Northern Health and Social Care Trust

Minutes of the 27th meeting of the Assurance Committee meeting held on Thursday 9th December 2021 at 9.00am via Zoom

Present	Mr P Corrigan, Non-Executive Director Mr B Graham, Non-Executive Director Mr G Houston, Non-Executive Director Mr J McCall, Non-Executive Director Mr B McCann, Chairman (Chair) Mr G McGivern, Non-Executive Director	
In attendance	Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Maura Dargan, Divisional Director Women, Children & Families Mr P Graffin, Interim Director Integrated Care Protocol Mr R Hamill, Interim Director of Community Care Mrs A Harris, Interim Divisional Director Medicine & Emergency Medicine Mrs W Magowan, Director of Operations Mr N Martin, Interim Divisional Director Strategic Planning and Performance Management Mr D McAleese, Quality, Standards & Learning Manager Mrs M McAleese, Assurance Data & Systems Manager Mrs S O'Kane, Assistant Director Governance & Risk Management Mr S O'Reilly, Medical Director Mrs S Pullins, Director Nursing & User Experience Mrs J Reid, Interim Director Human Resources, Organisational Development & Corporate Communications Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mrs J Welsh, Chief Executive Mr O Harkin, Deputy Chief Executive/Director Finance Mr McCann wished to acknowledge the great achievement and honour of Mr Harkin's appointment as President of HFMA.	
2.	**CONFLICTS OF INTEREST** Mr McCann asked if there were any conflicts of interest and reminded everyone that if anything arose throughout the meeting to highlight same and appropriate action will be taken.	
3.	**MINUTES OF MEETING HELD ON 9th SEPTEMBER 2021** The minutes of the last meeting held on 9th September 2021 were approved as an accurate record, proposed by Mr McCall and seconded by Mr McGivern.	

4.	**MATTERS ARISING** **Principal Risk Document** Mrs Pullins stated that since the last meeting she has had discussions with managers and can confirm challenges remain in recruiting and filling temporary posts within both Nursing and AHPs. **Overview of SAIs submitted in Q1 21/22** Mrs Pullins highlighted that previous assurance given regarding the use of agency staff in Community District Nursing has since changed and the Trust have had to resort to using agency staff however not in the area where SAI-21-026 relates to. **SAI-19-032** Maura Dargan provided detailed information with regard to the incident that happened to a young girl in the Mid-Ulster area. Maura Dargan explained there have been significant changes and governance arrangements in place to ensure an incident like this does not reoccur. **Adoption Annual Report** Maura Dargan confirmed that Mr McGivern's request to invite an Adopter to a Trust Board Meeting to give feedback on the process and their experience could be arranged. **Annual Assurance Report on Independent Sector Domiciliary Care** Mr Hamill explained that there is a report from RQIA which is available and if helpful will arrange to circulate same to the Committee members. Mr Hamill confirmed that the Northern Trust and RQIA worked in partnership with regard to Extra-care. Independent Providers are requested to report any missed calls, calls with 30+ minutes deviation, contract meetings are taking place, a quality improvement plan is in place and learning being taken forward. Mr Hamill confirmed that there have been recruitment challenges for the Domiciliary Care sector due to hospitality and tourism offering better rates of pay and work is ongoing to review this area. Mr McCall thanked Mr Hamill for the update and confirmed this was the assurance he required. Mr Houston asked if staff are started before DVS checks are in place and asked if the visiting arrangements for Care Homes has been updated? Mr Hamill explained that the Trust remains cautious with regard to expediting positions especially in light of the vulnerability of patients in their own homes.	Maura Dargan Mr Hamill

