

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

Present:	Mr B McCann, Chair Mr S Forsythe, Non Executive Director Mrs L Ensor, Non Executive Director Mr B Graham, Non Executive Director Mr J Moore, Non Executive Director Professor D Whittington, Non Executive Director	
In attendance:	Dr A Stevens, Chief Executive Mrs C Duffield, Director HR Mrs U Cunning, Director PCCOPS Mr O Harkin, Director Finance Dr K Lowry, Medical Director Mrs O MacLeod, Director Nursing and User Experience Mrs M O'Hagan, Director Acute Services Mrs M Roulston, Director Children's Services Dr B Hunter, GP Medical Director Mrs S Pullins, Head of Governance and Patient Safety Mrs M McDowell, Executive Assistant	
Apologies:	Dr C Ackah, Non Executive Director Ms P Montgomery, Non Executive Director Ms B Donaghy, Director PPMS Mr O Donnelly, Director Mental Health and Disability Services	
		Action
ASC11/3/15	Conflicts Of Interest Mrs Ensor declared a conflict of interest with respect to the agenda item regarding Independent Sector Domiciliary Care Provision and would be absent at the time of discussion on this item.	
ASC12/3/15	Minutes of meeting held on 11 June 2015 The minutes of the previous meeting held on 11 June 2015 were approved.	



<p>ASC13/3/15</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 two outstanding areas still being addressed. These related to adverse incident reporting and shared learning which were being progressed by the relevant Directors.</p> <p>It was noted that a report had been received on the Regional Learning System, aimed at strengthening learning from adverse incidents and from instances of good practice across HSC. This would now be considered with counterparts from other Trusts to take forward recommendations, as appropriate.</p> <p>Risk Register Production Guidance</p> <p>Mrs Pullins drew members' attention to proposed changes to the Risk Register Production and Management Guidance, following discussion at the previous meeting, and the following changes were agreed.</p> <p>3.5 Analysing and evaluation the Risk</p> <p>Both the risk owner and risk manager should confirm the risk rating from the identified risk.</p> <p>The work ongoing with the Trade Union colleagues to support the assessment of risk was acknowledged.</p> <p>3.6.2 Ensuring Appropriate and Regular Review Update</p> <p>It is essential that there is regular feedback by risk owners/risk managers regarding controls in place to mitigate risk learning identified is cascaded to relevant staff and that operational risks are discussed quarterly at Directorate and Speciality Governance meetings.</p> <p>Dr Stevens referred to the cross reference with the Steering Groups and said that each Group would be addressing this issue to feed into the Learning for Improvement Group. It was proposed that the Learning for Improvement Group would review the process for cascading learning on an annual basis. Mrs Pullins</p> 	<p>M Roulston K Lowry O MacLeod</p> <p>S Pullins</p> <p>S Pullins</p>
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<p>ASC14/3/15</p>	<p>advised of the current processes and systems in place to monitor this area.</p> <p>3.6.4 When a Risk can be de-escalated</p> <p>De-escalation of operational risk would be approved by the Risk Owner in conjunction with the relevant Director.</p> <p>3.6.5 Closing a risk</p> <p>A risk should only be issued when agreed by the Risk Owner and Risk Manager that all proposed actions have been implemented to good effect and the risk no longer exists.</p> <p>It was agreed that Principal Risks would be considered at each meeting of the Assurance Committee with the Corporate Risk Register being presented to Trust Board on an annual basis to ensure that the principal risks were being accurately reflected.</p> <ul style="list-style-type: none"> • Self Assurance Governance Tool <p>Members noted that timescales had been added to the action plan to address the identified gaps and that in some areas these timescales had already been achieved.</p> <ul style="list-style-type: none"> • Organ Donation <p>With Professor Whittington’s terms of office as Non Executive Director due to expire on 30 September 2015, she highlighted the need to identify a replacement Chair for the Trust’s Organ Donation Committee. She offered her assistance in the handover of this role.</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 3 September 2015. She highlighted that this document contained nine principal risks. Members noted the removal of two risks from the previous register presented. The neonatal unit at Antrim Hospital was now fully operational. The urology service risk was now being addressed as an operational risk as</p>	<p>B McCann</p>
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there is a plan in place to improve cancer access and urgent referrals.

