Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

From: Linda Devlin

To: Chief Executives of HSC Organisations and NIFRS

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Our Ref: DH1/15/229160
Date: 15 September 2015

Dear Colleague,

MID-YEAR ASSURANCE STATEMENT 2015-16

1. All DHSSPS arm's length bodies are required to submit a mid-year Assurance Statement to the Department. The function of this Statement is to enable you, as Accounting Officer, to attest to the continuing robustness of your organisation's system of internal governance.

Action required

2. The purpose of this letter is to ask you to provide a completed 2015-16 mid-year Assurance Statement for your organisation no later than **Friday, 16 October 2015**. The Statement should be e-mailed to Joanne.elliott@dhsspsni.gov.uk and Karen.jeffrey@dhsspsni.gov.uk . As the statements will be used to inform the mid-year accountability reviews, it is essential that all organisations adhere to the deadline for submission.

3. I would ask that, in completing the mid-year Assurance Statement, you apply the same principles as are applied in the completion of the annual Governance Statement. The Statement should provide a balanced appraisal, capable of substantiation, of the state of the organisation's internal governance.

4. Disclosure of internal control divergences should be full and frank. When completing the internal control divergences section, please ensure the description discloses:

    - a failure in an internal governance procedure;
    - how the issue arose;
    - remedial action taken or proposed to prevent recurrence; and
    - timescales involved.

Changes to Performance against Departmental Objectives

5. Please note that minor changes have been made to the template, with regard to Business Planning to reflect changes in the process for 2015/16.

Changes to reporting on the NAO Audit Committee Checklist

6. For the last 6 years ALB Audit Committees have been asked to complete and formally report on the National Audit Office Audit Committee Checklist, recommended as best practice by the National Audit Office. The Department recognises that all Audit Committees are dedicated to continuous improvement and best practice and this has been demonstrated in the yearly responses.

7. In order to provide continued assurance to the Department's Accounting Officer, the attached Mid Year Assurance Statement template has been updated to include the NAO Audit Committee Checklist. Audit Committees are asked to confirm that the process is being completed and that any issues or concerns will be raised with the appropriate Departmental official. Audit Committees will no longer be required to send their individual returns to the Department.

8. If you have any queries or comments on this letter please contact Karen Jeffrey 02890 528662.

Yours faithfully

Linda Devlin
Director of Strategic Management

cc Chairs of Departmental Arm's Length Bodies
Richard Pengelly
Julie Thompson
Peter Toogood
Gillian Seeds
Joanne Elliott
Karen Jeffrey
DHSSPS Sponsor Branches

DHSSPS ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in Northern Health and Social Care Trust as at 30 September 2015

The scope of my responsibilities as Accounting Officer for Northern Health and Social Care Trust, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 11th June 2015. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance framework

The Governance framework as described in the most recent Governance Statement continues in operation. The Audit Committee and the Charitable Trust Funds Advisory Committee, the Assurance Committee and the User Feedback and Involvement Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

2. Assurance Framework

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been reviewed and approved by the board on 22nd January 2015. Minutes of board meetings are available to further attest to this.

3. Risk Register

I confirm that the Principal Risk Document has been reviewed on a quarterly basis by the Assurance Committee, a sub-committee of the Board of the organisation, and that risk management systems/processes are in place throughout the organisation.

As part of the board-led system of risk management, the Corporate Risk Register is also presented to the Assurance Committee annually for discussion and approval and all significant risks are reported to Trust Board as members of the Assurance Committee, mostly recently on 10th September 2015.
In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives/Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set by out in the organisation's business plan as approved by the Department [*with the following exceptions:-*]

Unscheduled care – Targets for Emergency Services

The Trust has continued to build on improvements in unscheduled care, with a further reduction in 12-hour breaches at Antrim Hospital to 169 from April to September 2015, compared to 326 in the same period last year, a reduction of 48%. Causeway Hospital has maintained its performance of zero 12-hour breaches; this has now been the case for over two years.
An increase in activity and the continuing capacity issues at Antrim Hospital mean that during periods of high activity, the avoidance of all 12 hour breaches is unlikely. The Trust will however focus on ensuring that all patients entering care through the Emergency Department are managed safely.
Progress to the achievement of the 4 hour target has continued to challenge both acute hospitals. Performance against the 95% target in April to September 2015 has ranged from 57% to 65% at Antrim and between 64% and 75% in Causeway.
Service reform continues to progress, including direct access by GP's for clinical assessment and ambulatory treatment and care. Plans are in place for this service to be significantly expanded, prior to winter 2015, to include comprehensive geriatric assessment and surgical assessment. A range of other investments into unscheduled care in areas such as diagnostics and AHP services will also help support the Trust's acute sites over the winter period.
The limiting factor in these service reforms is likely to be the Trust's ability to recruit suitably qualified doctors and nurses.