	In respect to Care Homes, Mr Hamill explained the visiting guidance from PHA remains the same with no planned changes to Care Home visiting, although a meeting has been scheduled which would encourage pre-arranged visits over the Christmas period. Mr Graham asked if this has impacted on patients remaining in hospital longer, Mr Hamill stated that processes are being reviewed, as well as a fair wage and terms and conditions. Mrs Magowan explained the lack of capacity within the hospital and the moral difficulty of not always meeting the needs of the patient and the Trust is continuing to work with patient client pathway. Mr Hamill confirmed that the Northern Trust has secured additional beds in various localities to allow easier access for families and visiting.	
5. **5.1**	**ASSURANCE FRAMEWORK** **Trust Board and Assurance Framework Cycle of Reports** Mrs O'Kane presented report confirming 4 highlighted in yellow have been delayed, with amendments noted in red to reporting process for DSF reports. Mr McCann accepted that these delays were understandable in the current climate.	
6. **6.1**	**RISK MANAGEMENT** **Principal Risk Register** Mr O'Reilly presented this report and explained there were no new Risks added and he would ask the relevant Director to provide additional comments. **ID952 – Access to Planned Care/Procedures** Mr O'Reilly asked Mr McMahon to provide an update with regard to Neurology and Endoscopy. Mr McMahon explained that work is continuing with commissioning colleagues due to an issue which have arisen regarding a mix up between the Board and the recruitment. Mrs Harris advised an urgent meeting scheduled for Friday, 17th December 2021 with the commissioners and regional colleagues to look at an alternative plan. Endoscopy backlog continues as nursing staff had been relocated to ICU. The service is back to 73% capacity with continued use of IS and Lagan Valley facilities with the hope of having a more stable in-reach model from April 2022. Mr McMahon explained that he anticipated extra staffing to assist with Echo will be secured to provide additional cover over the next number of weekends.	

Mr Graham asked if the Trust is doing everything possible and do our patients have equal access to Regional services? Mr McMahon explained that as far as possible there is provision of equal access to cancer services, however there will be a risk to this when the hospital are required to increase from 10 to 14 ICU beds. Mr McMahon explained at present the Trust will delay increasing beyond 10 beds until all other Trusts increase their capacity.
Mrs Magowan explained that even with 10 beds the Trust's elective access has been compromised, it is hoped to bring in a regional single point of referral for elective cases.

ID905 – Unscheduled Care Demand

Mrs Harris highlighted that this risk has been discussed at Trust Board and stated there are currently 56 unwell patients waiting on admission to hospital. Mrs Harris explained the ongoing challenges of No More Silos, Ambulance turnaround, rapid tests and an additional 10 winter beds recently set up. The Trust has been working with GPs, NIAS and regionally through the HSCB unscheduled care group. The last two evenings have seen AAH taking the majority of the regions ambulances.

Mr O'Reilly highlighted the regional provision of the new treatment for Covid, this will require IV treatment in a hospital setting which AAH is to provide from 16th December 2021. It has been confirmed that resources will be available however it was felt these will not be in post until after the 16th December. Mrs Harris explained that the Covid positive patients will have to follow the red pathway through the hospital and unfortunately the Covid Pod is not directly connected and is not easily accessible.

Mr McCann asked if there is a high level of regional co-operation as it seems that Belfast Trust is making decisions which are impacting directly on the Northern Trust services.

Mrs Harris explained that the Mater Hospital ED is not working the way it did previously and their admissions have decreased by 50% and AAH increasing by 15%. Belfast Trust also has Urgent Care Centres running with locum GPs. Mrs Magowan confirmed that Belfast Trust do acknowledge Northern Trust are providing additional beds however additional funding for these has not been forthcoming.
Mr McCann stated that it is not acceptable to withhold the additional funding required to provide additional capacity.
Mr Martin confirmed he has been written to the Board with the 13 beds quantified back in June and he felt this figure has increased since. Mr Martin explained that AAH have an ambulance turnaround time of approximately 1 hour which

	encourages the ambulances to attend AAH rather than where the capacity is and further regional discussion is required with regard to this. Mrs Harris stated that Mrs Welsh has been vocal and plans to meet with NIAS and Belfast Trust in the near future. Mr McMahon explained the removal of ICU provision at the Mater Hospital also has an impact on AAH contributing to an addition 29% of ICU cases. Mr Houston queried the additional level of pressure expected when General Practices close for the 3 days during Christmas and will the Trust be able to manage. Mrs Magowan confirmed the Trust has a winter plan with 10 extra beds already set up, an additional 28 beds have been secured through IS and re-structuring within AAH is planned. Mrs Magowan explained that it was felt the region could be 1000 beds short in January. Mr McCall asked in light of the potential crisis has the Trust been liaising with GPs on their position and pressures. Mrs Magowan explained there have been local and regional conversations with GPs to try to work to a new innovative winter plan however this has proved difficult due to 80+ general practices all of whom have different processes in place and are so overwhelmed at present to be able to work together. Mr O'Reilly proposed he would not highlight any further risks however happy to take any questions on the others. Mr McGivern queried the comment under Risk ID1049, Mental Capacity Act which states the Trust will liaise with the Dept of Health regarding DoL, who is responsible? Is this an issue for all Trusts and secondly are there issues regarding co-operation with other public bodies? Dr Corr confirmed the issue relates to Children with severe learning disabilities and DoL applies to those 16+, therefore not all will be under the responsibility of the Education Service. Dr Corr explained that discussions are ongoing and would provide an update at the next meeting. Dr Corr stated that DoLs are mostly in the Trust's facilities therefore there are no issues regarding co-operation. Maura Dargan confirmed from an SLD perspective there is a judicial review in progress with no decision made to present. Mr McGivern explained in light of a recent event in England he wished to seek reassurance that anyone requiring treatment would do so without any barriers. Dr Corr confirmed that the issue for MCA is a procedural organisational safety issue with no barrier to accessing required treatment services.	Dr Corr

