Northern Health and Social Care Trust

Minutes of the 34th meeting of the Assurance Committee meeting held on Thursday 14th September 2023 at 9.00am
Hybrid Meeting held via Teams and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr P Corrigan, Non-Executive Director Mr G Houston, Non-Executive Director Mr J McCall, Non-Executive Director Mr G McGivern, Non-Executive Director Ms A O'Reilly, Chairperson (Chair)	
In attendance	Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Mr P Graffin, Director of Infrastructure Mr O Harkin, Deputy Chief Executive/Director Finance Mrs A Harris, Divisional Director Medicine & Emergency Medicine Mr N Martin, Director Strategic Planning, Performance and ICT Mrs M McAleese, Assurance Data & Systems Manager Mr K McMahon, Director of Surgery & Clinical Services Mrs S Pullins, Director Nursing, Midwifery and AHPs Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications Mrs D Spence, Director of Community Care Dr D Watkins, Medical Director Mrs J Welsh, Chief Executive Mrs M West, Assistant Director Governance & Risk Management Mr L Wilson, obo Maura Dargan Mrs C Diamond, Assistant Director Maternity (MBRRACE Presentation) Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Maura Dargan, Director Children & Young People Mr D McAleese, Quality, Standards & Learning Manager	
2.	**CONFLICTS OF INTEREST** Ms O'Reilly asked if there were any conflicts of interest and reminded everyone that if anything arose throughout the meeting to highlight same.	
3.	**PRESENTATION OF THE MBRRACE PERI-NATAL MORTALITY BI-ANNUAL REPORT** Mrs Diamond attended the meeting and presented the MBRRACE Report.	

	Ms O'Reilly thanked Mrs Diamond for attending and providing a detailed overview of the Service which demonstrated robustness and learning with the appointment of 2 Midwife roles for Social Complexities and a Co-ordinator. Mrs Pullins confirmed this is the first time this information has been shared at Trust Board level and is as a result of the RQIA Maternity Review recommendations. Mr Corrigan thanked Mrs Diamond and stated he found the presentation very interesting. Mr Corrigan asked if there were any concerns that the recent amalgamation of Maternity Services would have impact on the report outcomes. Mrs Diamond reassured Mr Corrigan that she had no concerns that the move would have an impact, noted that prior to move Antrim would have managed those categorised as higher risk. The Trust's primary focus is on Safety Measures and felt the move is the right decision for the Trust. Mr Houston asked when it would be possible to see the figures for 2023 which will take into account the move from Causeway to Antrim Area Hospital. Mrs Diamond confirmed she receives information on a monthly basis and could provide high level review of data early 2024 but would not have PRPT data until later. Mr Houston noted it was re-assuring to know the Trust have the data and will leave with Ms O'Reilly and Mrs Pullins to decide when to bring information to the committee. Mrs Welsh wished to highlight the SMT have also asked the same questions with regard to Maternity Services and reassured of the Robust Processes in place. Ms O'Reilly confirmed this report should continue to be presented at Assurance Committee level and perhaps onto Trust Board.	
4.	**MINUTES OF MEETING HELD ON 8th JUNE 2023** The minutes of the last meeting held on 8th June 2023 were reviewed, Mrs Pullins requested a minor change under 7.3 and following this amendment these were approved as an accurate record.	
5.	**MATTERS ARISING** Ms O'Reilly referred to the extensive agenda for today's meeting and asked attendees if any of the Matters Arising were outstanding and required further discussion. It was agreed that all matters arising had been completed or in progress.	