The Trust would flag actual and potential further capacity issues for the domiciliary care service to support the person in their own home after hospital discharge. Demand for domiciliary care provision is likely to increase. Creating additional capacity is proving difficult as recruitment within this sector remains challenging.

Delivering SBA Volumes and Elective Waiting Times - (In-patients, Day cases and Out-patients)

Sustaining elective levels of activity in some specialties (compared to previous year) is challenging, particularly for those reliant on a small number of specialists or a single handed consultant base. The issues relate in the main to vacancies and absence, with subsequent diminished capacity of service for a period. It is not always possible to secure locum cover. Where it is secured, it may not deliver to the same volumes. Elective volumes have also continued to be affected by the unscheduled care pressures on the Trust's acute sites during the first part of 2015/16, given the same clinical teams deal with both elective and unscheduled activity.

Demand is an overarching issue with outpatient referrals up by 9%. Of this increase in demand, there is a disproportionate increase in red flag cancer referrals. These issues are affecting the waiting list position. In addition access to the independent sector to address waiting lists is not available at this point. All efforts will be made to meet both urgent need and address longer elective waiting times.

Diagnostic Waits

Diagnostic demand continues to exceed capacity across all modalities, with the increased pressure of unscheduled care taking precedence over elective care. The majority of excess waits at present are in CT, Cardiac Investigations and Audiology. Elective access funding has been made available in Quarters 1 and 2 to address the elective capacity gap in MRI, CT, USS and echocardiography. Unscheduled access/7 day working recurrent funding has also been confirmed for MRI, CT and USS exams in Antrim Area Hospital, which will help address the significant demand-capacity gap. Future performance will be dependent on whether demand continues to rise.

Cancer Services

Performance against the 62 day cancer target this year has ranged from 81% in April to 68% in June, with particular pressures in Urology, Gynaecology, Gastroenterology and Dermatology. In relation to Urology, the development of Team Northwest is progressing towards full implementation by April 2016. Regarding Gynaecology, investment is expected to be in place in the financial year 2015/16 which will result in improved performance later in the year. Gastroenterology is currently delivering increased volumes but red flag access is unlikely to improve significantly until the capacity/demand gap is addressed. Dermatology volumes have now increased, and improved performance is anticipated for the rest of the financial year. The number of red flagged cases presenting at referral continues to increase requiring on-going adjustment of clinical and treatment templates to allow for additional capacity for these urgent referrals. This also has an impact on routine elective waits.

In relation to Breast Cancer referrals (all urgent referral to be seen with 14 days) the performance has been maintained at 100%. The Trust also accepted referrals from the Belfast Trust during the months of July and August to assist with consultant workforce issues in Belfast.

Control of Infection: MRSA Bacteraemia

The Trust target set for MRSA bacteraemia for 2015/16 is 10 cases; the Trust reached this figure of 10 cases at the end of August and will breach the target set before the end of March 2016.

Currently all MRSA bacteraemia are ascribed to the Trust regardless of where they are identified. Many of the patients identified with MRSA bacteraemia have been complex patients with long term medical conditions. Work is continuing with community healthcare colleagues and with Public Health Agency colleagues to address the community burden of MRSA and how it impacts secondary care.

A Post Infection Review is undertaken for every case of MRSA bacteraemia.

Psychological Therapies

Achievement of the Psychological Therapies waiting times target of 13 weeks has been impacted by three separate services. PTS (Psychology of MH) is one such service but is demonstrating an improvement following work with community mental health teams. Performance in this area is likely to improve somewhat during

October and November. Clinical health psychology has had high levels of pain referrals and is also currently affected by two vacancies, one of which cannot be filled. The third service is that of Learning Disability (adult and children) with two out of four posts currently vacant. The waiting list continues to increase and the service is engaging with referring agents regarding other models of provision during periods of reduced capacity within the service. Waiting list 13 week breaches will reduce when all vacant posts are filled & additional capacity is in place.