	Mr McCann asked for an update on the Nursing Vacancy figures. Mrs Magowan explained there have been 3 areas affected - District Nursing, Newtownabbey - Mrs Harris' area and - Mental Health The Trust is expecting new registrants over the next few weeks and is presently recruiting at risk. Mrs Magowan reported high absence rates with unfilled shifts and asked Mrs Reid to provide an update. Mrs Reid explained that absence remains a concern for the Trust noting Covid-related absences, self-isolation which is a short term absence and general sick leave. Mrs Reid will check the most recent figures and provide an update. Mrs Pullins confirmed that as of 1 month ago, Band 3-7 vacancies were 162 permanent and 79 temporary posts Trust-wide and work is ongoing and all staff on a waiting list have been offered positions. Mr Graham asked if there were any concerns regarding Christmas get-togethers in light of recent news that 50% of staff in an ICU in Spain had caught Covid? Mrs Pullins explained that staff have been sent guidance and asked to remain mindful of gatherings although this remains difficult as hotels and other venues have their own rules and guidance.	Mrs Reid
6.2	**<u>Quarterly Risk Management Data Report</u>** Mrs O'Kane presented this report highlighting the Executive Summary with slips, trips and falls being the most reported incident type for the Trust. Coroners cases received have doubled taking the total to 15 since April 2021. Mr McGivern asked about the 16 claims closed without damages being paid, is the Plaintiff informed of their case being closed and does the Trust review these cases any further? Mr O'Reilly explained that the case will have been closed as it is either time barred or upon receiving further information the claimant will have decided not to proceed. However he provided reassurance that the Trust do review all closed cases to identify any learning. Mr McGivern asked if the Trust has oversight of any claims received with regard to Independent Sector providers whom the Trust have contracts with. Mr O'Reilly confirmed that the Trust would have sight of these as the Trust remain liable when contracting out these services.	

	Mr McCall raised the issue of unhappy patients due to Covid, how they have been treated and have there been complaints received by the Trust? Mrs O'Kane confirmed that complaints have been received with regard to visiting and restricted visiting and the Trust had a Level 3 SAI review relating to Covid Deaths which has been submitted to the Board. Mr O'Reilly stated that he believes other Trusts may have received litigation claims and DLS have in turn set up a section to work specifically on these. To date, the Northern Trust have not received any claims. Mr Corrigan queried slips, trips and falls in the Community Care Sector as the highest with over 50% of the total, has the Trust reviewed these and what is the Trust doing to improve this area. Mr Hamill explained that following an internal audit review it was highlighted that the IS had not been using Datix to report incidents, this has been rectified and over the last 3 quarters the figures have increased dramatically. Mr Hamill confirmed that when a fall has been reported a Post Falls Review is undertaken, any learning identified and this is then shared and the Trust work closely with the care home. Mr Houston asked about the untoward event on Page 20 were it details 4 absconded and queried if the Trust is confident all incidents are being recorded? Maura Dargan had to attend an urgent matter and was briefly unavailable. Mr O'Reilly felt that these incidents related to 1 particular child and was confident that all incidents are reported, however would ask Maura Dargan to confirm. Mr McCall noted via the Zoom chat box that these were related to one particular child.	Maura Dargan
6.3	**<u>Overview of SAIs submitted in Q2 21/22</u>** Mrs O'Kane presented this report confirming that 9 reports had been completed and submitted to the Board and a breakdown by Division is available on page 2. Mrs O'Kane highlighted that 1 SAI had been a never event and 2 SAIs had been identified through discussion at M&M meetings which provided reassurance of reviews being brought forward from alternative routes.	
7. **7.1**	**<u>SAFETY AND CARE QUALITY STEERING GROUP</u>** **<u>Feedback Report</u>** Mrs Magowan presented this report and listed the issues for highlighting. **Clinical / Professional Advisory Group**	