6.	**ASSURANCE FRAMEWORK**	
6.1	**Amended Cycle of Reports** Dr Watkins presented the Cycle of Reports for noting and highlighted the addition of MBRRACE Peri-natal Mortality Report, Pharmacy Service Assurance Report and Quality Assurance Report on Community and Voluntary Sector and other Unregulated Services. Dr Watkins explained the AQR will be presented to Trust Board in October following approval at SMT. The following reports have been delayed this quarter, Research and Development Performance Report as PHA has extended the submission date to October 2023 and the Transfusion Annual Report as the Committee does not have a Chairperson at present, however Dr Watkins anticipates a chair will be identified soon.	
6.2	**Integrated Governance and Assurance Framework – Committee Structure** Dr Watkins presented the Committee Structure for information, highlighting suggested changes are noted in Red, and Committee members approved these amendments. Ms O'Reilly stated the NEDs have scheduled a meeting in the next few weeks and will review the Assurance Framework in detail.	
7.	**RISK MANAGEMENT**	
7.1	**Principal Risk Register** Dr Watkins presented this report confirming all Risks have been reviewed and updated since the last committee meeting in June. There are currently 9 Principal Risks, 2 of which are categorised as Extreme and 7 High. **ID1180** has been de-escalated to a Corporate Risk and renamed to NHSCT Acute Maternity Service **ID28** the Risk Rating has increased from 15 to 20. **Corporate Risk Register** Dr Watkins highlighted there are currently 46 Corporate Risks, 14 of which are rated as Extreme, 29 High, 2 Medium and 1 graded as Low. There are four new Risks which have been added to the Corporate Risk Register: **ID1152** - Estates Maintenance Backlog **ID1263** - Histopathology reporting backlog **ID1271** - District Nursing Unmet Need and **ID1270** - Consultant Staffing cover in Causeway ICU **ID905** Mr McGivern queried the inclusion of the Covid-19 and Managing Covid-19 within the Description, is this still a major issue.	

	Dr Watkins explained Covid-19 is still an issue within the hospital and the impact of a new variant of Covid-19 is still being felt. Mrs Harris confirmed there are currently 27 In-patients in Antrim Area Hospital and 9 Covid-19 positive patients in Causeway Hospital. Covid-19 Pathways are still being observed within hospitals including Ambulance arrivals and isolation bays. Mr Corrigan asked if aerated concrete has been found in any of the Trust's buildings, if this was considered risk to Trust as not reflected in Risk Register. Mr Graffin confirmed the Trust is inspecting all buildings and no aerated concrete has been found to date, however if this situation changes it will be added to the Risk Register. **ID1049** Mental Capacity Act, Mr McCall asked Dr Corr for an update regarding this risk. Dr Corr explained the ever changing legislation remains challenging for the Trust due to capacity and the Demographics, ongoing discussions are taking place with SPPG and will remain on the Risk Register. **ID952** Mr Houston noted access to planned care/procedures risk rated as extreme and asked if the Trust had any expectation with regard to reducing this. Mr McMahon confirmed some reduction in specific areas and said he expected the Histopathology and Breast Surgery to reduce with the support of other areas and anticipates Skin to reduce with the assistance from MEM but no expectation of an overall reducing trend. Mrs Welsh noted the requirement for funding. Mr McMahon highlighted there has been some discussion at regional level regarding funding but no confirmed position on this. **ID1263** Mr McMahon noted that presentation to be given at Trust Board of the challenges within the Histopathology service. **ID1241** It was confirmed Industrial Action will take place over 48 hours from 21st to 22nd September in all Trust's including NIAS, given the derogations set the action may have serious impacts. Mr McMahon confirmed the Royal College of Radiologists and Labs are also on strike for the 2 days which will have a significant impact on services. Mrs Welsh advised that work is ongoing between the Trust and Trade Unions to work in partnership, with advice taken as to legal position.	