- **Medical Workforce**

Members discussed the continuing challenges in recruiting medical staffing in a number of specialities, particularly at consultant and training grades. It was highlighted that the most significant risk was to the Emergency Department and Paediatrics, particularly on the Causeway site.

Mrs Duffield advised that the Trust was participating in the Regional Workforce Planning Group to address issues in the longer term. She spoke of some of the actions being taken to address issues in the shorter term, such as high level advertising of vacancies, procurement of high quality locums for fixed term contracts and exploring other alternatives to cover posts.

Actions being taken to address this situation by the NI Medical and Dental Training Agency in order to attract and retain trainees were noted.

- **Elective Service**

Members noted the risk associated with the increasing waiting lists for new and review outpatients and inpatient/day case treatment in a range of specialities.

Mrs McCreedy highlighted that the HSCB had recognised the demand/capacity gap on a regional basis and the need for additional recurrent funding to address this gap. She advised that, whilst the Trust was delivering its main core activity, there was no funding available to plan independent sector activity or any additional in house work.

Members noted that the Trust had established an outpatient reform group to review current service provision and was participating in the regional outpatient reform programme.

- **Information Governance**

Members noted the various actions being taken to address the challenges in achieving required levels of Information Governance. These included the allocation of additional resources, audits being undertaken and robust training continuing to be delivered across the Trust.



<p>ASC15/3/15</p>	<ul style="list-style-type: none"> • Break Even Position <p>The need for continued and focused monitoring of the financial position was highlighted to achieve break even by 31 March 2016.</p> <p>Mr Harkin undertook to check with the HSC Pensions Branch with regard to calculation of overtime payments, as requested by Mr Moore.</p> <p>The Principal Risk and Control Document, as presented, was approved.</p> <p>(b) Corporate Risk Register</p> <p>Mrs Pullins presented the Corporate Risk Register as at 30 September 2015, and members noted the details of the 24 risk which had been included. It was highlighted that one risk had been de-escalated from the previous version and the risk of failing to achieve the statutory break even position at the end of the year had been added to the updated register.</p> <p>Members noted that, whilst the Principal Risk document was considered by the Assurance Committee at their quarterly meetings, the Corporate Risk Register was considered at each meeting of the Assurance Group and would be presented to the Committee on an annual basis. It was agreed that this would provide reasonable assurance that principal risks were being accurately reflected and risks were being managed appropriately.</p> <p>The Corporate Risk Register, as presented, was approved.</p> <p>Annual Quality Report 2014/15</p> <p>Mrs MacLeod presented the draft Annual Quality Report which described the achievements and challenges under the five key themes for 2014/15. Members agreed that this document clearly demonstrated the Trust's commitment to the delivery of safe, high quality care and focused on the well being of service users and staff.</p> <p>It was agreed that further information needed to be added to the section relating to Ratio Adjustment Mortality Index.</p>	<p>O Harkin</p> <p>O MacLeod K Lowry</p>
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<p>ASC17/3/15</p>	<p>Mrs Pullins reported on the look back exercises which had been completed since 2014 and informed members of the engagement which was taking place with the Coroner's Medical Advisor to address issues and strengthen relationships.</p> <p>During the discussion regarding a RIDDOR reportable SAI, Mr Graham declared an interest and left the meeting during consideration of this matter.</p> <p>Social Care Governance Steering Group</p> <p>(a) Overview</p> <p>Mrs Roulston presented an overview of the Social Care Steering Group, highlighting that reports had been made on such areas as Delegated Statutory functions, Safeguarding Vulnerable Adults and Children and Professional Supervision.</p> <p>It was noted that the Group had met on four occasions since January 2015.</p> <p>(b) Case Management Review</p> <p>Members noted the progress made by the Trust on the recommendations arising from a Case Management Review.</p> <p>Mrs Roulston reported on the inter agency work being undertaken, with particular focus on sharing of information and learning across agencies.</p> <p>(c) Regional Emergency Social Work Service</p> <p>Members noted the annual report from the Consortium Board on how the regional out of hours services was operating. It was recognised that this services was managed by the Belfast Trust.</p> <p>(d) Annual Reports 2014/15</p> <p>Mrs Roulston advised members of the following reports, noting that these would be considered in more detail at the Corporate Parenting workshop to be held on 17 December 2015:</p> <ul style="list-style-type: none">• Therapeutic Support for Looked After and Adopted children;• Adoption Panel	
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- Foster Care Services
- Short Break Services for children with Disabilities.

