

## **DoH 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 2022**.

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 23 June 2022. 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 other Board Committees which include Remuneration, Charitable Trust Funds Advisory and Assurance Committees 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 approved and is reviewed by the Assurance Committee, which is a sub-committee of Trust Board. Minutes of Assurance Committee meetings are available to further attest to this.

### **3. Risk Register**

I confirm that the Principle Risk Document and the Corporate Risk Register have been regularly reviewed by the Assurance Committee and that risk management systems/processes are in place throughout the organisation. The area of Risk Management was subject to Internal Audit in April 2022 and received satisfactory assurance. As part of the board-led system of risk management, the Principle Risk Document is presented quarterly to the Assurance Committee, most recently on 08 September 2022 and the Corporate Risk Register is presented annually to the Assurance Committee, for discussion and approval and all significant risks are reported to the Board.

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 out in the organisation's business plan as approved by the Department, with the exceptions as set out in this mid-year assurance report (see Internal Control Divergences). On advice from Sponsorship Branch a Trust Delivery Plan has not been produced for this year. In its place the Trust has completed a Service Delivery Plan for 2022/23 which will form part of the HSC Service Delivery Plan detailing specific acute and community service areas and associated measurable outcomes. Trust performance against these outcomes are being monitored monthly by the SPPG and the Performance and Transformation Executive Board.

In addition, it is challenging to sustain gender specific adult inpatient wards at Antrim Area Hospital given the lack of sufficient bed capacity. Approval has been given for the construction of two modular wards on the Antrim Hospital site which will bring some additional capacity during FY 2022/23. A proposal for further permanent bed capacity has been submitted to the Department of Health and agreed as a priority scheme, but

has not yet been approved. It is anticipated that clinical priority will necessitate some compromise on gender specific ward areas, and those situations will be appropriately controlled and risk managed.

## **5. Finance**

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with Northern Ireland Guide Expenditure Appraisal and Evaluation (NIGEAE) and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE).

## **6. Information Governance – General Data Protect Regulation (GDPR) & Data Protection Act (DPA) 2018**

I can confirm that my organisation has taken appropriate steps and is carrying out the necessary actions to ensure ongoing compliance with GDPR and DPA 2018.

## **7. Environmental, Medical Device Management and Estates Infrastructure Safety Governance (Trusts only)**

In respect to Environmental, Medical Device Management and Estates Infrastructure Safety Governance, I confirm that my organisation has controls in place to enable it to meet the requirements of all extant statutory obligations upon it, that it complies with all standards, policies and strategies set by the Department and all applicable guidance set by other parts of government. Any significant control divergences are reported below together with an outline of action plans in place to address these divergences.

## **8. External Audit Reports**

I confirm work is on-going on implementation of the external auditor's accepted recommendations.

The Trust received the final Report To Those Charged With Governance in October 2021. This contained five external auditor's recommendations, all of which were accepted. The priority of the recommendation denotes the seriousness:

- Priority 1 – significant issues for the attention of senior management which may have the potential to result in material weakness in internal control.
- Priority 2 – important issues to be addressed by management in their areas of responsibility.
- Priority 3 – issues of a more minor nature which represent best practice.

One recommendation was priority 1 and the remainder priority 2. One of the recommendations is already considered completed and action is on-going against the remainder as set out below. The Priority 1 recommendation is regional and will be considered for resolution in conjunction with other Trusts, SPPG and/or DoH.

No	Recommendation	Target Date	Priority	Management Response	Update
1	<p><b>Classification of Payroll Accruals</b> We recommend that the Trust continues to monitor its payroll liabilities to ensure they are properly classified in accordance with accounting standards.</p>	31 March 2023	1	Accepted Consideration will continue to be undertaken in conjunction with DoH and classification reviewed for 2022/23.	Awaiting central guidance.
2	<p><b>Provisions</b> As was recommended in 2020-21, an automated solution should be considered which is capable of analysing DLS information over its relevant financial components to aid financial reporting needs, in an efficient and accurate way.</p>	31 March 2023	2	<p>Accepted The Trust had suggested this to NIAO as a piece of work that we would like to do if the staff resources come available. It has been listed within financial accounting projects and will be addressed if/when it reaches top priority. In the interim the current spreadsheet model is working adequately and the reporting and accounting requirements of the Trust have been met in full. An alternative solution is likely to be a database which may save some manual work but will be as subject to human input error as the current model. To this end we feel the Trust has considered an automated solution and the recommendation is considered complete.</p>	The Financial Accounting Services team will explore with IT the utilisation of a database, however, this is not likely to be implemented within 22/23 due to the other priorities on that team and ongoing work in determining DLS information provision.
3	<p><b>Contracts – General</b> We would recommend that in general:</p> <ul style="list-style-type: none"> <li>- Contracts (including extensions to contracts) are agreed in advance of services being provided, and approvals are in place before payments are made including formal signing of business cases and direct award contracts;</li> <li>- Contracts should explicitly include detailed financial arrangements and performance terms upon which payment is determined;</li> </ul>	31 March 2023	2	<p>Accepted. These recommendations are in keeping with the policies of the Trust and best practice and as such are all considered already to be implemented. The instances identified through testing will all be considered and rectified. The Trust will generally prepare at least 6 months in advance for extensions however where new contracts or new terms are required the requirement for legal advice can extend the</p>	Guidance to staff currently in draft format.

	<ul style="list-style-type: none"> <li>- The Trust document proportionately, before they approve invoices that they have received the services per contractual terms and that costs can be verified / justified to contracts or additional supporting material.</li> <li>- Any costs over those contracted should be approved in advance of payment at an appropriate level and align with procurement policies.</li> <li>- For high volume activity, like the contract for radiology images above, the Trust should come up with an automated solution to record image requests and check against those received. This should be built into normal operating processes and not be a cumbersome exercise each month when bills are received</li> <li>- SLAs with other organisations should also be documented and reviewed annually.</li> <li>- Where costs are based upon estimated figures, these need to be formally reviewed each year to assess whether they are reasonable and if necessary business cases reviewed and contracts renegotiated so the Trust is not being overcharged.</li> </ul>			<p>time period required. Sometimes the service Guidance to staff will be drafted and issued to remind them of the need for timely approval in advance of commencement of services and for the review of estimated costs.</p>	
<b>4</b>	<p><b>Supported Living Costs</b> Each patient in receipt of supported living services should have a record of the financial cost involved in their care. This is vital to verify that invoices are based upon appropriate rates. Supported living case files should have a clear record of:</p> <ul style="list-style-type: none"> <li>- the contractual arrangement with the supplier including all annual fixed costs</li> <li>- when there is a need for any additional services these should be appropriately approved in advance of payment, including rates for additional care support which should</li> </ul>	31 March 2023	2	<p>Accepted</p> <p>The Trust removed all Supported Living cases from Abacus at 31 March 2022 which eliminated cases which could have been perceived as being automatically approved. A review of these was undertaken at that point and the validity of all clients confirmed providing assurance there was no overpayment by the Trust.</p> <p>A summary of annual costs per patient is to be prepared and</p>	Task and Finish Group being pulled together

	<p>be in accordance with contractual arrangements.</p> <ul style="list-style-type: none"> <li>- the invoices received</li> <li>- authorisation of payment of invoices with evidence retained of checks performed to ensure the Trust is correctly charged</li> <li>- the evidence that the care was delivered by the provider in line with the care plan e.g. 1-1 or 2-1 care for x hours per day. There should be a review of the package of care, at least annually, to assess whether the same level of care is still needed. Further the Trust should consider whether an inspection regime of supported living providers should be in place to gain assurance that care packages are being delivered to prescribed levels in practice.</li> </ul>			<p>will be used for monthly invoice checking. This same template will be used to identify annual care cost reviews.</p>	
5	<p><b>Staff in Post Control</b></p> <p>It is recommended the Trust: _</p> <ul style="list-style-type: none"> <li>- emphasises the importance of this control to budget approvers</li> <li>- implements measures to ensure Staff-in-Post reports are reviewed on a quarterly basis across all Directorates within the Trust.</li> </ul>	31 March 2023		<p>Accepted</p> <p>The Trust is aware of the lower than anticipated compliance rates. Whilst the process which has been set up is robust the compliance with the process has not matched expectations. In order to fully understand what elements of the process are reducing compliance the Trust has set up a Task and Finish Group to look at the end-to-end process and determine what amendments could be made to drive higher rates. This Group has met on three occasions over the summer and the work programme is anticipated to complete by the autumn. Measurement of compliance will be monitored from the autumn until end of the financial year to determine the success of the task and finish efforts.</p>	Work On-going

## 9. Internal Audit

I confirm implementation is being proactively progressed of the accepted recommendations made by Internal Audit, with 73% fully implemented at the mid-year review and the balance of 27% partially implemented. The Financial Governance Team offered Audit Prep meetings during the year and Audit Clinics during September to support Directorates, particularly focusing on priority 1 and the oldest recommendations, with the aim of improving implementation rates.