	Ms O'Reilly thanked Mrs Welsh for managing the risks that are listed on the Risk Register.	
7.2	**<u>Annual Risk Management Report</u>** Dr Watkins shared the Risk Management Annual Report highlighting the Headline Analysis section. The number of incidents being reported continues to increase year on year as a result of the Open and Learning Culture within the Trust. The Top 5 incidents reported are Slips, Trips and Falls, Violence and Aggression, Medication incidents, Absconding and Capacity as highlighted on Pages 5 and 6. RIDDOR incidents being recorded equate to a total of 0.4% of the total number of incidents reported with the majority as a result of Slips, Trips and Falls. There were 77 SAIs notified in 2022/23 which was a reduction on the previous year when 106 were notified. During 22/23 there were 101 SAI Review completed and submitted to SPPG. There were 51 new Medical and Professional Negligence Claims with an increase in payments in damages, due to a number of birth injury cases being settled during the year. Mr McGivern asked if there is a benchmark for the number of claims against other Trusts that can be compared against. Dr Watkins confirmed that the Trust meets on a bi-monthly basis with DLS and they do not share information relating to other Trusts claims. Mrs West advised DLS provide high level regional savings report quarterly that is included in report. Mrs West will ask DLS if they would be willing to share information on the number of claims from other Trusts and will feedback at the next Assurance Committee meeting. Mr Corrigan queried whether the increasing number of incidents should be viewed as an Open and Learning Culture or indeed seen as an increase in issues arising due to environment, capacity and/or staffing pressures. Mr Harkin highlighted the regional comparison included in the Health and Safety Report for incidents such as Slips/Trips and Falls and Managing Violence and Aggression. Mrs West reassured the Committee that the Divisional Governance Leads have individual Dashboards to review the detail of their incidents at their divisional governance meetings and divisional issues can be brought to the Weekly and Monthly Governance Meetings. For inclusion on weekly report. Ms O'Reilly highlighted other reports being presented under today's agenda which cross reference and triangulate the information within this Risk Management Report such as the Health and Safety Report including the RIDDOR information. The connection to learning culture and being mindful of providing the full story within the Annual Report and setting out	**Mrs West**

	the assessment, narrative, trends and judgement which in turn provides the assurances required. Ms O'Reilly asked Mrs West to consider including these in future Annual Reports and perhaps an Assurance Statement. This report was noted and approved.	**Mrs West**
7.3	**<u>Quarterly Risk Management Data Report</u>** Dr Watkins presented this report sharing the Headline Analysis setting out the ongoing Risk Management Activity, including the number of Claims received with their expected value, the number of incidents reported via DatixWeb, 21 SAIs were notified this quarter, 17 SAI reports submitted to SPPG and 5 new Coroners Cases opened with 1 inquest being held during the quarter. Ms O'Reilly noted the real time report provided assurance and triangulation of information held within other reports including the moderate to severe falls within the SQIP. Mr Houston highlighted the number of claims received within the PWCSS division and asked if the Trust is learning and sharing same. Dr Watkins confirmed PWCSS is at High Risk for potential claims and the Trust holds regular Claims Advisory Meetings with DLS, Governance and Divisional Management in attendance. These meetings focus is on learning, feedback and highlight common themes and have robust processes in place. The report was noted and approved.	
7.4	**<u>Overview of SAIs submitted in Q1 23/24</u>** Dr Watkins shared this report for noting.	
8. **8.1**	**<u>SAFETY AND CARE QUALITY STEERING GROUP</u>** **<u>Feedback Report</u>** Dr Watkins presented this report and provided an update on each of the Groups which feed into the Safety and Care Quality Steering Group. Mr McGivern wished to highlight the positive outcome of the RQIA Inspection carried out within the Nuclear Medicine Dept and extended congratulations to all those involved in this area. Mr Corrigan queried if the Independent Review of Children's Social Care Services in Northern Ireland should be included within the External Review Assurance Group rather than within Social Care Governance. Mr Wilson reassured the committee that Maura Dargan is leading on this work and has set up a Leadership Board to	

