeting held on 15 June 2017 were approved as an accurate record on the proposal of Mr Cuddy and seconded by Mr McGiven.</p>	
5.	<p>MATTERS ARISING</p> <p>5.1 <u>Post Project Evaluation (PPE) proposed way forward</u> Ms Donaghy advised report on the Capital Programme 2017/18 and post project evaluations would be provided at Trust Board on 26 October 2017. Going forward a PPE will be developed twice yearly which will determine delivery on set objectives. Any projects which are outside Trust delegated financial authority limits are subject to a gateway review.</p> <p>5.2 <u>Ombudsman Office process for dealing with complaints</u> Assurance Committee was advised that this issue has been addressed via EEEG.</p> <p>5.3 <u>Terms of Reference</u> Updates in relation to Committee Terms of Reference (ToR) were provided as follows: <ul style="list-style-type: none"> - Audit Steering Group – ToR have been agreed. - Remuneration Committee – ToR have been agreed. - Trust Clinical and Social Care Policy and Guidelines Committee (including NICE Implementation) – ToR to be agreed. </p>	<p>E McEaney</p>



<p>5.4</p> <p>5.5</p>	<p><u>Infection Control</u> Mr Houston requested an update on the increase in C diff cases in Causeway Hospital. Mrs McEaney advised that an outbreak was declared in May 2017 which was subsequently downgraded to increased incidence across the Trust. One case of transmission was identified in the acute hospital site with the core issue being around GP community prescribing. Antimicrobial Stewardship has vastly improved on the Causeway Hospital site. Mrs McEaney further advised that in terms of C diff, the Trust has requested further dialogue with the PHA in relation to performance targets; however, no response has been received to date.</p> <p><u>Medical Workforce</u> Mr Houston requested an update on the predicted shortfall in medical trainees in August 2017. Mr O'Reilly advised that the situation was better than anticipated; however, trainees are being allocated differently in December 2017 which will result in the Trust losing three trainees.</p>	
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p>RISK MANAGEMENT</p> <p><u>Principal Risk Document (PRD)</u> Assurance Committee discussed the PRD and how this reflects the overarching risks currently faced by the Trust. Dr Stevens to give further consideration to the PRD, particularly in relation to financial issues. An overview of the Trust Savings Plan and impact will be given at the Trust Board workshop on 11 October 2017.</p> <p><u>Corporate Risk Register (CRR)</u> The CRR was noted by Assurance Committee.</p> <p><u>Trust Board and Assurance Framework Cycle of Reports</u> Amendments noted and agreed by Assurance Committee.</p> <p><u>Controls Assurance Standards</u> Mrs McEaney advised that from 1 April 2018 the DoH will no longer seek assurance on the 22 CAS. The DoH will meet with Trusts in the coming months to discuss how assurance will be provided in future.</p>	<p>T Stevens</p>
<p>7.</p> <p>7.1</p> <p>7.2</p>	<p>SOCIAL CARE GOVERNANCE STEERING GROUP</p> <p><u>Feedback Report</u> Mrs Roulston advised that the last meeting of the Social Care Governance Steering Group was held on 22 September 2017 with full attendance. Feedback report was noted.</p> <p><u>Adoption Annual Report</u> Mrs Roulston advised that this report presents a healthy position within 40 adoption orders completed this year. The Northern Trust is</p>	