The Trust's Audit Committee and Audit Steering Group closely monitor progress, however it is accepted that stretched resources post COVID-19 have impacted on the capacity to implement as quickly as had originally been expected. A number of these recommendations are also not solely within the control of the Trust to complete and require SPPG, BSO and DOH support to implement or progress.

At the mid-year there are 86 (10 priority 1, 71 priority 2 and 5 not prioritised) prior year recommendations which are only partially implemented but all have actions planned against them (mid-year last year 109 - 15 priority 1, 74 priority 2 and 20 not prioritised). In the six months since the last update, 45 recommendations have been implemented of which 2 were priority 1 and the remainder priority 2 (38) or not prioritised (5). The priority 1 recommendations are highlighted in the table below:

<b>Audit Report</b>	<b>Year</b>	<b>Recommendation</b>	<b>Progress Update September 2022</b>
Management of Contracts with the Community and Voluntary Sector Including Surestart Schemes	2016-17	The Trust should progress the market testing of the longstanding service contracts that have not been subject to formal competitive tendering/market testing in line with the agreed plan.	<b>Regional –</b> RSCP membership and structures being reviewed with no recent progress on approving revised social care procurement work plan. Trust continues to procure new services.
Management of Contracts with the Community and Voluntary Sector Including	2016-17	As previously recommended in the 2013/14 audit report, Management should proceed with the competitive tendering of Domiciliary Care	<b>Regional –</b> Regional delays which directly impact on procurement of Domiciliary Care contracts.



Surestart Schemes		contracts upon receipt of agreed regional terms and conditions.	
Management of On-Call Arrangements	2016-17	Management should implement an overarching Policy for the management of On-Call, in line with Agenda for Change terms and conditions and DHSSPS guidance.	Benchmarking work on NHS On Call Policies/ Guidance has been completed. Work has commenced on draft wording to include in Trust's Payments to Staff Guidance.
Domiciliary Care	2017-18	The service model needs considered regionally and procurement should be taken forward in line with agreed service requirements and taking into account requirements to be able to verify service delivery. Consideration should be given to action that can be taken in the interim, in line with legal and procurement advice. The Trust should ensure that the new contract includes guidance around the payment of travelling time to providers, the requirement for providers to undergo an annual review, requirement for providers to submit annual assurance statements and a number of defined KPIs to help monitor provider performance.	<b>Regional –</b> Regional delays which directly impact on procurement however progress is being made on benchmarking deliverables within contracts.
Management of Medical Staff	2017-18	Up to date job plans should be established for Consultants / Associate Specialists and Speciality Doctors and this should form part of an annual job planning cycle. The job planning process should be commenced on a timely basis to ensure that prospective job plans for the year ahead are agreed by 1 April each year in line with Trust Job Planning Guidance.	Training has been completed on the 10th June 2022 to help with the uptake of completed job plans. A new Medical Director has been appointed and will consider.
Management of Contracts with the Voluntary Sector	2018-19	In the interim period, the Trust should put in place formal means of demonstrating that value for money is achieved for all voluntary sector contracts.	This recommendation remains work in progress, however there are currently staffing pressures which has prevented this work progressing at the pace originally planned.
Food Safety - (Food Allergens)	2018-19	The Trust should urgently review and strengthen the current process to ensure that there is assurance that patients with food allergies are consistently identified and that Catering and the Ward staff are fully aware of the allergies when ordering,	Procurement has progressed for the upgrade of the current Saffron system which will include mandatory fields for patient names and allergy status. Staff will not be able to proceed to record a meal order, without

		<p>preparing and serving food.</p> <p>Further controls are required to ensure food allergies are managed safely – this is likely to include documented cross checks at Wards and Catering to ensure all allergies are known and managed consistently and improved system functionality in respect of the Electronic Food Ordering Tablet. The food service process should not be solely dependent on a member of the Nursing Team identifying and recording an allergy at every meal time.</p>	<p>confirming allergen/ dietary requirements have been checked, by selecting a tick-box. Appropriate menu options will then display. It is anticipated that implementation will be complete by March 2023 following a period of testing.</p> <p>Further actions to mitigate risk:</p> <ol style="list-style-type: none"> <li>1. Safety pause has been tested across a number of settings and has been implemented within all acute and community adult inpatient settings.</li> <li>2. Food Allergen at a Glance Poster further updated following feedback from ward staff to strengthen visibility. Final version will be shared regionally to ensure consistency. Poster has been shared for use in wards. Safety at a Glance Board (placed behind patient's bed) is currently under review, this will include agreement on the optimal placement of the Food Allergen at a Glance Poster.</li> <li>3. Analysis of audit of compliance with standards for meal and snack ordering on the saffron tablet completed for April to June 2022 has been shared with the relevant Assistant Directors and the Divisional Nurses and was shared at Nursing and Midwifery Executive team (NMET) on 1st August 2022. Local action plans to be developed to mitigate risk.</li> </ol>
<p>Payments to Staff</p>	<p>2019-20</p>	<p>The Trust should review the financial governance controls surrounding the completion, approval and sending of timesheets to PSSC. There should be clarity surrounding the roles and responsibilities of each party in regard to the timesheet processing and for ensuring the accuracy and verification controls are in place.</p> <p>Internal Audit understand that off-system timesheets will continue to be utilised until this can be explored</p>	<p>Points 1, 2 &amp; 3 have been completed the last remaining point is resource dependent and the Trust is looking at funding options.</p>

		<p>within the procurement process for a new payroll system. Our recommendation is aimed at improving control within the current process. Specifically, we believe that the following actions should be undertaken by management in addition to those posed to provide reasonable assurance that risks in this area is being mitigated: -</p> <ul style="list-style-type: none"> <li>• Creation of standing operating procedures detailing the role and responsibilities for all staff involved i.e. staff populating the electronic timesheets, staff responsible for reconciling the electronic timesheets to source documents, staff approving submissions</li> <li>• A formal risk based training / education programme to ensure that staff are fully aware of roles / responsibilities assigned to them. E.g. analyse submissions to ID highest volume senders (number of staff &amp; £ value).</li> <li>• Production / review of reports similar to those used by Internal Audit to identify obvious outliers for action e.g. bank holiday on a Saturday etc</li> </ul>	
Payments to Staff	2021-22	<p>The Management of Change (MoC) Process should be taken forward at pace to engage with staff, review employment contracts and align rota/shift patterns to the needs of the lab service. Payment arrangements for lab staff should be brought in line with other categories of Trust staff, in line with Agenda for Change. Progress in addressing this matter should be regularly reported to an appropriate Board Committee.</p>	<p>Employee letter to re-engage MoC process drafted and approved by HR Director and has been sent to each employee following meeting with TU representatives. TUS engagement is ongoing. Payments to Laboratory staff will be addressed through this MoC process. Work has commenced with Laboratory Heads and Deputy Heads of Department on their staffing needs and proposed 24/7 rotas.</p>

## **10. RQIA and Other Reports**

I confirm implementation of the accepted recommendations made by RQIA, and that the Trust has received 2 final RQIA Review reports since April 2022 and is currently developing action plans to implement the recommendations outlined in the reports.

The reports received relate to:

- Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland
- Review of the Implementation of Recommendations to Prevent Choking Incidents across Northern Ireland

To note the Trust continues to work under the framework for the management for SAIs as directed by the Department of Health.