	consider those recommendations that Office of Social Services have agreed can progress. Mr Wilson advised there are a number of recommendations which are out for Public Consultation at present and as soon as these are available Maura Dargan's team will review and take forward any learning. Mr McCall highlighted the number of areas being reviewed within the External Review Assurance Group, this appears to be a huge undertaking and acknowledged the pressure on Trust resources to work to that agenda. Ms O'Reilly also queried if the External Review Assurance Group was being impacted by the increasing volume of reports, noted the knock on demand on Trust Board, direct impact on Governance. Ms O'Reilly asked that this area is given some consideration at the upcoming meetings to review the Assurance Framework.	**Ms O'Reilly/ Mrs Welsh**
8.2	**<u>Safety & Quality Improvement Plan</u>** Mrs Pullins presented the report highlighting the Group has identified 5 Priorities - Falls, Parenteral/Enteral Nutrition, Leadership Safety Huddles, Medication Safety and Clinical Deterioration. Mrs Pullins shared the 6 key themes for Safety and Quality and explained previously this group focused on Acute Care however, has been extended across the Trust. Ms O'Reilly noted the connection of key Safety and Quality work across the Trust and welcomed same. Ms O'Reilly noted that each department has speciality Dashboards for Safety and Quality and she would be interested to see a Safety Quality Matrix. Ms O'Reilly asked Mrs Pullins if she anticipated the Dashboards will assist in highlighting the Trust's vulnerabilities and pre-empt items such as Early Alerts. Mrs Pullins explained the Trust will need to triangulate all information, Dashboards are currently spilt down into individual services where these are being reviewed. Mrs Pullins confirmed work is progressing well with the assistance of Corporate Governance, Safety and Quality and QI. Mr McGivern noted the focus on the 5 key areas, however requested that information behind the indicators would continue to be provided. Mrs Pullins confirmed the Safety and Quality Network still focus on all areas and provide a Bi-Annual report for presentation through the Assurance Framework.	
8.3	**<u>Safety and Quality Letters / Correspondence Annual Report</u>**	

	Dr Watkins shared this report for noting. Report was noted and approved.	
8.4	**Resuscitation Annual Report** Dr Watkins shared this report for noting, highlighting the training being progressed since emerging from Covid-19. Ms O'Reilly noted the commitment of this small team and the work delivered. Report was signed off.	
8.5	**Transfusion Annual Report** Deferred to next meeting	
9.	**GOOD GOVERNANCE STEERING GROUP**	
9.1	**Feedback Report** Mr Harkin presented the report and provided a brief overview on each of the Groups which feed into the Steering Group. Mr Harkin highlighted the compliance rates for Fire Safety Training are improving and progressing well and noted recommendations from Internal Audit on fire safety are now all complete. Within Health and Safety, work has focused on Safety Interventions Training (CPI), 2700 online training places have been purchased and 500 staff have completed this training to date. With regard to the Safe Access Zones, a 100m exclusion zone at Causeway Hospital has identified from the entrance and work is ongoing with security to implement same. Mr McGivern queried the Vehicle Tracking System and whether consultation is underway with Trade Union side. Mr Harkin confirmed the engagement process has commenced and highlighting the advantages of this scheme for staff members. Mr Houston asked in light of the recent PSNI Data Breach is the Trust content with processes in place for the security of staff members personal information. Mr Martin confirmed as soon as news broke regarding the Data Breach he had asked for a review of all Information shared outside the Trust. The team reviewed the last 100 FOIs and it was confirmed all information with the exception on 4 documents were shared as PDFs, with no spreadsheets attached or personal information included. Mr Martin confirmed he has asked for formal guidance to be written for staff to follow, which will provide an extra level of assurance.	
9.2	**Health and Safety Annual Report** Mr Harkin presented this report and highlighting the key areas of focus for 2022/23 as follows: • COVID-19 specific issues.	

	• Risk assessment (GRANT). • Control of Substances Hazardous to Health (COSHH) management. • Risk Audit and Assessment Tool (RAANT). • Fire safety. • Management of violence and aggression. • Exposure monitoring for Nitrous Oxide. Ms O'Reilly noted the increase in referrals to Occupational Health Physiotherapists and Nurses and the impact this has, Ms O'Reilly asked if there is anything the Committee can offer to assist. Dr Corr confirmed the support provided to Occupational Health team at both preventative and reactive level and noted Occupational Health had recruitment issues, however posts have since been filled and psychology support is available to the service. Ms O'Reilly, noted number of Violence and Aggression incidents in Holywell Hospital. Dr Corr confirmed these are as a result of the increased acuity of patients which was anticipated in the Post-Covid era including a 30% increase in demand and occupancy on a Regional level. Dr Corr explained with the increased acuity and demand in less than ideal conditions in Holywell this has resulted in an increase in Violence and Aggression incidents. Work continues with both staff and Trade Union Side to provide support. Mr McCall wished to acknowledge and highlight his concern of the changing nature of service users being admitted to Holywell Hospital and incidents being reported. Mr McCall felt it is important for Assurance Committee to be aware of the serious challenges staff are facing in this area. Ms O'Reilly commended Mrs Corr on how the position had been explained within the Early Alert and felt it was important to put on record the observation of the paralysis of the service and the impact on service users and staff. Mrs Corr noted the Trust Board support of the pressures, particularly impatient services. Ms O'Reilly queried if Lone Workers in the Community have been provided with Devices. Mrs Spence confirmed there is a Lone Worker Policy available for staff. Mr Graffin confirmed Lone Workers have been provided with mobile phones and a meeting has been scheduled for mid-October to review the possibility of another device available for staff.	