	<p>the only Trust in NI to have a Post Adoption Support Team which offers on-going support to adoptive families.</p> <p>Mr McGivern advised that he joined the Adoption Panel in April 2017 and wished to commend the work of the panel.</p>	
8.	<p>EEEG (Engagement, Experience and Equality Group)</p>	
8.1	<p><u>Feedback Report</u> Mrs McEneaney talked to feedback report and the following main points were noted:</p> <ul style="list-style-type: none"> - Carers Support – A user representative attends the Carers Strategy Group and is supportive of the work undertaken by the Trust in relation to carers support. - Quarterly Complaints Performance Report April – June 2017 – Response rate, of responses issued within 20 working days, fell by 6% from the previous quarter; however, contributing issues have now been addressed. 	
8.2	<p><u>Complaints/Compliments Performance Report</u> Report noted.</p>	
8.3	<p><u>Complaints & Service User Feedback Annual Report 2016-17</u> Mrs McEneaney advised that the Northern Trust was the highest performing Trust with 78% of complaints being responded to within 20 working days. Report noted.</p>	
8.4	<p><u>Patient/Client Experience Annual Report/10,000 Voices 2016-17</u> Mrs McEneaney advised that the Northern Trust made up 22% of the patient and client experience stories included in the report. Report noted.</p>	
9.	<p>CLINICAL GOVERNANCE STEERING GROUP (CGSG)</p>	
9.1	<p><u>Feedback Report</u> Mr O'Reilly advised that it had previously been discussed that, given the poor attendance, the Clinical Governance Steering Group would split into three smaller groups. However, as there was good attendance at the last meeting held on 10 August 2017 it was agreed that the current format should remain.</p> <p>Mr O'Reilly talked to the feedback report and the following points were noted:</p> <ul style="list-style-type: none"> - Research Governance Committee – The multidisciplinary approach to Research and Development (R&D) is proving very successful. The R&D Strategy will be launched on 3 October 2017. - Outcomes Review Group – The first meeting was held on 27 September 2017. Draft Terms of Reference have been circulated for comment. Positive feedback has been received 	

	<p>from the Morbidity and Mortality Leads regarding the new process.</p> <ul style="list-style-type: none"> - Medicines Optimisation Committee – A High Risk Medicines subgroup will be developed to include insulin and oral anti-coagulants. - Radiation Safety Committee – As per recommendation by DoH nationally, an Imaging Optimisation Team has been established which will report to the Radiation Safety Committee. The focus of this group will be on dose optimisation across the Trust in relation to equipment and practice. - Organ Donation Committee – Excellent performance figures were published by the Trust for 2016/17 - 9 consented donors, 7 proceeded to donation with 19 patients receiving transplants. This is the highest level of activity recorded for the Trust. - Blood Transfusion Committee – It is planned to appoint a new chair to this committee. Work is on-going in relation to haemovigilance. - Claims and Professional Litigation Advisory Group – Measures have been put in place to take forward learning which is working well. It is planned to develop a Learning Bulletin to summarise and share learning across divisions. - Medical & Dental Education Steering Group – The second meeting of this Steering Group has taken place. Membership and Terms of Reference have been agreed. Work is progressing. - Clinical Audit Steering Group – The first meeting of this Steering Group was held on 7 August 2017. Membership and Terms of Reference have been agreed. A strategy and work plan will be developed. 	
<p>9.2</p>	<p><u>Supervision of Registered Nurses Report 2016/17</u> Mrs McEneaney advised that this annual report is presented to the Chief Nursing Officer. The CNO Standard directs that all Registered Nurses should have two sessions per annum of supervision. This report demonstrates that the NHSCOT has delivered 92% compliance against the standard, which is an improvement of 6.8% on the 2015/16 report. The group of staff which remains challenging is staff on bank only contracts.</p>	
<p>9.3</p>	<p><u>Nursing and Midwifery Annual Report 2016-17</u> Mrs McEneaney presented report and the following main points were noted:</p> <ul style="list-style-type: none"> - Alamac – This ward quality indicator toolkit and has been in use since 2016. Use of the system has now spread to 29 wards across the Antrim and Causeway Hospital sites and has also been successfully implemented in all four community hospitals since March 2017. - Falls - The falls rate across all adult inpatient areas is 6.13% 	

over the period 2016/17. There has been a significant reduction in the number of falls resulting in moderate to severe harm. The rate for moderate to severe harm is 0.11% compared to 0.17% in 2015/16.

- **Dementia Companion** - The role of the Dementia Companion has been tested within AAH acute site where six Dementia Companions have been employed. The region is giving consideration to the spread of this work.
- **Pressure Ulcers** - Due to the implementation of a new reporting system and change in process commencing in April 2016, the number of reported grade 3 and 4 avoidable pressure ulcers has increased in 2016/17. In 2016/17 there were a total of 79 pressure ulcers reported at grades 3 and 4, of which 45 were deemed to be avoidable. The Trust will continue to monitor grade 3 and 4 pressure ulcers. Mrs McEaney provided assurance that a robust improvement plan is in place.
- **Birthing Pool Causeway Hospital** – Since opening in January 2017 there have been over 50 water births.