The Trust has not received any new draft reports since April 2022.

One new review is due to commence, and affiliate has been nominated – Review of Quality and Safety of Maternity Services in Northern Ireland

RQIA carried out a number of inspections (announced/unannounced) across Trust services since April 2022. Each generates an Action Plan that is monitored by the Divisional Governance Teams.

## **11. 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.

## **12. Board Governance Self-Assessment Tool**

I confirm completion of the Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

## **13. Internal Control Divergences**

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

### **Progress on Prior Year Control Issues – On-going**

#### ***Joint Advisory Group (JAG) Accreditation***

The Endoscopy Service at Whiteabbey Day Procedure Unit received notification from JAG on 28 January 2020 advising that ‘the service had not been able to demonstrate adherence to JAG standards and accreditation had been withdrawn’. Full JAG assessment will be required to regain accreditation. The service continue to work through the JAG domains to allow consideration for full accreditation. At present with current waiting times the service will not meet the required standard.

Bowel Cancer Screening is continuing on Whiteabbey Hospital site as there is no alternative JAG accredited site and no option of ceasing the service.

#### ***Unscheduled Care***

Unscheduled care has been under unprecedented pressures contributed to by the COVID-19 pandemic. There remains a recognised capacity gap in Antrim Area

Hospital. The Trust has submitted an Outline Business Case to the DoH for a 72-bedded ward block on the Antrim Area Hospital site, which is being considered as part of the DoH's 10-year capital priorities. There is no approval of this business case currently. A full business case has been submitted for 48 Interim beds and currently awaiting approval so contractor tender can be awarded .

The Trust has successfully implemented a range of reforms in Unscheduled Care including the development of an Ambulatory Emergency Care stream in Antrim Area Hospital Emergency Department (ED). Ambulatory pathways or Same Day Acute Care seeks to provide timely medical assessment and urgent follow up to prevent the need for hospital admission. Regional data would suggest that the Trust performs well on ambulatory care and this is evidenced in the rate of emergency admissions and emergency bed day usage per head of population, when compared regionally.

Transformation funding supported further expansion of Antrim Direct Assessment Unit (DAU) in 2019/20, alongside the creation of a Programmed Treatment Unit (PTU), which treats patients for planned procedures on an ambulatory basis, thus avoiding unnecessary inpatient stays. Both DAU and PTU have been fully utilised to address demand-related issues and effectively manage increasing pressure on inpatient beds even during the highs and lows of COVID-19 admissions into Hospital during 20221/22. The ability of these two areas to function as effectively as they should during the period July 2021 to current due to impact from the ICU refurbishment work. Then into 2022, the delivery of COVID-19 Anti-viral treatments has caused further pressure on this area.

The 'Acute Care at Home' Programme continues through phases one and two supported from Transformation Funding. This Anticipatory Care has demonstrated a decrease in Causeway ED attendances. This project focuses on the proactive Medical and AHP support into care homes in the Causeway locality.

Causeway Hospital Direct Assessment Unit continues to focus on the assessment and treatment of frail elderly patients and appropriate hospital admission avoidance. Causeway DAU also interfaces with the Anticipatory Care Project providing a pathway and telephone support to the Anticipatory Care General Practitioners. This is now further supported with joint ward rounds between the providing GP and Consultant leading DAU Causeway. The Unit is currently actively reviewing and considering additional ambulatory pathways in relation to NIAS and falls.

The Acute Medical Model has been rolled out within AAH since September 2019. Based around an Acute Assessment Area, this model is realising its full potential by ensuring patients are assessed, as standard practice, by a consultant physician after admission from ED, maximising opportunities for ambulatory pathways and facilitating early senior decision-making. The team has implemented a new symphony system to support their patient information processes and to help realise implementation of a Virtual Hub facility for support / follow up of patients. The COVID-19 pandemic has had an impact on this area, with flow of patients affected due to COVID-19 swabbing.

The Care of the Elderly team continues to focus on acute frailty pathways and the team has remained totally committed to realising this service, which also involved several ward moves, despite the challenges of COVID-19 within their service and team. This unit provides a comprehensive geriatric assessment including a Multi-Disciplinary Team review and aims to discharge patients from an acute hospital bed within 72 hours of admission if it is safe to do so. This has been achieved within additional resources.

No More Silos, in relation to Ambulance turnaround was completed in August 2021 and provided a dedicated six bedded area for ambulance arrivals at Antrim Hospital Emergency Department. The second phase has completed in May 2022 with a 22 seated waiting area to support patients brought by NIAS who are Fit to Sit.

### ***Delivering Service and Budget Agreement (SBA) Volumes and Access Targets***

The Performance and Transformation Executive Board is now overseeing the achievement of performance trajectories by the Trust as part of the requirement for the organisation to achieve pre-Covid levels of service delivery. Work is ongoing with SPPG to understand the areas where these trajectories are not being met, and to deliver improved performance.

The reduction in elective activity since the beginning of the pandemic has meant that waiting times have grown across most service areas. A regional approach to elective theatre capacity has been established to ensure equity of access for the highest priority patients across all five Trust areas. Nevertheless, addressing the growth in waiting lists will remain a significant challenge for the Trust and the region as a whole for some time to come.

The number of red-flag referrals has continued to increase to beyond pre-COVID-19 levels. The Trust is not meeting the 14 day Outpatient Breast target at present. While there have been some process improvements, the underlying issue is that commissioned capacity is not adequate to meet demand. Delays accessing outpatients and reduced access to theatres has also led to challenges in meeting the 31 and 62 day targets.

Demand continues to increase across all elective AHP Services. Investment is needed in Physiotherapy, Speech and Language Therapy, Occupational Therapy and Dietetics to meet demand above funded capacity.

The Trust will continue to innovate and deliver services in different ways, including a much greater use of technology to connect and engage with our service users. However, the continued constraints of enhanced cleaning, PPE and social distancing still continue to prevent some services from maximising use of clinic space and time.



The Trust's Paediatric Autism Spectrum Disorder (ASD) Service continues to experience an increase in referrals (55.9% between 2020/21 and 2021/22 combined increase to both assessment and intervention service (2,272 to 3,542 referrals)). There is a significant excess of demand for the service that exceeds capacity for assessment and diagnosis; and, in turn, for providing specialist intervention following any diagnosis of ASD and intervention to those with an historical diagnosis. The waiting list for autism diagnostic assessments increased as a result of COVID-19 with restrictions on face to face contact, however these direct diagnostic assessments have recommenced. The telephone consultation service introduced during COVID-19 for families awaiting assessment and those with a diagnosis of ASD is now a permanent feature within the service delivery model. An action plan has been initiated in an attempt to reduce the waiting time for diagnostic assessment to be completed and the service is fully engaged in regional work to develop the Autism Spectrum Disorder pathway and model to improve access and service user experience in the medium to longer term.

### ***Infection Prevention and Control***

For the 2022/22 year, no Priority for Action targets for HCAs were set by DoH, to allow Trust's to focus on the COVID-19 pandemic. Internally, the Trust agreed to use the previous year's targets, originally in place for 2019/20, to benchmark performance against. The Trust performance on C difficile infections at the end of August 2022 was 12 cases against an internal target of 49; at mid-year this is below the expected trajectory. The Trust performance on MRSA bloodstream infections at the end of August 2022 was 2 cases against an internal target of 7; again at mid-year this is also below the expected trajectory. Enhanced monitoring of compliance with the Trust MRSA Policy and MRSA Care Bundle continues Trust-wide with particular focus on areas of clinical practice, environmental maintenance and cleanliness to prevent Healthcare Acquired Infections.

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There have been 17 HAGNBSI at the end of July 2022, against a target of 75 from the previous year.

The Trust has maintained focus on the ongoing reduction plans in the overall antibiotic use including Tazocin and Meropenem. The use of the Antibiotic Review Kit (ARK) study; an applied research programme funded by National Institutes of Health Research (NIHR) which assists clinicians in their decision making regarding antibiotic use. The close out process for the ARK study began in January 21. The ARK decision tool has now been incorporated into the antimicrobial pages of the adult acute kardex for use within the Trust.