(e) Independent Sector Domiciliary Care Provision

Mrs Ensor left the meeting for discussion on this report.

Mrs Cunning presented a Quality Assurance Report on domiciliary care provision in the independent sector for the years 2013/14 – 2014/15.

She provided an overview of domiciliary care in the Trust, highlighting the increase in the number of hours being delivered and the number of hours being delivered by both primary and secondary care providers.

Members noted the information collated with regard to quality indicators to acquire an overview of individual provider performance. These included information on complaints, incidents and accidents. With regard to service and quality failures, Mrs Cunning assured members of the systems in place in the Trust to ensure that missed calls were addressed.

The arrangements in place to manage performance and quality were noted, with continuous monitoring being carried and regular review meetings held.

With regard to capacity and demand issues, Mrs Cunning explained how new packages were secured via a Brokerage Service. She highlighted the significant impact on hospital delayed discharges and intermediate care beds caused by the inability to secure the required care packages.

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.

Mrs Cunning undertook to provide useful information with regard to the Trust's in house service.

Members acknowledged the importance of this area which underpinned TYC and recognised the work being undertaken on a regional basis to increase capacity.

U Cunning



<p>ASC18/3/15</p>	<p>Clinical Governance Steering Group</p> <p>Dr Lowry reported on the first meeting of the Clinical Governance Steering Group held on 10 June 2015 and advised that the Group proposed to meet on a quarterly basis. Members noted that reports had been considered on such issues as Patient Safety, IPC Environmental Hygiene, Policy Standards and Guidelines, Research and Development and the Outcomes Review Group.</p> <p>The Chairman referred to the discussion which had taken place on the Risk Management Report for 2013/14 and recognised that the increase in the number of adverse incidents being reported was welcomed as evidence of a changing culture in the Trust where staff were being encouraged to report incidents.</p>	
<p>ASC19/3/15</p>	<p>Corporate Governance Group</p> <p>Mr Harkin reported on his first meeting as chair of the Corporate Governance Steering Group which was held on 10 June 2015, noting that further meetings would be held in October 2015 and January 2016. Members noted that reports had been presented from Sub Groups reporting to the Steering Group which included Information Governance Forum, Medical Devices, Security Advisory and Health and Safety.</p>	
<p>ASC20/3/15</p>	<p>Health and Safety Risk Assessment Tools Corporate</p> <p>Mrs Pullins made a presentation on the work being undertaken to develop a risk management audit and assessment tool to assess compliance at departmental level across a range of clinical and non clinical risk indicators/standards, as recommended in the Governance Review.</p> <p>Members noted the process being developed to ensure that General Risk Assessments (GRANT) were being undertaken and that Risk Audit and Assessment (RAANT), to assess compliance with 30 identified standards, would be completed by all departments and wards every two years.</p> <p>On commenting on the significant progress being made to improve and strengthen health and safety</p>	<p>Directors S Pullins</p>



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	<p>arrangements, Dr Stevens thanked Mrs Pullins and governance staff for the considerable efforts make on this issue.</p> <p>The Chief Executive also referred to the particular focus on health and safety within estates services and on the importance of engagement and partnership with Trade Unions in developing this area.</p>	
ASC21/3/15	Estates Procurement Mr Harkin provided an update on procurement in Estates, advising that the business cases for Measured Day Term Contracts had been completed to ensure that the new arrangements would be in place by 1 April 2016.	
ASC22/3/15	Date of the Next Meeting The date of the next meeting was confirmed as 10 December 2015.	M McDowell