9.4 Resuscitation Annual Report 2016-17

Mr O'Reilly talked to report and the following main points were noted:

- The Resuscitation Department provides a wide range of training programmes to clinical staff and other stakeholders.
- A Community Resuscitation Officer has been appointed.
- Cardiac arrest rates have decreased in line with target.
- Outcomes of cardiac arrest audit compare favourably with national figures.
- A regional audit of NEWS was carried out in February 2017 on 100 charts across the Trust. The audit tool measures compliance with the recording of the 6 vital signs. The average compliance with NEWS was 66%, compared to 71% last year. Assurance was provided that an improvement plan is in place.

9.5 Haemovigilance Annual Report 2016-17

Mr O'Reilly talked to report and the following main points were noted:

- All FY1s and FY2s within the Trust receive Right Patient Right Blood training which is transferrable between Trusts.
- Haemovigilance monitor all sample errors. No significant problems have been identified and any issues have been addressed quickly by the laboratory.
- Avoidable and unavoidable wastage of blood components throughout the Trust is monitored by Haemovigilance. The Northern Trust is comparable with other Trusts.
- A Massive Transfusion Protocol is in place which has been activated appropriately a number of times throughout the year.



<p>9.6</p>	<ul style="list-style-type: none"> - Serious Hazards of Transfusion (SHOT) - During the year Antrim Hospital had a total of 86 SHOT incidents and Causeway Hospital had 29. <p><u>Medical and Dental Education Report 2016-17</u></p> <p>Mr O'Reilly talked to report and the following main points were noted:</p> <ul style="list-style-type: none"> - Mr O'Reilly commended Dr Kate Scott, Consultant Anaesthetist and Mrs Marion McCluney, Medical Education Services Manager for production of the first Medical and Dental Education Report. It was acknowledged that this is a lengthy report (190 pages) which will be refined going forward. - Challenges going forward – the need for a Post-Foundation Lead for both core and specialty training was highlighted following the recent GMC visit. The Post-Foundation Lead would meet with all college tutors from each specialty and be accountable to the Medical and Dental Education Forum. 	
<p>10.</p> <p>10.1</p>	<p>CORPORATE GOVERNANCE STEERING GROUP</p> <p>Mr Harkin talked to all the reports in this section. The following main points were noted:</p> <p><u>Feedback Report</u></p> <ul style="list-style-type: none"> - Emergency Planning – Following the Grenfell Tower events there has been a renewed regional focus on the planning for mass casualty evacuations. Following the terrorist attack in Manchester, the development of Mass Casualty Plans has been prioritised by the Chief Medical Officer. The HSCB will set up a Regional Task and Finish Group. The work plan includes establishing Trust capacity and reviewing Major Incident Plans in the context of mass casualties. Positive feedback was received in relation to 'Exercise Synergy' held in Causeway Hospital on 6 June 2017. The provision of Major Incident training remains challenging due to the competing priorities of the Emergency Planning Manager. - Information Governance – The Trust has received a second undertaking from the Information Commissioner's Office on the uptake of training. June 2017 figures show a compliance of 83% on Information Governance Awareness training and 82% on POPI training. The Trust remains cognisant of the risks in relation to Cyber security. A Regional Group will lead on the implementation of the new General Data Protection Regulation which will be effective from 25 May 2018. - Medical Devices (including Decontamination and POCTC) – Issues continue in relation to decontamination of scopes, non-compliant AERs, drying cabinets and washer disinfectors and will need to be considered as part of the strategic overview of clinical equipment. Mr Harkin advised that he will provide an update around assurances at the next Assurance Committee meeting. 	<p>Mr Harkin</p>