Community transmission of COVID-19 continues to be observed throughout Northern Trust area. The Infection Prevention and Control Nursing Team continues to work closely with Independent Sector Care Homes to provide support during COVID-19 outbreaks.

From 1st April 2022 until 31st August 2022, 66 COVID-19 outbreaks in total have been identified in the Trust and managed by the Infection Control Team. These outbreaks are subsequently reported to the Health Protection Team of the Public Health Agency. Of the 66 outbreaks, a total of 26 COVID-19 outbreaks involved patients and staff; 38 outbreaks involved patients only and 2 involved positive cases in Trust staff only. These staff cases will be assessed and reported according to RIDDOR requirements to the Health & Safety Executive as appropriate. The Trust continues to work closely with the Regional Nosocomial, Infection Control and Testing Cells to ensure that guidance is implemented in a timely way. The Trust continues to validate nosocomial infection and mortality data.

The Trust continues to recognise that transmission of healthcare associated infections is a significant risk both to patient safety and to the business of the organisation and therefore this issue remains on our Principal Risk Register.

## ***Dysphagia***

As previously reported a SAI was reported to HSCB in early 2015 involving a patient who died following an episode of choking. The joint Police Service Northern Ireland (PSNI) and Health and Safety Executive Northern Ireland (HSENI) investigation into this incident has now concluded. The Public Prosecution Service has determined that the prosecutorial test is met in relation to one count relating to an alleged breach, by the Trust, of Article 5(1) of the Health and Safety at Work (NI) Order 1978. The Trust has been returned for trial on this count and the trial is expected to proceed later this calendar year.

The Trust Policy is regularly updated to take cognisance of any regional directives from Dysphagia NI (the PHA led regional multi agency working group). The implementation and standardisation in the use of International Diet Descriptors Standardisation Initiative (IDDSI) which commenced on the 15 October 2018 as indicated in 'HSC (SQSD) 16/18 Resources to Support the Safer Modification of Food and Drink' has been completed. The Trust policy has been revised to strengthen the key recommendations of the Reminder of Best Practice Guidance Letter SQR-SAI-2021-075 (issued February 2021 and re-issued in June 2021).

Trust representatives continue to inform the regional improvement agenda with respect to dysphagia and requirement for a regional approach to standardise dysphagia training for staff employed through contract and non-contract agencies and a requirement for strategic overview of dysphagia management across the lifespan.

A NHSCT paediatric dysphagia training matrix and dysphagia training programme is currently being developed alongside a range of training resources for staff working with children and young people at risk of dysphagia.

In September 2021 RQIA completed a review of the implementation of recommendations to prevent choking incidents across Northern Ireland. (ie recommendations as listed in the SQR letter). RQIA issued its report in May 2022. The report has 12 recommendations which contain a total of 25 actions for HSC Trusts. Additionally, the Trust Dysphagia Group co-ordinates the implementation of the Trust action plan which includes the identified actions in the report above and from the Ten Thousand Voices Report, Your Experience of Swallowing Difficulties (2021) (7 recommendations) and NCEPOD Report: 'Hard to Swallow' (2021) (11 recommendations) to address identified areas for improvement.

### ***Nurse Recruitment and Retention***

- There continues to be ongoing workforce challenges to secure nurse staffing across the Trust particularly at Band 5 against Delivering Care staffing levels. Whilst there is significant use of a flexible workforce including agency nurses to meet our duty of quality and safe staffing levels, contingency planning to mitigate the risk from gaps in rotas is undertaken continuously. Consequently the use of agency is also a financial risk for the organisation. The Trust has established a Nursing Utilisation Group to ensure efficiency of nursing resources; and a safe staffing lead nurse has been appointed.
- Phase 1 of delivering care is now being reviewed across the region
- Proactive nurse recruitment continues in all Trust services. Recruitment of staff to the hard to recruit to areas is becoming more challenging. Social media presence for hard to fill areas is continually being developed through blogs and videos to promote the service area with higher vacancies.
- Nurses on the temporary COVID-19 register have been encouraged to join the permanent NMC register and take up permanent appointment; Temporary COVID register due to cease 30 September 2022.
- Delivering Care posts (57.6 whole time equivalent posts) have been recruited across service areas
- New educational commissioning cycle will soon commence. Regional work underway to improve process and cycle. Work will soon commence with new

cycle directly with divisions to encourage career progression and address succession planning;

- Proactive nurse recruitment activity continues and includes rolling monthly and web based recruitment; bespoke and Trust wide recruitment with on line marketing continues.
- Regional student streamlining is complete with 106 students being allocated to the Trust. Smaller student streamlining process for those due to qualify in February 2023 will commence with planning in October 2022.
- Nursing vacancies are monitored and reported monthly;
- Voluntary transfer policy is operational;
- International Nurse Recruitment continues, the Trust has requested an increase in International Nurses allocated through the regional recruitment.
- A Nurse Utilisation Group has been re-established to increase efficiency of nursing resource; Nursing Workforce Team are working closely with finance and divisional colleagues to review usage data for the flexible workforce utilised.
- Development of Advanced Nurse Practitioner and Specialist practitioner roles continues;
- Open University Virtual Roadshows have been provided across Trust sites to promote application to preregistration programmes; and
- Trust Action Plan in place to take forward the recommendations of the Strategic Nursing Retention Report.
- Nursing and Midwifery Task Force Team have established working groups to take forward recommendations across the region.

### ***Medical Workforce***

The Trust continues to face unprecedented challenges since the last report due to the significant impact of the COVID-19 pandemic and the continuing challenges in recruiting and retaining specialist clinicians to a number of specialties, particularly those on smaller sites, which has the potential to disrupt services provided.

Operational Directorates have been proactive in medical recruitment processes and campaigns, which has resulted in a number of permanent Consultant and SAS (Specialty Doctor and Associate Specialist) appointments within Paediatrics, Palliative Medicine, Radiology, Medicine, Anaesthetics, Histopathology and Haematology in the Trust.

Gaps remain in some training programmes due to an inability of NIMDTA (as the Single Lead Employer) to recruit; this remains essentially unchanged.

The Trust continues to take the following actions:

- Maximising the use of recruitment advertising for those in at risk specialties;
- Proactive targeting of eligible doctors at the end of their training;
- Review of induction processes for Medical and Dental staff, recognising that our medical workforce need to be supported in the workplace to provide safe, high-quality patient care;
- The Locum Scrutiny Group in conjunction with Directorates are continuing to review the use of locums with a view to being more proactive in permanent recruitment, ensuring appropriate governance is in place and ultimately reducing reliance on locums in general;
- We are actively exploring the utilisation of other professional practitioners such as Phlebotomists, Physicians Associates, Pharmacists and Advanced Nurse Practitioners to enable the most efficient and effective use of available medical resource;
- Collaborative working with NIMDTA through the Single Lead Employer process to deliver an improved employment experience for Doctors and Dentists in Training;
- Close liaison with and support from DoH and PHA regarding workforce planning which is continually monitored;

The appointment of a Trust Medical HR Lead has enabled the Trust to progress the New 2021 Specialty Doctor and Specialist contract. The Trust is the first NI HSC Trust to appoint a Specialist Doctor under the new terms and conditions.

### ***Recruitment and Retention of Child Care Social Work Staff***

The number of regional student social work placements is currently insufficient to ensure adequate qualified social workers to fill vacant posts within all Trusts.

Attracting social workers to a number of 'hard to fill' posts within the Family Support and Intervention Service (FSIS) means that despite numerous recruitment drives the requisite number of candidates have not been identified to take up all the potential offers of employment. Challenges arise from difficulties in achieving work/home life balance due to excessive caseloads and general work pressures/stresses. This impacts on the Trust's ability to fulfil its obligations under the Delegated Statutory Functions legislation, and inconsistency in service delivery. Currently there is between 31% vacancy rate (COVID-19 and non-COVID-19 sickness absence, maternity leave and vacancies) in Trust frontline childcare social work. The Trust is working with the DoH Northern Ireland to develop a workforce strategy to address the supply, recruitment and retention of Social Workers in childcare.