Allied Health Professional Services

There continues to be challenges in some AHP Services in meeting the 13 week access target. Some patients in Adult Speech and Language Therapy Services are waiting in excess of 13 weeks. A service improvement plan is in place to reduce this. Waiting lists for Physiotherapy and Occupational Therapy remain at significantly high levels and will not reduce without additional funding.
All AHP Services are currently meeting the SBA volumes for new contacts, with the exception of Physiotherapy and Podiatry. A 6th version of Regional AHP Access Data Definitions was provided by the HSCB in June 2015. The NHSCT is currently working with the HSCB and the PHA to agree the extent of any recurrent elective AHP capacity gap in each of the Trusts.

Staff Appraisal

The numbers of Agenda for Change staff, (excludes senior executives and medical staff) receiving annual appraisal has increased to 78% in June 2015.
Targets are currently being finalised by the DHSSPS, however the Trust has set an appraisal compliance target of 90%.
The Trust is taking a number of steps to improve compliance in this regard:

- Appraisal compliance rates form part of the internal Trust accountability.
- Additional training has been provided throughout the year to managers and further targeted training is planned. Monitoring of compliance rates takes place quarterly to ensure progress and compliance is monitored more robustly.
- Appraisal documentation has been reviewed and updated to simplify the process. Guidance has been provided on use of new documentation.

- Job Chat (group appraisal) has been introduced for corporate support services staff and homecare staff, accompanied by individual Personal Development Plans.
- Managers are being advised to record appraisal dates on HRPTS so that more efficient reporting on appraisal rates can be achieved.

Staff Absence

Targets are currently being finalised by the DHSSPS, however the Trust have adopted a sickness absence rate of 5%.

The draft 2015/16 Departmental requirement for sickness absence is an improvement on the Trust sickness absence rate by 2.5% on 2014/15 levels. This equates to a Trust absence target of 7.35%. At June 2015 the cumulative Absence figure was 7.28%.

The following actions have been taken/are being progressed:

- A Health & Wellbeing/Attendance Management Action Plan has been agreed for 2015/16 to support a reduction in absence and associated costs.
- Top 50 sickness absence cases reported to Directorates on a quarterly basis.
- Templates have been developed for directorates to report to their assistant directors on actions taken to manage absence cases.
- The Managing Attendance protocol has been reviewed and updated and will be issued throughout the organisation once it has been through the appropriate forums.
- A One Day Absence Management Training Programme for managers has been refreshed and continues to be provided; Refresher/awareness training has been included in the master class portfolio.
- Manager capability in Health & Wellbeing /Attendance Management is being developed through the provision of a suite of leadership and management.
- Work is being undertaken in partnership with Trade Union colleagues and other representatives from the Health & Wellbeing Steering group, to develop a new Health & Wellbeing strategy.
- A Trust workforce scorecard has been developed, which demonstrates directorate and Trust performance against the targets in relation to percentage sickness absence rate and the direct cost of sickness.

- Directorate case conference meetings, which provide a forum for managers to discuss complex sickness absence cases, continue to be held.
- Guidance for managers on staff health and well-being and attendance management has been further developed.
- The Health and Wellbeing Steering Group, which is a multidisciplinary group continues to meet to provide direction and oversight for the health and wellbeing activities in the Trust.
- The Trust has worked in partnership with other organisations such as Carers NI and, has developed guidance for managers in supporting staff involved in potentially traumatic incidents at work.
- A programme of health and wellbeing campaigns such as women's and men's health, smoking cessation, healthy eating, mental wellbeing and physical activity. Ongoing promotion and awareness of Occupational Health and employee assistance programme.

5. Controls Assurance

I confirm implementation of action plans arising from the year-end self-assessments of compliance with Controls Assurance Standards.

6. External audit reports

I can confirm that all recommendations of the External Auditors have been implemented or are in the process of being implemented as per the agreed timeframe.

7. Internal audit

I can confirm that all recommendations of the Internal Auditors have been implemented or are in the process of being implemented as per the agreed timeframe.

8. RQIA and other reports

I confirm implementation of the accepted recommendations made by RQIA, and **[specify other relevant authorities (if any)]** *[with the following exceptions:-]*

The Trust has received three final reports from RQIA Thematic Reviews since April 2015, and is currently developing action plans to implement recommendations outlined in the reports. The reports received relate to the following:

- Review of Risk Assessment and Management in Addiction Services
- Quality Assurance of the Review of the handling of all Serious Adverse Incidents reported between 1 January 2009 and 31 December 2013
- Review of Brain Injury Services in Northern Ireland

The Trust has also received four draft reports from RQIA for factual accuracy. These are:

- Review of Eating Disorders Services In Northern Ireland
- Review of Community Respiratory Services
- Review of the Implementation of the Palliative and End of Life Care Strategy (March 2010)
- Review of the HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services

RQIA have carried out a number of unannounced hygiene inspections across acute services. Each generates an action plan that is monitored by the Directorate Governance Team.

9. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

10. Internal Control Divergences

[Insert details of internal control divergences not otherwise covered e.g. description of the issue that has arisen, the identified internal governance procedure failure, its (potential) impact on services, service-users, stakeholders etc, and a summary of the action taken or proposed to address the issue and timescales involved]

Medical Workforce

The Trust has made a number of Consultant appointments in Obstetrics & Gynaecology, Breast Radiology, Anaesthetics and Psychiatry. At Antrim Hospital, a

consultant radiologist post and new consultant neurologist post are proving difficult to fill.

At Causeway Hospital, there are still a number of consultant vacancies, which remain unfilled; these include posts in Palliative Medicine, Respiratory Medicine and Care of the Elderly/Stroke. The Trust is planning to fill two physician posts (Gastroenterology and Diabetes/ Endocrinology) in the coming months.

The Trust will also advertise for a number of vacancies within Emergency Medicine; these include one new consultant post, two locum consultants and three specialty doctors.

The challenge of populating middle grade and trainee rotas continues.

Neonatal Unit, Antrim Area Hospital

There were significant delays in the completion of the capital project with respect to the Neonatal Unit at Antrim Area Hospital. This was because of issues relating to contractor performance and capability and work is on-going with CPD – Health Projects and Directorate of Legal Services to address this. Remedial electrical work was addressed in June/July 2015 and the NNU unit (excluding the external works) was completed in mid-July.

Child and Adolescent Mental Health Services (CAMHS)

A zero breach position was achieved by the Trust by September 2015, following the successful implementation of a comprehensive service improvement plan. The Trust is confident this position can be sustained moving forward.

Child Sexual Exploitation (CSE) / Children going missing

The Trust continues to contribute to the regional working groups tasked with implementing the recommendations of the Marshall Report. The Trust will also contribute to the regional and local actions required to address the findings of the Thematic Review report. The Trust has well established monthly CSE meetings for senior managers and quarterly CSE meetings with PSNI, Youth Justice Agency and the North Eastern Education and Library Board to provide local senior management overview and co-ordination of the inter-agency arrangements to safeguard children in the Trust area from sexual exploitation.

The Trust has developed on-going training for frontline staff to increase their awareness of CSE and to reinforce their knowledge of the Regional Interim Guidance for CSE referrals. Frontline staff are better skilled at completing a CSE Risk Assessment to clarify the potential risk the young person is experiencing. In accordance with procedure, staff complete a risk assessment following each significant episode and the results of these assessments inform the plans and intervention with the young person.

The Senior Practitioner for Child Sexual Exploitation is available to offer staff advice and guidance when they suspect that any young person is at potential risk of CSE. This Senior Practitioner regularly attends Child in Need and LAC reviews, Child Protection Case Conferences and strategy meetings to offer advice and guidance.

Managers, Team Leaders, Senior Social Workers and Heads of Service would have CSE listed as an agenda item for any young person who they have identified as potentially at risk. This enables the multidisciplinary forum to review and update the risks on a regular basis and to incorporate all necessary actions into the young person's care plan.

The issues surrounding CSE continue to develop and the Senior Practitioner for CSE continues to attend training and workshops in order to keep the Trust updated on current trends and information. The Senior Practitioner is now co-located with colleagues in the PSNI PPB two days a week and this has helped further strengthen the working relationships between the two agencies.

The Trust is currently finalising a CSE information pack to go to all relevant social work teams within the Trust which sets out a suite of brief guidance notes in respect of Trust and Trust/PSNI CSE processes. This information pack will be formally launched at an NHSCT/PSNI workshop in the New Year.

<u>Turnaround and Support Team (TAST)/Reform and Modernisation</u>

In April 2015 the Minister formally stood down the Turnaround stage of the Trust's improvement process which allowed the Trust to move forward under normal governance and performance arrangements.

The Trust is now developing a Reform and Modernisation Programme (RAMP) which will set the direction for the Trust over the next five years. The Trust will be commencing a process of communication and engagement with key stakeholders on

its plans in October 2015 and appropriate proposals will be subject to public consultation at the appropriate time.