	This report was noted and approved.	
9.3	**Emergency Preparedness Annual Report** Dr Watkins presented this report, highlighting the wide range of plans the Team have in place. The Trust participated in a Live Major Incident held at Belfast International Airport and a table top training exercise was arranged for SMT. Mr McGivern noted the Emergency Planning & Business Continuity Team only has 1 Full-time Manager, has this person the authority to carry out this role to its fullest. Dr Watkins confirmed the Mr O'Loughlin is visible at all levels and conducts his role to the fullest. Report was noted and approved.	
9.4	**Research and Development Annual Report** Dr Watkins presented this detailed report, highlighting the number of ongoing projects have increased by 100% to 131. Dr Watkins shared the Activity in Funding Awards from HSC, noting both Professor Ciaran Shannon and Professor Kevin Dyer have been awarded Chairs at QUB and full details of all projects are detailed within the report. Ms O'Reilly wished to thank all those involved in the work and production of this report. This report was noted and approved.	**Dr Watkins**
9.5	**Energy Management Annual Report** Mr Graffin presented this report highlighting the escalating energy costs from £6.7m to £12.9m despite the Trust's decreasing usage during this period. There has also been an increase in Water costs and consumption and a number of leaks were found but repaired quickly. Energy supply contracts have been awarded to Electric Ireland and Oil via Crown Commercial Services. The Trust is committed to the Energy Management Strategy and Action Plan to 2030 and remains focused on Renewable Energy across the Trust. However, estimated the required investment would be between £40-50m over the next few years. The Trust has set up a Sustainability Group which will progress future work. Mr Corrigan asked if the timeframe of 2030 is still valid. Mr Graffin confirmed the Trust is still working towards the 2030 target with funding secured from various sources and has plans in place should further funding be made available. Mr McCall noted the importance of electric vehicles and the progress the Trust was making towards this.	

	Mr McCall queried if the Trust has plans in place to replace insulation in its buildings. Mr Graffin confirmed that where schemes of work are progressing as part of this the requirement to replace insulation in buildings is considered. The focus is then on high risk areas, keeping in mind the best use of resources and funding. This report was noted and approved.	
9.6	**<u>Waste Management Annual Report</u>** Mr Graffin presented this report highlighting significant decrease in clinical waste however costs have increased dramatically with Clinical Waste moving away from the Hospital Site. With regard to Domestic Waste, 100% landfill diversion has been achieved via the recycling centre. Confidential Waste has also decreased however costs have increased and the Waste Manager has been invited to join the Trust Sustainability Group. Mr McGivern asked if the 38 facilities as detailed under Food Waste are all the facilities within the Trust that generate food waste and queried if the reduction in bins by 100 was a positive reflecting less waste. Mr Graffin confirmed the 38 noted, are the majority of facilities within the Trust and the Waste Manager continues to work alongside Corporate Support Services colleagues to assist in reduction the amount of waste and the reduction in number of bins was a positive of food management Mr Corrigan asked if the Trust receives a rebate on recycling cardboard. Mr Graffin confirmed the Trust has Card Balers in sites across the Trust and a rebate is received. This report was noted and approved.	
9.7	**<u>Fire Safety Annual Report</u>** Mr Graffin presented this report noting the information shared via the Good Governance Feedback Report. Mr Graffin highlighted the increase of Fire Wardens from 1528 to 2363 across the Trust and compliance rates for Fire Training have increased. The number of Incidents reported on Datix and the number of False Alarms have decreased. The last 2 Internal Audit recommendations have been fully implemented and closed. Ms O'Reilly noted that sharp focus was required on mandatory training and that this would be a Trust Board focus.	