	Mr O'Reilly provided an update with regard to the outstanding legal costs to be paid, Mr O'Reilly explained that the cost requested by the Barrister in question is approximately £¼ m, the normal costs in a case such as this particular one would be in the region of £60-90k. The Trust had taken this to the High Court to challenge the costs. The Barrister has recently stated they would accept a smaller amount, the Trust has been in contact to make an offer and stipulate no interest will be paid and asked him to confirm within 1 week. The Trust is still awaiting confirmation. **Reducing Avoidable Death and Harm Committee** Mr O'Reilly confirmed an additional update with a new regional process now in place and negotiations are underway with regard to SJR resources. Mr Graham had a query for Maura Dargan with regard to the increased pressure on placements for Looked After Children and how these risks are being managed. Maura Dargan explained that an Action Plan has been agreed with the Board, this is progressing and timeframes are currently being met. There are currently a number of bespoke placements arranged for young people, challenges will continue and a full review of all LAC has taken place to ensure each child is in the appropriate placement.	
7.2	**<u>Patient Safety Performance Report</u>** Mrs Pullins presented this report highlighting C Diff figures, Paediatric Sepsis, Obstetric Early Warning Scores, Maternity VTE, Falls and Pressure Ulcers. Mr McCann asked for more information with regard to the increase in Omitted and Delayed medications. Mrs Pullins explained that this remains unclear as the reason has not been recorded on the Drug Kardex and acknowledged that staff have been really busy throughout the hospital. Mr McCann queried the change in trends with regard to Sepsis 6. Mr O'Reilly recognised the Trust has struggled in this area with compliance regarding administration of an anti-biotic within 1 hour however suspected this is due to the volume of work in ED. Mrs Harris noted a plan to relocate a Band 7 to assist in this area. Mr Graham acknowledged the pressures of Covid and the impact on staff recording information and asked can we keep this under control? Mr O'Reilly recognised the importance of recording information and the audits being carried out and the provision of safe care has not been compromised.	

7.3	**Annual Quality Report** Mr O'Reilly presented this report which had been brought to Trust Board previously and wished to commend those involved in producing this very informative and readable document.	
7.4	**Resuscitation Annual Report** Mr O'Reilly presented this report for noting and wished to highlight the difficulties in maintaining training however the training that has been delivered, with the resources available, has been substantial. Mr O'Reilly explained the Annual Cardiac Arrest Rate is below target which shows patients are receiving treatment earlier and end of life pathways are commenced at an earlier stage which avoids putting them through the trauma of CPR. Although the NEWS 2 Audit could not be conducted as normal Mrs Pullins had arranged spot audits to be carried out in areas and the outcome is detailed within this report. Work is still ongoing with regard to the National Cardiac Arrest Audit and due to Information Governance issues the Trust is trying to resolve information being shared with National Audit. Mr McGivern asked if there is a concern regarding the Advanced Training and if this is highlighted on the Risk Register? Mr O'Reilly stated that he has no concerns and felt that there is no requirement to raise as a risk as key staff have either received the training or have been trained in the past.	
8.	**GOOD GOVERNANCE STEERING GROUP**	
8.1	**Feedback Report** Mr Graffin presented the report and highlighted the gaps and issues and reported the two recent incidents regarding a burst water mains in July and a power outage in October affecting Antrim Area Hospital. Mr Graffin confirmed a scheme has been planned subject to capital funding. Mr McCann asked why the emergency supply did not provide backup during the power outage? Mr Graffin confirmed there are generators on site which had not kicked in however significant work has progressed, as the Trust is running at capacity we are working alongside the NIE with the plan to increase capacity from 2mW to 5mW. Mrs Magowan confirmed battery back-ups have been ordered and staff are currently installing these into vital equipment. Mrs Harris also confirmed that ward C7 is protected by an uninterrupted power supply.	