Judicial Review – Dalriada Hospital

Following the granting of an interim review in December 2014, the temporary closure of the Dalriada Community Hospital intermediate care in-patient beds and MS respite unit beds, as part of the Trust's 2014/15 Savings Plan, was withdrawn and the service was reinstated. Guidance was issued by DHSSPS on the need for appropriate consultation and this is being followed by the Trust.

Donaldson Review

The Trust engaged with staff and a range of stakeholders to consult on the recommendations of the Donaldson Review report; 'The Right Time, The Right Place'. The feedback received was included in the collaborative response from the staff of all six health and social care trusts and was submitted to DHSSPS in May 2015.

Estates

The Trust had previously reported on investigations undertaken and reports made as a result of whistleblowing allegations. Work continues to action all recommendations made and a follow up Internal Audit took place in September 2015. The Trust is expecting receipt of this in due course. A business case for the provision of the response maintenance services has recently secured DHSSPS approval. A procurement process has now commenced with the aim of securing Award of Contract by March 2016 with service commencement in April 2016.

Serious Adverse Incident: Private Nursing Home

During the 2013, investigations were undertaken by the Trust, NI Adverse Incident Centre and NI Health and Safety Executive into an incident where a resident with severe learning disabilities had died in a private nursing home whose care was commissioned by the Trust. Proceedings are expected in late 2015/16 in relation to charges that there was a gross breach of Section 1 of the Corporate Manslaughter & Corporate Homicide Act 2007. Also that in the operation of the home the level of risk

to the health and safety of persons not in their employment was contrary to Article 31 of the Health & Safety at Work (NI) Order 1978.

Serious Adverse Incident – spillage of liquid drain solvent and chemical spillage

Further to the occurrence of these Serious Adverse Incidents, Internal Audit has audited 23 sites/wards including the Estates Department to ensure appropriate management of substances hazardous to health. Internal Audit have confirmed a Limited Assurance and identified three Priority 1 weaknesses with respect to the availability of inventory lists, incomplete assessment of all substances (12% of those reviewed) and availability of Substance Material Datasheets. An action plan and system of review/audit have been put in place in respect of COSHH.

Health and Safety Risk Assessment

As a further step to improve health and safety management a tool to support General Risk Assessment and a Risk Management Audit and Assessment Tool have been developed for implementation throughout the Trust. Staff training in the use of the General Risk Assessment Tool has commenced. The Trust intends to have all assessments completed by March 2016.

Colposcopy

Further to the Governance Statement advising that seventy one women were recalled for follow up cervical smears as a precautionary measure, plans were put in place for sixty three of the cohort who contacted the advice line. No negative outcomes were detected. Those women from the cohort who were not contactable have been flagged on the Excelicare system as well as Northern Ireland Electronic Care Record (NIECR).

Update on Client Charging

A number of independent sector providers of supported living services within Northern Ireland levy a charge on tenants. The Trust has been working along with the HSCB and the DHSSPS on this regional issue and on the development of draft DHSSPS guidance aimed at providing further clarification. The Trust has also been working with providers in the area to identify the extent of the charges and how they are being used in the care and support provided.

Serious Adverse Incident: Investigation into charging and management of a service user

The Trust continues to work with the Office of Care and Protection and to action the full implementation of the previous Internal Audit recommendations. A further follow up audit will be completed during 2015/16.

Joint Advisory Group (JAG) Accreditation

In 2010 the Trust achieved JAG accreditation of Whiteabbey Endoscopy unit. This facilitated the provision of Bowel Cancer Screening for the Northern Trust and also the provision of endoscopy training for Northern Ireland. In March 2015 the Trust were advised by JAG that they had withdrawn this accreditation due to a deviance from one of their core standards. This was one element of the access standard. All other standards were met as was the access standard of 9 weeks for all new patients. The element of access that fell short of the standard was the time waiting for planned/surveillance endoscopy. The Trust was aware of this backlog and had commenced actions to reduce the delay. However this was not sufficient to retain JAG. The Trust has a plan in place to achieve an 18-week wait at the end of October and will receive a JAG accreditation visit shortly thereafter.

Prompt Payment Compliance

The Trust is required to pay their non HSC trade creditors in accordance with applicable terms and appropriate Government accounting guidance, which requires payment to be made within 30 days of receipt of the invoice, or in line with agreed payment terms with the supplier.