	Mr McCall noted the report from Fire Safety officer and commended this. Mr Corrigan noted the Assurance received through internal audit and that all recommendations have now been closed. Noted in the cycle of internal audit they will re-audit. Mr Houston noted the number of Fire incidents reported in The Willows and asked if this was an area of concern. Mr Wilson confirmed the 5 untoward incidents relate to 1 young person, staff have interventions in place for the young person and fire training is up to date at The Willows. Mr Graffin confirmed Trust Fire Safety Officers also drop-in to facilities on a regular basis to maintain relationships with staff and residents. Report was noted and approved.	
10. **10.1**	**EQUALITY, ENGAGEMENT, EXPERIENCE AND EMPLOYMENT STEERING GROUP** **Feedback Report** Mrs Pullins presented this report and provided an update on each of the Groups which feed into Quad E. Mrs Pullins confirmed Charitable Trust Funds have been secured for the Bereavement Comfort Call Service and the Arts Project in Antrim and Causeway Hospitals will be launched next week. With regard to Attendance Management, Industrial Action is impacting on the timeliness of meetings. Mrs Pullins confirmed she had enquired if Charitable Trust Funds could be requested to assist in the Arts and Health Network, however this is not an option as it is an ongoing project and Charitable Trusts Funds are only granted for new projects. Mr McGivern queried funding for the Bereavement Comfort Call Service beyond 2025. Mrs Pullins explained the Bereavement Strategy is to allocate all associated funding, this is anticipated following the completion of Regional work. Trust has been asked to keep service in place until Regional Bereavement Forum considers funding. The timeframe on this is running late and no refreshed timescale has been received. Mr Corrigan queried if Equality, Diversity and Inclusion Group report into Quad E and commented on the sheer breadth of areas reporting into the Steering Group. Mr Houston confirmed he sits on Quad E as NED and noted that Allison Irwin reports frequently into the group. Mr Houston acknowledged the wide remit covered within this group and queried if NED input is required.	

	Mrs Welsh acknowledged the remit of this group especially following the inclusion of Employment and was of the view that some of remit could sit at Director level for Assurance. Mrs Welsh stated she felt NED input in this group was invaluable for the Experience Section of the group. Mrs Pullins also recognised the value of having a NED in attendance at group meetings and acknowledged due to the variety of areas included on the agenda the meeting often lasts 3 ½ hours and felt the discussions towards the end of the agenda do not get the same in-depth discussions as earlier items. Agreed this group would be reviewed as part of overall review of Assurance framework. Ms O'Reilly explained that she met with the Carers Steering Group this week which she found this very helpful, this was the first meeting of the group since May 2019. Ms O'Reilly commended the excellent work of Ms C Campbell as lead of this group. Ms O'Reilly noted that it would be amiss not to take this group as a source of assurance and noted the Group raised points including No Carers Strategy since 2021, No Steer, the need for one voice and Ms O'Reilly agreed that NED involvement in the Quad E Group is important. Mrs Welsh wished to highlight that work has continued with Carers in the Northern Trust throughout Covid-19 and other groups of Carers have met. Jennifer noted she and Robin Swann met with one particular group of carers who had completed a project supported by Trust to produce a Book which was showcased at this year's Belfast Book Festival.	
10.2	**<u>Complaints Quarterly Report April to June 2023</u>** Mrs Pullins presented this report highlighting the disappointing compliance rate of 48%, there were 201 complaints received during the quarter and 26 complaints had been open for 40 days or more. Report was noted and approved.	
10.3	**<u>Complaints & Service User Feedback Annual Report</u>** Mrs Pullins presented this report noting there were 840 complaints received in 2022/23 which was a slight increase on the previous year and compliance rate was 51%. There were 10 complaints escalated to SAIs and 13 Ombudsman cases ongoing. Mrs Pullins highlighted there were 3404 Compliments received in the same period. Ms O'Reilly wished to thank Mrs McAleese and her team for capturing the compliments received which are just as important	