The Trust is actively engaged in the Review of Children's Social Work Service undertaken by Professor Ray Jones. A regional Directors Leadership Group has been established to oversee reform in a number of key areas and within Trust a reform structure has also been established to drive the reform and deliver actions locally.

Significant work has been completed to streamline processes and ensure threshold criteria is met for statutory services. Given the sustained vacancy rate within the FSIT Service, it is challenging to deliver the assessed level of statutory support to families. This increases the potential for escalation in a high-risk area of service. 33% of the current Social Workers within the FSIT service are in their first year of employment (AYE) which means they carry a 20% reduced caseload. Following a successful exercise to fast track social work students into the workforce 17 AYE staff have been recruited into hard to fill vacancies within children's services-with protected AYE caseloads.

In an effort to manage demand and support safe delivery of services, a pilot of additional temporary Band 4 registrant roles within Teams (Agency staff) has been in place. The Band 4 role has proved invaluable in supporting Social Work staff by directly delivering aspects of support to children and families that Social Workers would normally undertake. The Trust has confirmed 12 of these posts have been agreed at risk on a permanent basis.

The Trust continues to establish a new social work bank system that permits flexibility for staff who do not wish to avail of temporary / permanent contracts. This can provide some temporary easement to short-term staffing pressures or increased risk / demand for our core children's services teams. The bank system provides an opportunity for us to retain staff who retire and maintain those staff who have responded to work force appeals.

Since May 2022, the Trust has implemented a new social work transfer scheme to support the retention of Social Work staff whilst also offering the opportunity to develop their career within the NHSCT. The transfer scheme has supported the retention of band 6 Social Work staff and facilitated a means of filling vacant posts in a more timely manner. To date 4 children's services social worker posts have been filled through the scheme.

### ***Residential Childcare and Placement Availability***

Residential Care and Foster Care placement availability is challenging on a regional and local level. Whilst the majority of young people continue to be provided with appropriate care placements, an increasing number with challenging and complex needs are being cared for in bespoke arrangements, with increased staffing levels. There are three of these currently though that number varies throughout the year. The availability of suitable care placements continues to be challenging in light of the increase in the number of Looked After Children from 674 at 31 March 2020 to 750 at 31 March 2022 and the significant reduction in enquiries to the regional foster



care recruitment team for the Northern Trust area. The Trust's Escalation Panel oversees placements available and remaining in place. The temporary closure of Ardrath Children's Home has reduced bed availability within the Trust.

There is a particular shortfall in respite and long term placements for children with disabilities and teenage young people. An RQIA service improvement plan for residential respite has led to temporary suspension of residential respite provision, and challenge by families through the Judicial Review process. All Trusts have indicated similar pressures and the SPPG is prioritising children with disabilities in the forthcoming months.

### ***Domiciliary Care and Care Home Placements***

Domiciliary care tariff rates have been through a process of consolidation, increasing ability to monitor costs. The Minister's £23m Support Package has increased the hourly tariff rate paid to most providers, which has further reduced the number of differing tariffs in payment. The Project Board to progress procurement, which had been paused due to COVID-19 work pressures, has recommenced with a timescale to procure during 2023/24. This will ensure going forward the cost paid reflects the true market price.

Demand for domiciliary care has been rising at unprecedented levels, outstripping the increase in Independent Sector capacity and resulting in a significant growth in unmet need. Work continues both at a regional and Trust level to expand capacity. The increased cost of fuel since the Minister's Support Package has led to new demands and pressures from the sector to provide another increase in the tariff rate paid.

In the Nursing Care Home sector, increased tariffs are being driven by Providers' need to access agency Nursing staff, and the increase in complex needs of residents, including dementia related care. Care Homes have been impacted by COVID-19, with Homes balancing increased bed vacancies with ongoing staff

shortages, issues with recruitment and reliance on agency staff. A new corporate risk has been created relating to Instability within the Care Home Sector relating to ongoing staffing and vacancy issues.

Both sectors are experiencing significant staffing pressures and reporting a downturn in the number of applicants for job vacancies. The Minister's Support Package stimulated recruitment within these sectors at that point, however cost of living increases, particularly fuel costs, along with wage increases across other sectors, appears to have at least partially nullified the effects of the uplifts.

### ***Monitoring Domiciliary Care Contracts***

The Trust has now re-commenced pre-procurement activities, and completed a public consultation in late 2021. BSO has been engaged to procure services during 2023/24, although this will be dependent on available regional resources. In the interim, the Trust continues to apply full openness in engagement with Providers and regularly tenders for work when Primary Providers are unable to meet the requirement. The Secondary Provider List has been re-opened, thus allowing new providers to deliver within the Trust, provided they first meet our governance requirements. It is anticipated 3 new providers will come under contract from September 2022.

The Domiciliary Care Compliance Officers continue to undertake a work programme that will result in all independent domiciliary care providers being subject to a compliance audit on a 18-24 monthly basis, with a focus on evidencing calls commissioned are delivered and quality of service delivered.

Improved processes are in place for the monitoring of incidents and complaints, thus enabling more robust data analysis. This will result in improved governance and assurance within the sector.

### ***BSO Shared Services***

The Payroll Shared Services Centre (PSSC) has consistently received Limited Internal Audit Assurance since 2014/15, with the exception of 2016/17 when an additional unacceptable assurance was issued in respect of Payroll System and Function Stability. The 2020/21 Audit Report provided a split level of assurance, satisfactory in respect of elementary PSSC processes and limited assurance in respect of timesheets, management of overpayments and HMRC reconciliations. Internal Audit highlighted that PSSC had successfully implemented or superseded five of 14 previous recommendations.

The 2021/22 Audit Report issued in April 2022 provided a limited opinion in respect of a range of services (end-to-end manual timesheet processing, SAP / HMRC RTI reconciliation, overpayments and holiday pay) but satisfactory assurance in respect of elementary payroll services.

The Payroll Quality Improvement Project (PQIP) continues with 8 strands addressing the remaining recommendations. PQIP aims to improve the quality and accuracy of payroll processing to enable the PSSC to become a Centre of Excellence.

The Trust participates in the following governance structures in support of these strands:

- Shared Services Regional Customer Services Forum;
- Regional Payroll Customer Services Forum; and
- HR EDRMS Project Board and Microsoft Stakeholder Meeting;

and monitoring progress and governance of key decisions in relation to payroll.

The recovery of overpayments is a particularly difficult issue and the AD's of Finance are liaising with PSSC with regard to further clarifications on the scope and value of these.

The Staff in Post process has been rolled out by the Trust during 2021 and will facilitate the early identification of payroll error. This will reduce the potential for overpayments due to out of date records and minimise the value, and hence potential for irrecoverability, where these do inadvertently occur. The Trust is also developing monitoring reporting to ensure compliance.

Recruitment Shared Service (RSS) also received limited in respect of HSC recruitment processes but satisfactory in respect of RSS processing. Work is on-going to enhance recruitment.

### ***Financial Position***

The Trust has identified a deficit position as part of the 2022/23 Financial Planning process, this includes costs for Covid Essentials and PPE as well as wider service pressures and energy and inflation costs. This deficit is against the agreed Revenue Resource Limit (RRL) between the Trust and commissioners (SPPG, PHA and NIMDTA), this is updated monthly as agreed additional funding streams are approved and released.

In the absence of an Executive and therefore an agreed budget there remains some uncertainty on the total amount of funding that will be available from Commissioners. The Trust Finance department has been working with SPPG finance throughout the Financial Planning process to explain and discuss the deficit identified, the Trust Finance department and services managers have also worked to contain and where possible reduce pressures without impacting on service delivery. The Trust has identified both non-recurrent saving opportunities and recurrent pharmaceutical savings to contribute towards this deficit and continues to work through and identify further opportunities. The SPPG and DoH have also identified additional non-recurrent funding to address some pressures. There continues to be a challenge to break-even in 2022/23 but the Trust will continue to work with SPPG and DoH over the course of the Financial Year.