The 30 day target is 95% of relevant invoices paid within this time and the Trust is striving to meet the target in 2015/16 and is encountering some difficulties. The Trust will continue to liaise with BSO Payments Shared Service Centre and Trust managers to endeavour to meet this duty.

Agenda for Change (AfC)

The Trust continues to calculate and pay the AfC arrears due to staff. Despite efforts to finalise this process, there remains arrears to be paid. The Trust aims to reduce this outstanding amount in 2015/16.

Business Services Organisation Assurances

The Business Services Organisation (BSO) provides a range of services to, and on behalf of, the Trust. These include:

- The Directorate of Legal Services (DLS) which provides legal services across the range of services of the Trust;
- Procurement and Logistics Services (PaLS) which provides procurement and logistics and acts as a Centre of Procurement Excellence (COPE) for HSC;
- The Shared Services Centre (SSC) which provides Accounts Payable (AP), Accounts Receivable (AR) and Human Resources, Payroll and Travel Services (HRPTS) on behalf of the HSC;
- Information Technology Services (ITS) which provides a range of systems support for the HSC.

The Chief Internal Auditor in the Mid Year Assurance Statement from the Head of Internal Audit has noted that the assurance for the Payroll Shared Services remain limited with a significant number of priority one findings and recommendations made. Whilst the Trust has transferred its Payroll function to the BSO SSC in January 2015, and is not directly affected by this finding, it is nevertheless a matter of concern going forward. The Trust will be liaising with BSO via the relevant customer forum to ensure improvements in internal control are prioritised.

The follow up audit of the Payments Shared Service provided a satisfactory assurance and again the Trust will be working with other Trusts through the Customer Forum to pursue further improvement in the SSC processes and controls.

The Trust has received limited assurance from Internal Audit concerning Laboratory Procurement and Contract Management, and Review of Control of Substances Hazardous to Health, with several Priority 1 findings. The Trust has accepted the recommendations made and is in the process of taking forward the actions identified.

Serious Adverse Incident - Choking

A Serious Adverse incident was reported to HSCB in early 2015 involving a patient, who died following an episode of choking. Following an initial investigation, a further Level 2 SAI investigation is in the final stages of completion. As part of this investigation it has been identified that there is a requirement to strengthen the consistent use of terminology and guidance outlined in the Dysphagia Diet National

Food Descriptors for modified textured diets. This case is also being considered by HSENI.

Serious Adverse Incident – Paediatric

Following the unexpected death of a child, a Level 3 Serious Adverse Incident Investigation has been commissioned. The Level 3 Investigation Report is currently being drafted. Following an initial significant event audit, a gap in control was identified and the introduction of the Paediatric Regional Early Warning System was expedited. This is now in place, with the necessary supporting training.

Control of Infection

The Trust has experienced significant challenges regarding compliance with the targets set for Healthcare Associated Infections. The Trusts cumulative number of C Difficile cases currently exceeds the expected trajectory to achievement of the target at end of year. The Consultant Microbiologist has continued ward rounds at Antrim Hospital in anti-microbial stewardship and, in addition, has commenced ward rounds focusing on the management of patients with C Difficile infection.

The MRSA Bacteraemia total currently exceeds the end of year target. With regard to MRSA blood stream infections, 10 of the 13 cases since 1 April 2015 have been diagnosed in patients within 72 hours of admission.

The Trust has performed a review of our cases of HCAIs since the start of the 2015/16 year and can state that, of the 37 cases of CDI diagnosed since 1 April 2015, only 13 of these were diagnosed outside the first 72 hours of admission. Many of these patients were exposed to multiple courses of broad spectrum antibiotics in the community prior to admission. Of these 13 cases, we have no definitive evidence of in-hospital transmission between patients.

Information Governance Incidents Reported to the Information Commissioner

Since the 1st April 2015 the Trust has reported 3 information governance breaches to the Information Commissioner's office. Of the 3 cases reported only one has reached a final conclusion. This was in respect of third party data contained within a social care report, supplied to the data subject. The ICO concluded that there was no case for the Trust to answer.

The remaining two cases are still going through the investigation phase. These are in relation to sensitive information being emailed to the wrong person and a lost diary containing patient information relating to circa 60 patients.

11. Mid-year assurance report from the Head of Internal Audit

I confirm that I have referred to the Mid-Year Assurance report from the Head of Internal Audit, which details the assurances the organisation has received from Internal Audit in the first six months of the year and reports on the accepted audit recommendations.

CHIEF EXECUTIVE & ACCOUNTING OFFICER

16 October 2015