8.2	**<u>Annual Report for Property Asset Management Plan with Appendices</u>** Mr Graffin presented this report highlighting the backlog maintenance which is currently estimated at £166m with 21% of the Trust's property being over 70 years old. Mr McGivern asked about the Disposal of the Holywell Hospital Reservoir. Mr Graffin explained work had to be completed to avoid a risk that the dam would burst, this cost the Trust £200k before processing the disposal. Mr Graham asked what the Trust envisaged the biggest challenges and concerns to be. Mr Graffin confirmed the backlog maintenance as the biggest concern for the Trust with some areas nearing end of life such as generators, roofs and buildings that are unoccupied. Mr Corrigan asked where within the organisation would Robinson fall under. Mr Graffin confirmed this would sit as a Community Hospital and is part of the Trust's estate. Mr Houston asked if there were plans in place for Holywell Hospital when the new build has been completed. Mr Graffin explained that a group has been set up to scope this area.	
9. **9.1**	**<u>Equality, Engagement, Experience and Employment Steering Group</u>** **<u>Feedback Report</u>** Mrs Magowan presented this report highlighting the issues listed. Mrs Reid provided updated figures for sickness absence which as of October was 6.85% and including Covid is 9.78%. Nursing absence is the 2nd highest which puts additional pressure on teams. At present a total of 50 staff are recorded as suffering from Long Covid. Mrs Reid explained that the Trust have a Clinical Psychologist working alongside OD and OH and due to the positive outcome the Service is currently bidding for more Clinical Psychologists to provide assistance. Mr McCann asked if those staff who have long Covid fall under the normal sick pay arrangements. Mrs Reid confirmed that these staff do not and they will continue to receive their full pay. Mrs Reid explained that the Trust have received their 1st grievance with regard to the inequality of this.	

	Mr McCann asked if those with long Covid would be entitled to employment injury? Mrs O'Kane explained that the H&S team review each case and to date 2 cases has been reported to HSE, as probable, that they may have contracted Covid through their employment. Mr McCall asked if there were any signs of staff absence or an inability to work due to refusing vaccination. Mrs Reid confirmed there was no evidence of this with most cases seem to be stress related or staff burn out.	
9.2	**<u>Complaints Quarterly Report July to Sept 2021</u>** Mrs Pullins presented this report highlighting the slight increase of complaints being responded to within 20 days to 65%. 13 complaints have been open for more than 40 days and there have been 5 new Ombudsman cases received. Mr McGivern asked if there had been any disciplinary action taken with regard to Ref: 15403. Mrs Pullins explained that a robust conversation has taken place with the Trust employee.	
10.	**<u>STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP</u>**	
10.1	**<u>Feedback Report</u>** Mr O'Reilly presented this report for noting and wished to highlight 3 areas. **Nice Implementation Committee** Mr O'Reilly confirmed that work had been paused however has now recommenced with a significant workload. **Northern Area Drugs and Therapeutics Committee** The Lead Pharmacists for controlled drugs position remains vacant with no recurrent funding in order to fill this very important post. **Clinical and Social Care Policy and Guidelines Committee and Policy Committee** Mr O'Reilly explained that this remains a struggle however has noted an increase in the number of updated policies in recent days. Mr Graham wished to pay tribute to the Organ Donation Team noting no missed opportunities despite the current climate and asked for his thanks to staff could be passed on?	Mr O'Reilly
10.2	**<u>RQIA Status Report</u>** Mr O'Reilly presented report for noting. Mr Corrigan noted surprise there had been only 1 RQIA inspection during the summer months, is the normal protocol and has there been a resumption to inspections.	

	Maura Dargan explained that since she had taken up post inspections have been impacted by Covid and was unsure of the normal protocol although expected inspections to take place at any time.	
10.3	**Nursing and Midwifery Revalidation Report** Mrs Pullins presented this report confirming that 1112 (96%) of the 1161 nurses and midwives revalidated. There were 4% of staff who did not revalidate which would usually be due to retirement, ill health or other exceptional circumstances. Mr Corrigan asked if this report included those staff on the Bank. Mrs Pullins confirmed that they are included within the Revalidation process and Agencies are responsible to ensure agency staff are revalidated.	
10.4	**Medical Revalidation Report** Mr O'Reilly presented this report for noting. Mr O'Reilly confirmed 84% of Appraisals have been recorded in report however a total of 96% have been completed to date. Mr O'Reilly acknowledged the struggle to complete Job Planning with an Action Plan being put in place and there is a renewed focus for the year ahead.	
11.	**ANY OTHER BUSINESS** No other items were raised for discussion.	
12.	**DATE OF NEXT MEETING** Thursday, 10th March 2022 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	