## ***Winter Resilience***

Last winter the Trust developed a Service Delivery Plan to include our response to COVID-19 Surge (4th wave), Winter Pressures and delivery of key Regional Priorities - October 2021 to March 2022. Last winter and beyond has remained extremely challenging across Trust services specifically within our 2 acute hospitals with unrelenting pressure on acute beds.

Planning for 2022/23 winter resilience is under way, coordinated by the Unscheduled Care Management Board (SPPG). This will include an overarching Winter Resilience plan and a detailed operational plan which will include a day-by-day staffing plan for the period over Christmas and New Year, to increase capacity and resilience over those most pressured weeks of the year.

The areas of focus and actions within this plan will reflect learning from previous winter plans and their impact, taking into account the potential for a further COVID surge during the winter months. The Trust's objective throughout each winter period is to ensure a safe and responsive emergency care service across our two acute sites, supported by effective community and social care, with a continued focus on quality and patient experience. The overarching plan to include proposals to increase resilience is being worked through in detail but will likely include flexing acute bed stock, increasing step down beds, block booking additional care home capacity and securing further rapid response domiciliary care capacity. We will continue to optimise ambulatory care pathways at both acute sites including same day emergency pathways. We will plan to provide additional workforce capacity (medical, nursing, labs, admin and AHPs) at the acute sites, and will seek to minimise any impact on elective activity over the winter period.

Initial projections for last winter showed a significant shortfall in bed capacity across our acute hospital sites and this was borne out with extremely high numbers waiting on a daily basis for admission to wards from ED, often equating to over 50 beds over the winter months and through to the summer period. This shortfall in capacity

resulted in significant delays for those seeking to access services as there was only minimal scope to secure additional acute beds due to the physical constraints of our hospital sites, as well as by the available workforce. It is anticipated that over winter 2022/23 additional acute bed capacity will be available on the AAH site through the procurement of 2 x 24-bedded modular wards and the appointment of associated staff. This should alleviate some of these pressures in ED.

We will continue to work in close co-operation with our Partners, including with other Trusts, NIAS, Primary Care and Social Care provision. We will focus on protecting our staff through the flu and COVID-19 booster vaccinations programme, infection control measures (including PPE fit testing) and ensuring a positive experience for our patients.

### ***Information Governance including Incidents Reported to the Information Commissioner***

The Trust continues to work towards implementing and maintaining best practice through delivery of a Trust Information Governance Improvement Plan and individual Divisional Information Governance Action Plans. Progress has continued to be closely scrutinised with Action Plans being reviewed at Information Governance Forum and internal Accountability meetings.

Compliance with mandatory training for Trust staff is at 82% for IG Awareness and 83% for POPI (at 30 June 2022). Cyber Security compliance at same period was 73%.

The number of IG incidents reported during the quarter ended 30 June 2022 was 48, an increase of 2 from the previous quarter but a marked decrease of 26 in the same quarter of the previous year. IG incidents and trends are reviewed by the Trust's Information Governance Forum, with identified learning shared across divisions.

In August 2022, an incident was reported to the ICO, which involved the inadvertent sharing of a Family's Child Protection Case Conference invitation list with another family. The ICO has indicated that no further action will be taken in this instance and has made a number of recommendations to the Trust. All ICO recommendations and associated actions/progress from ICO reported incidents are regularly reviewed by the Trust's SIRO and at quarterly Information Governance Forum meetings.

Divisions have identified flows of external information sharing within their services and these have been collated into a Trust Information Sharing register. The information flows and any underpinning documentation are being reviewed, with a risk based approach underway to ensure that the sharing arrangements are robust and compliant with data protection requirements. An approach to address pre-GDPR legacy contracts has been developed and discussed with DLS, and IG have commenced implementation of this approach.

### ***Cyber Security***

The Trust continues to work with colleagues through the Regional Cyber Security Programme Board to address issues highlighted through external assessment and audit, to take common/consistent actions to strengthen cyber security issues.

HSC organisations have come together to agree on a list of priorities to enhance the Cyber Security Posture. The highest priority identified is to create a strategy for all Organisations to focus and come together on. There is now a regional business case awaiting approval for two additional staff to help expedite this in light of the HSE cyber-attack. The Trust has been successful in retaining the ISO27001 standard for Information Security by external audit through SGS Certification body May 2022. Additional user bite sized training is being carried out via MetaCompliance across HSC to enhance the mandatory regional Cyber Training.

The Trust ICT team is still working to mitigate cyber risks as they arise, and are still at a heightened awareness with the current conflict in Russia/ Ukraine.

## ***Neurology***

The Trust is committed to the sustainability of the Neurology Service in the Trust in conjunction with regional colleagues and commissioners. The first of the joint NHSCT/BHSCT Consultant Neurologist posts commenced at the start of March 2021. We have developed a business case to seek the appointment of two further consultant neurologists joint appointment with Belfast who will work within the Northern Trust area however recruitment was unsuccessful. The Trust continues to have a presence from Consultant Neurologists from the BHSCT and active support from the BHSCT Neurology team who are providing real time Neurology telephone advice to support our medical teams caring for inpatients in both Antrim and Causeway hospitals (this includes the ability to transfer patients to BHSCT if necessary). NHSCT is currently working with SPPG to advertise 2 posts but NHSCT based. The Neurology Liaison Nurse continues to develop pathways for neurology patients admitted into Antrim hospital with our neurology consultant. The Trust has also put arrangements in place to ensure the triage of new referrals and escalation of urgent cases. This has been communicated to secondary and primary care.

The Trust continues to locally deliver nurse led services for patients with Parkinson's disease and for those with Multiple Sclerosis (MS). We have successfully secured funding to develop a weekend service for the infusion of MS disease modifying drugs. The Care of the Elderly consultants continue to provide care for patients with Parkinson's disease supported by the Parkinson's nurses.

## ***Assurance Framework for Foster Care***

In response to internal and external reviews associated with the regulations and guidance for fostering, the Trust has progressed a review of its fostering assurance framework to ensure there are robust governance arrangements associated with the delivery of foster care.



The review of the fostering assurance framework was undertaken through a consultancy process by Internal Audit. This report was tabled at the Audit Committee in October 2020 and the service has submitted evidence for areas identified within the action plan, which is being progressed and is subject to regular review by Internal Audit.

### ***Unaccompanied Young People***

There has been an increase in the number of unaccompanied young people entering Northern Ireland. From 01 December 2021 – 30 June 2022, the Trust received 15 new referrals for unaccompanied and separated children/young people requiring placements. The Trust continues to engage in regional discussions regarding this area of pressure and a regional rota for placements for unaccompanied young people has been established, with each Trust taking responsibility for three young people after which the rota moves to the next Trust. The Trust is progressing Trust owned and other accommodation options to meet this demand.

### ***Mental Capacity Act***

The DoH requires Health and Social Care Trusts to proceed with a partial implementation of the Mental Capacity Act (NI) 2016 (MCA) for the purpose of providing a statutory framework for the Deprivation of Liberty (DoL). The Trust has completed DoL applications for all identified legacy cases by the implementation timeframe of 31 May 2021. The Trust has continued to strive to remain compliant, and 4 breaches in extensions have been identified since the implementation began in 2019. These breaches were due to persons/patients being ill with COVID-19 and / or administrative error. New applications were completed for these 4 individuals. All new cases that require a DoL authorisation have been managed either through the emergency provisions or full applications to the Trust panel and subsequent extension processes are in place to ensure continuity of DoL where appropriate. Internal quality assurance processes continue to ensure that all admissions to new settings whereby DoL may be applicable, and that identified cases whereby DoL

may be required, have the correct paper work in place to evidence the consideration of DoL, and proceeding relevant process has been followed.

A regional training group has been established in order to ensure standardisation of training and review of the mandatory training modules has taken place with recommendations going back to the DoH for their consideration and approval. The DoH, having taken these suggestions on board, plan to launch updated online training modules circa September 2022. A Trust training subgroup has been established and will support the ongoing identification and delivery of the necessary training for the Trust's workforce. The core MCA team, on consideration of both staff feedback and areas for improvement identified through internal quality assurance processes, have developed and are delivering an updated Level 4 training, the aim of which is to increase interactivity and encourage discussion both between peers and trainers to resolve queries experienced during the DoL process.