	as the complaints and noted that the recording of compliments had been encouraged at the monthly Governance meeting. Mr Houston queried if there is a reason for the high number of Complaints being re-opened. Mrs Pullins explained in a number of cases in her Division a complaint will be re-opened either due to the answer not being the response the complainant wishes or the complainant may respond with additional questions, resulting in the case being re-opened. Mrs Pullins explained within her Division initial contact by telephone is arranged with the complainant to attain additional information and attempt to resolve issues at an early stage. Mr Houston noted the High Risk Rating Complaint received as detailed on Page 6 and queried if a complaint was received regarding a staff member, would this lead to Disciplinary Action or referral to Regulatory Bodies. Mrs Pullins confirmed this particular High Risk Complaint had been reviewed by a Consultant Surgeon and asked if the Service Users condition was managed appropriately, which it was. Mrs Pullins explained if the Trust had concerns which arose from a Complaint being received, a separate review process would be initiated. Mrs Pullins referred to a recent complaint whereby she shared the information with the Assistant Director who was responsible for that service. Mr Houston stated he found this reassuring, especially in light of the recent case in England. Mrs Welsh noted the Quality and Safety Letter received from the Permanent Secretary in regard to Lucy Letby case would be brought to a subsequent meeting for discussion. Mr Corrigan noted the response rate of 51% in Annual Report and 48% in Q1 was not a good position as well below the target of 72% and said hopefully there would be an improvement on this. Mrs Pullins acknowledged the response rates. Mr McCall asked if the Trust is sighted on the 6 Independent Sector Formal Complaints progress and conclusion. Mrs Spence confirmed all complaints are monitored and the Trust participates in meetings with Independent Sector Providers. The Trust, when necessary, has raised concerns with RQIA and proactively triangulates complaints, SAI reviews and remedial actions to ensure compliance. This report was noted and approved.	

10.4	**Involvement Report includes PCE/PPI Annual Report** Mr Martin presented this report for noting, confirming this had been presented at a recent Trust Board meeting.	
10.5	**Medical and Dental Education Annual Report** Dr Watkins presented this detailed report highlighting the first cohort of medical students from the University of Ulster started with the Trust in September 2022 and an additional 8 SIM Leads were appointed in 2023. Dr Watkins highlighted the lack of space is impacting on teaching both Undergraduate and Graduates in the Trust. Dr Watkins stated Page 35 sets out the Challenges and Issues impacting on Students and Trainees. Mr Corrigan queried if the 3 Physician Associates in Trust could be increased by converting funding from money spent on locums. Dr Watkins confirmed the Trust now has a total of 9 PAs, with an additional 3 appointed this year. Dr Watkins advised that individually the Physician Associates were all excellent and had a specific skill set, using funds from other job roles is difficult given the need for those job roles. This report was noted and approved.	
11.	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**	
11.1	**Feedback Report** Mr Harkin presented this report highlighting the increasing waiting times for AHPs which has been included on the Risk Register and the gap between Capacity and Demand for Special Education Needs which has been escalated to the DoH. There were 132 NICE Guidelines identified for review, 68 of which have been completed to date. There are 353 Trust Policies overdue with a further 60 due to fall overdue in the next 6 months.	
11.2	**Annual Assurance Report on Independent Sector Domiciliary Care** Mr Martin presented this report which provides Governance and Assurance on Domiciliary Care Providers with whom the Trust has contracts. Ms O'Reilly asked if Mrs Spence had anything to add to this report. Mrs Spence confirmed the Trust has a very good positive working relationship with Independent Providers.	