	<ul style="list-style-type: none"> - Security Advisory Committee – The CCTV Business Case has been completed and will be considered if any further capital becomes available. A new risk has been identified in relation to Salto Access as the Trust is unable to source security cards for the security access control system on the Causeway Hospital site. Old cards are currently being reused; however, this supply is limited. A Business Case will be developed. - Fleet and Transport Committee – Mrs Brownlees provided assurance that the issue around driver licence categories is being addressed and relevant staff will receive training. - Workforce Learning and Development Committee – Mrs Brownlees provided the following update: <ul style="list-style-type: none"> - The July 2017 position for late recording of sickness absence was 6.56%, the August 2017 position was 6.32% which is an improvement. An Escalation Process has been developed for late recording. - Joy McGimpsey has been appointed as Senior HR Manager. - The Chairman’s Awards will be held in the near future. - The Trust Leadership Conference will be held on 12 October 2017. 	
<p>10.2</p>	<p><u>Health and Safety Annual Report 2016-17 (to include Occupational Health)</u></p> <ul style="list-style-type: none"> - Controls Assurance Standards (CAS) - The Trust achieved a compliance level of 84% for the 2016/17 reporting period compared to 81% in the previous reporting period. This increase in score was achieved as a result of the introduction of GRANT and RRANT. An action plan is in place for further improvement around CAS. - 54 Riddor reportable staff injuries were reported as a result of incidents which occurred during 2016/17. - The Northern Trust achieved 36% of frontline staff uptaking the flu vaccination, which was the highest level across the Trusts. However, this did fall short of the PHA target of 40%. - Occupational Health received 2,570 new referrals from managers in 2016/17 under the Managing Attendance Protocol. 	
<p>10.3</p>	<p><u>Energy Management Annual Report 2016-17</u></p> <p>Assurance Committee noted this overall positive report. Mrs McGahey commented that in future it would be useful to have information in relation to savings generated around renewal energy.</p>	
<p>10.4</p>	<p><u>Waste Management Annual Report 2016-17</u></p> <ul style="list-style-type: none"> - The overall production of clinical and pharmaceutical waste has increased by 35.14 tonnes across the Trust, with the rise being attributed to an increase in the amount of beds and activity at Antrim Hospital. The overall cost has decreased by £139,092 due to new contract prices and rationalization of community and non-acute hospital collections. 	



<p>10.5</p>	<ul style="list-style-type: none"> - The total tonnage of domestic waste that was collected throughout the Trust was 1,782. The annual recycling rate was 70.5%. The annual domestic waste spend was £179,981, a decrease of £6,408 (2015-16 £186,389). - Confidential waste production and spend decreased insignificantly from £23,989 during 2015-16 to £23,986. February 2017. <p><u>Fire Safety Annual Report 2016-17</u></p> <ul style="list-style-type: none"> - The current backlog of Firecode Works is £534,587 (inc 5% uplift) with a planned completion date now of 2018/19 (funding dependent) when all NHSCT owned buildings shall be compliant with current statutory Fire Safety Regulations and the DHSSPS (NI) Firecode suite of documents. - The 2016/17 Firecode Business Case was approved for £210,000, £130,000 was allocated through MES funding to the Trust of which £110,416.65 of Firecode works were completed in year. - Statistics indicate that 48% of staff received Fire Safety training in 2016/17. - 9 actual fire incidents were reported in 2016/17. <p>Mrs Roulston reported that the number of incidents within the Children’s Homes is settling. Mrs Roulston further advised that she will bring the Fire Safety Report to the attention of residential staff.</p>	<p>M Roulston</p>
<p>11. 11.1</p>	<p>PATIENT SAFETY & QUALITY NETWORK</p> <p><u>Feedback Report</u></p> <p>Mrs McEneaney talked to report and the following main points were noted:</p> <ul style="list-style-type: none"> - Dr Frances Stewart, Consultant Obstetrician/Gynaecologist will co-chair the Patient Safety & Quality Network with Mrs McEneaney. Dr Stewart is a Scottish Fellow (The Scottish Patient Safety Programme Fellowship aims to develop and strengthen clinical leadership and improvement capability within the NHS). - Paediatric Early Warning Score (PEWS) – A number of improvements have been implemented to address the level of compliance. In August 2017 compliance was reported at 90%. The focus will now be on sustainability. - IQI update – A small Task and Finish Group will be established to plan World Quality Day events on 9 November 2017. - Annual Quality Report 2016/17 – The final draft is currently with the Chief Executive for comment and will be tabled at Trust Board in October 2017. - Leadership Walkrounds - Mrs McEneaney advised that Directors each schedule one leadership walkround into their diary every quarter. 	



12.	MEDICINES OPTIMISATION INNOVATION CENTRE (MOIC) PROGRAMME BOARD	
12.1	<u>Annual Report 2016/17</u> Report noted.	
13.	REGULATORY and ACCREDITATION BODIES	
13.1	<u>RQIA Review of Regional Emergency Social Work Service</u> Mrs Roulston advised that this review was hosted by the Belfast Trust. Report noted.	
14.	DATE OF NEXT MEETING Tuesday 5 December 2017 @ 9.30am in the Boardroom, Trust Headquarters, Bretten Hall.	