MCA training (levels as appropriate) is currently being included on the mandatory training matrix for all staff, and a centralised training database is being created to ensure that there is central oversight in regards to training compliance for all staff completing MCA work.

Regional thresholds for patients who require a DoL, including those patients with palliative care needs, have now been agreed between Trusts, Directorate of Legal Services, Attorney General, Review Tribunal and DoH, and guidance has been issued to staff. There is a fully agreed flow chart which guides staff through the decision making process and also acts as evidence that they have given full consideration to each aspect in determining if a DoL application is required and if not, ensures the reasons behind this decision are clearly evidenced. Regional inconsistencies in the interpretation and application of some elements of the Legislation have developed over recent months. To this end a regional workshop with DLS and all Trusts is being held in October 2022 to further discuss and agree relevant amendments to the existing flowchart, with particular regard being given to the consideration of prevention of serious harm (POSH) and proportionality.

Compliance and activity across Divisions is reported and monitored on both a monthly and quarterly basis through the Cross-divisional implementation group, Regional multi-agency MCA implementation group, and the Cross Divisional Programme Board.

The three main risks currently are:

- 1) The impact of the requirement to submit Statements under Rule 6. Completion of these reports requires a minimum of an additional three hours of staff time for all cases referred to the Review Tribunal. Such referrals can be via the Attorney General on receipt of a Form 7 at initial application or when indicated at extension stage.

Notwithstanding these referrals, the implementation in the second quarter of 2022 of Sections 48 (duty of the Trust to refer at the two year point) and Section 50 (midpoint review) of the legislation has increased the requirement for Rule 6 reports from approximately 29 per month (Jan – April 22) to 55 per month (May – August 2022) on average.

The Trust has secured a solicitor, via the Directorate of Legal Services, on a full time basis to support staff in completion of these Statements and in the provision of responses to any Review Tribunal directions. A regional agreement to test a sample of Rule 6 reports under three different Review Tribunal panels was undertaken, in an attempt to increase the consistency of information included in these reports. Whilst verbal agreement to the streamlined reports which rely on direction of the reader to the original Forms and / or extension paperwork, issues remain ongoing with different Review Tribunal chairs requesting varying levels of detail. It was envisaged that such agreement would reduce the staff time taken to complete Rule 6 reports, and whilst some submissions in the streamlined format have been accepted, others

have been rejected by Review Tribunal chairs, with fully completed and updated reports being directed – often in a shorter timeframe.

The time lapse between referral to Review Tribunal and hearing appears to have remained consistently reduced – lessening the need for addendum reports to support Rule 6 submissions.

- 2) Three Trusts have now moved to a position where they are paying their medical staff a higher tariff than the regionally agreed rate of £200/session. This may make it more attractive for staff to move to other Trusts. Equally it will put financial pressure on the Northern Trust if we have to increase the rate that is paid to medics. Two additional sessional medical practitioners have recently been recruited to assist with both DoL assessments and DoL panel. It is hoped that this additional availability will assist in timely completion of Form 6 medical reports following completion of Forms 1, 2, 4 and 7 by community team practitioners, reducing the need for supporting addendum reports to update existing forms.
- 3) Applications in relation to day care facilities and domiciliary care settings, where there is no DoL authorised for the primary place of residence, have not been fully completed. Notwithstanding, each Division has a plan for completion in place, and it is hoped that this work will be complete prior to December 2022. Two social work staff (agency Band 6 and Trust staff Band 7) have been recruited to assist in completion of work across the division. Their main body of work involves completion of the Section 50 review, and completion of TPA applications where P continues to be under Emergency provisions. It is envisaged that the Band 7 staff will also move to completion of ASW duty.
- 4) There is a further financial risk given the gap between the funding identified for this work regionally and the Trust's preliminary cost estimates. Although the Trust has sufficient staff appointed to undertake the range of roles required, the ongoing reliance on staff working bank and additional hours is resulting in significant costs to

the Trust, far outweighing the funding that is available from the DoH. A reduction in funding for any element of the MCA service funding is likely to have a significant impact on service delivery and compliance with the legislation, and may leave the Trust open to legal proceedings. Ongoing discussions with the Commissioners continue as part of the regional overview to reflect the resources needed to consolidate the current model to ensure that the high levels of compliance demonstrated to date can be upheld.

The Trust has put in place a number of permanent staff to manage the implementation and day to day running of MCA across all Divisions. A lead Director, Assistant Director, Implementation Lead, Professional MCA co-ordinator, and MCA Lead for Acute services. There are also a number of temporary senior management posts across the Division which aim to fulfil the roles of quality assurance, coordination, advice / support / guidance across individual programmes. The nature of these posts remains tentative given the current funding deficits.

Also in place are programme processes, aimed at managing the risks associated with MCA work overall, and ensuring compliance with legislation. Current processes are continuously reviewed and refined where possible, to not only ensure that compliance with legislation and legal duties on the Trust remains at a consistently high level, but also to ensure that staff time is being utilised in the most effective way possible.

### ***Waiting Lists in Dementia***

Waiting times for memory assessment grew significantly due to a capacity / demand gap and reduction in service delivery due to COVID-19. Consequently, the nine-week target for assessment is currently not being met. A Dementia Waiting List Initiative (WLI) commenced in January 2021 and is monitored under a wider divisional work stream. The WLI has been testing a new approach to memory assessment, which includes medical staff within the memory service, aiming to reduce waiting times for assessment and diagnosis. Since commencing the WLI, a

significant challenge has been addressing a shortfall in medical staff. Inability to identify temporary locums and periods of reduced capacity within Psychiatry of Old Age have impacted on progress.

Currently, Corporate Information are unable to report the Trust dementia waiting time stats due to the transition/migration from ePEX to the PARIS system; the figures will be revised at a later date. From a manual count, the WLI is making a difference. The numbers waiting have reduced during periods when medical cover has been sufficient. Manual data also indicates that waiting times are decreasing. The service review is underway to further explore demand and to develop a model, which aims to provide an efficient and effective response to address the current waiting list and the predicted future increase in referrals for memory assessment.

Resourcing for the Memory Service, including Psychiatry, has been included in a Regional Dementia Care Pathway bid, requested by HSCB; currently, no funding has been aligned to this bid.

### ***Waiting Lists in Psychological Services***

Waiting list pressures continue within Psychological Services and the 13-week target for assessment is currently not being met across a number of services due to demand routinely exceeding capacity. Services particularly impacted include Psychological Therapies (PTS), Clinical Health Psychology, Adult and Children's Learning Disability and the Adult Autism Service.

The PTS is experiencing specific pressures in relation to a loss of capacity within the service due to maternity leave, sickness and vacant posts. In addition, there has been an increase in complexity of cases (more step 4 referrals and fewer step 3) and the perinatal pathway, which has led to a significant increase in perinatal referrals over the last couple of years. The move to a paper-light patient electronic record system has also affected clinical capacity due to the requirement of additional

administration time. Waiting list initiatives are being implemented across the service including the use of agency staff reduce the waiting time for Choice Appointments.

During the first 6 months of 22/23, the Clinical Health Psychology Service has observed an increase in referral rates per month (between 9-21%) compared to 21/22. In addition, there has been an increase in opt in rates from 65% to 84% resulting in higher demand for the service. As a result, the service is implementing a number of efficiency measures including optimal use of the full workforce and closer referral scrutiny, consultation and triage to prevent people being added to waiting lists unnecessarily. In addition, an early group intervention for the cardiac population has been developed and is being offered. Links with DESMOND programme for the diabetes population have been established and implementation is pending. Further waiting list initiatives include the use of agency staff to offer additional capacity and currently 2.0wte are working within the service.

Learning Disability Clinical Psychology Services successfully addressed the backlog of psychometric assessments, which arose due to IPC issues during COVID-19. However, they have experienced further difficulties with staff capacity due to vacant posts and a long-term sickness absence. Unfortunately, it has not been possible to bring in agency cover for these staff due to a lack of available workforce. A Trust wide recruitment drive for Assistant Psychologists has generated a waiting list which will hopefully reduce some of the vacancies within this service.