	Mr Houston noted under Demand v Capacity that a significant number of services users are waiting for more than 12 weeks, is this an increasing trend and is this delay impacting on hospital discharges. Mrs Spence confirmed there are approximately 1700 people waiting on a Package of Care and the Trust is focusing on maximising rotas. This is a Regional issue and discussions are taking place at the Social Care Collaborative meeting which is chaired by P O'Toole. The Social Care Collaborative group is also focusing on Social Care Workforce. The Trust is reaching out to attract potential employees and Recruitment is being reviewed at a Regional level, with promotion of Homecare as a career of choice. . Mrs Spence confirmed that Discharges from Hospital are not delayed due to the Packages of Care, the Trust has contingency beds in Residential Homes although find some geographical areas more difficult to accommodate. Mr Corrigan noted issues raised at Internal Audit to ensure the Trust receives the services that are paid for and asked if Compliance Officers analysing the data, visit and carry out spot checks at the providers premises. Mr Martin stated his understanding is the work being carried out included the Compliance Officers going to the Provider and checking the information held and speak to service users on the premises. Mr McCall queried the figures within Table 5 and asked for confirmation if the figures stated are hours or minutes? Mrs Spence confirmed the figure is hours and minutes. Ms O'Reilly welcomed the strategic focus being given to this with unmet need getting to an unacceptable level and noted the move beyond a contractual/transactional relationship to a partnership commissioning model was to be welcomed. The report was noted and approved.	
11.3	**<u>Adoption Annual Report</u>** Mr Wilson presented this report on behalf of Maura Dargan, which sets out how the Trust meets the functions as set out under the Northern Ireland Adoption Order. The Northern Trust has a robust Adoption Panel which includes Mr McGivern as NED and Dr Small as a paediatric rep and 3 Adoptive Parents assisting on the monthly panels. Mr Wilson explained there are 3 key areas of business which include:- • Best Interest Decision making, where the panel decide whether the Child should be presented to the court for Adoption • Specialist linking and matching Children to Adoptive Carers and,	

	• Approval of New Carers and reviewing their status. The Trust continues to meet the decision making timescales as set out. An Adoption Panel Learning Group has been established to review areas of best practice, review the Carers and the Child's journey through the Adoption Process. Mr Wilson extended an invite to Committee members who may wish to attend any meetings/panels. Mr McGivern shared his delight at being involved in this area, it is refreshing and has been a busy year. Mr McGivern acknowledged the Courts can cause delays and he referred to the quality of the report and felt it was well presented. Mr McGivern asked if it would be possible to share the Learning from the Adoption Panel Learning Group to the Adoption Panel on a yearly basis for wider learning. This report was noted and approved.	**Mr Wilson/ Maura Dargan**
11.4	**<u>MOIC Annual Report</u>** Dr Watkins presented this report highlighting the MOIC Work Streams, working in partnership and building the NI economy. MOIC continue to work with SPPG in Primary Care and in projects such as the management of cardiovascular disease and ISimpathy. MOIC works with a wide range of groups from Scotland, the Republic of Ireland and others across the globe and applied for and received a significant amount of funding. A list of papers and publications has been included within the report. Mr McCall noted this was an excellent report. This report was noted and approved.	
11.5	**<u>Acute IS Contracts Annual Report</u>** Mr Martin presented this report highlighting the inclusion of Providers and Specialities, Contracts and the risks are included. Mr Martin explained the Trust has highlighted with SPPG the absence of a Dynamic Purchasing System and the Trust continues to use Direct Award Contracts each year. Ms O'Reilly noted the importance of this report. The report was noted and approved.	
11.6	**<u>Quality Assurance Report on Community & Voluntary Sector and other Unregulated Services</u>** Mr Martin presented this report highlighting Trust has 527 Social Care Contracts with a wide range of services. The Trust follow 2 principles,	

	• Be proportionate in our approach to contract management, as some contracts can be higher risk than others. • Work closely with Services who understand the needs of the Service User in order to highlight any issues regarding performance. Mr Martin noted the oversight and scrutiny of contracts and the Trust does all it can to ensure value for money. Ms O'Reilly shared her delight to see this report on the agenda and felt assured Contracts are being delivered on behalf of the Trust and noted the importance of the partnership working approach. This report was noted and approved.	
12.	**ANY OTHER BUSINESS** No other Items presented.	
13.	**DATE OF NEXT MEETING** Thursday, 14th December 2023 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	
14.	**Close**	