The Children's Learning Disability Therapeutic Service have experienced a loss of three B5 Behavioural Associates due to a withdrawal of funding from the Education Authority. A service review is currently being undertaken and this service will no longer be able to provide intensive intervention into schools as a result of this withdrawal of funding.

Waiting list pressures continue for Adult ASD Service with demand exceeding capacity. Staffing levels have been particularly challenging with 42% staff on long-

term sick leave over the first two quarters of 22/23 and 43.3% vacant posts. This service was added to the Divisional Risk register because of these issues. Current long-term sickness levels have reduced to 14.5%, which will improve service delivery. To improve the position, the service continues to try to recruit to the vacant posts. Overtime clinics previously provided by existing staff were not sustainable on an ongoing basis.

### ***Breach of Radioactive Substances Act 1993***

On the 03 August 2021 an incident was identified within the Breast Imaging Unit, whereby the radioactive waste produced following an Ultrasound Localisation procedure, on a breast surgical patient who had previously received a radiopharmaceutical injection, was not disposed of correctly. The incident was immediately reported to the Northern Ireland Environment Agency (NIEA) and a preliminary investigation was completed and recorded.

A similar incident occurred on 05 October 2021, when it was discovered again that radioactive waste was not disposed of in accordance with procedure, on this occasion within the AAH Renal Unit. The Trust informed the NIEA of the incident, in accordance with the Radioactive Substances Act 1993.

The corrective actions taken as a result of the previous SAI did not consider areas external to theatres, such as the breast localisation procedures undertaken in breast imaging, or the performance of renal dialysis following a Nuclear Medicine examination. Robust training and documented procedures were implemented within AAH theatres, but these did not include other general or ward areas.

As a result of the repeated breaches of legislation the Trust was issued with an 'Enforcement Notice' (by NIEA) on 04 November 2021. The requirements of the enforcement notice, a report on which was required to be submitted to NIEA by 31 January 2022, were:



“A review of the procedures covering the disposal of radioactive waste generated by inpatients outside of the Nuclear Medicine Department to be carried out. A report of the review, including improvements identified and a timescale for implementation, to be submitted to the Chief Inspector”

A full SAI investigation into the circumstances of the incidents was initiated. The subsequent report sent to NIEA included a 13 point incident action plan, which included details on improvements identified and a timescale for their implementation. The report and action plan were shared with NIEA within the timescale required, and on 04 February 2022 NIEA advised that they were content that the documents provided satisfied the remedial steps required by the enforcement notice, and as such that the notice had been complied with.

The SAI process will be concluded in September 2022.

### ***Radiology Lookback Review***

Following discussion with a GMC Employment Liaison Advisor on 29 March 2021, the Medical Director of the Trust requested a sample review of CT reporting completed by a Locum Consultant Radiologist, engaged by the Trust between July 2019 and February 2020 be undertaken. Thirty CT scans were randomly selected and reviewed by three Trust Consultants. The outcome of this review was that eight reports were considered ‘unsatisfactory’, and two were graded as ‘Category 1 - Serious error’ which may result in adverse clinical outcome.

The Medical Director determined that there was a need to undertake a review of the entirety of all reports issued by the Locum Consultant Radiologist during her time employed by the Trust. This equated to 13,030 images relating to 9,700 patients.

This review was conducted in line with the recently issued ‘Regional Guidance for Implementing a Lookback Review Process HSC (SQSD) 6/21’ and was overseen by a Steering Group, chaired by the Medical Director.

The review process commenced on 21 June 2021 and was completed in October 2021. The review was undertaken by Trust Consultant Radiologists, Consultant Radiologists from other HSCNI Trusts, and an Independent Sector provider (Everlight).

The review identified six Level 1 discrepancies that are defined as a major discrepancy which could have had an immediate and significant clinical impact for the patients concerned.

In addition the review identified a further 61 examinations with Level 2 discrepancies i.e. major reporting errors or omissions with probable impact for patients. 2 of these were subsequently downgraded to Level 3, following a recall.

As a result of these findings the Trust initiated a formal Level 3 SAI review lead by an independent chair and including members from outwith the Trust. The Terms of Reference for the SAI cover a number of strands, including:

- The conduct of the Lookback Review;
- The arrangements for recruitment and oversight of work being undertaken by the locum doctor;
- Engage with service users and families and consider any issues that they may raise;
- Providing individual case reports for each patient/family.

This complex SAI, which includes the review of 16 separate SAIs, continues to progress well and engagement with patients and families has been ongoing throughout. It is anticipated that it will be completed in late Autumn. The findings, learning and recommendations from the SAI Investigation will be shared with patients and families affected and within the HSC when completed.

### **HRPTS Servers**

A managed service is provided for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. This service is provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022, putting at risk the continued provision of hosting services for HRPTS. On the 7 July 2022, HSCNI received notification from the managed service provider that the sale of the sub-contractor's data centres was completed and the continuity of service to HSCNI confirmed.

During the period of risk to HRPTS, additional HSCNI-wide and Trust-specific business continuity arrangements were put in place, enhancing the robustness of risk mitigation from similar events in the future. It is the Trust's intention to close this divergence in the Year End Governance Statement.

### **Appraisals, Sickness Absence and Flu Vaccination**

<b>Indicator</b>	<b>Trust Target for year ending 31 March 2023</b>	<b>Performance year-to-date in year ending 31 March 2023</b>
Sickness Absence	6.83%	6.81% (as at 31 July 2022)
Appraisal (excl. Medical and Dental)	75%	57% (as at 31 July 2022)

**Sickness Absence:** The Trust set an internal target of 6.83% cumulative absence for 2022/2023. The top five reasons for absences continue to be stress, work related stress, grief / bereavement, anxiety and backache / pain; however the overall proportion of absences for each of these reasons has fallen in comparison 1 April to 31 July in 2021.

A new Stress Policy & Stress Management Assessment tool and Bereavement Policy and associated guides have been launched in order to make it more user friendly and impactful for both managers and staff.

The Trust has also focused on Attendance Management training for managers during 2022/23, highlighting tools and resources available to managers and staff to both pro-actively support staff to prevent absence and to help manage staff return to work.

**Appraisal (AFC Staff):** For the year 2022/2023, the Trust set an internal target of 75% in relation to AFC staff appraisal compliance. 57% of staff (not including medical and dental) have had an annual appraisal in the 12 months to 31 July 2022.

Challenges with Appraisal completion rates have been an area of discussion with Directors and senior managers and the Trust has been reviewing the current appraisal process in conjunction with the 'Wellbeing Appraisal' conversation (launched during the pandemic). A programme focusing on appraisal completion will be launched during Q3.

**Flu Vaccination:** For the last two years, the DoH has set an increased target of 75% for staff winter seasonal flu vaccination uptake amongst Health and Social Care workers. Flu is not a mandatory vaccination and it has proven challenging to achieve the set target. 2022/23 combined flu and COVID booster programme is set to launch in September 2022.

## **New Divergences**

### ***Overdue SAI Reports***

As at 23 September 2022, the Trust had 106 SAI reports that were overdue for submission to SPPG. The Trust has had an improvement plan in place to address the backlog and work has continues in this area to meet targets set by SPPG.

Ongoing actions include agreed action plans for each Division, weekly reporting and discussion on the number of overdue SAI reports at Governance Meetings (represented by Divisional Governance Leads and Corporate Governance, weekly reporting to the Executive Team on the overdue SAI report position, facilitation of additional Safety Panels (chaired by one of the Executive Directors) to oversee the robustness of reports, identification of causal and contributory factors, appropriate actions and learning etc. There does however remain challenges due to a number of factors, including the number of Mental Health SAIs required to be reported, staff capacity to complete SAI reviews on top of already demanding posts, ensuring proper family engagement etc. The Trust continues to engage with SPPG to explore opportunities to address the backlog.

#### **14. Mid-Year Assurance Report from Chief Internal Auditor**

I confirm that I have referred to the mid-year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

*Signed:*

*Date:*

**CHIEF EXECUTIVE & ACCOUNTING OFFICER**