Northern Health and Social Care Trust

Minutes of the 35th meeting of the Assurance Committee meeting held on Thursday 14th December 2023 at 9.00am
Hybrid Meeting held via Teams and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr G Houston, 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 Maura Dargan, Director Children & Young People Mr P Graffin, Director of Infrastructure Mr O Harkin, Deputy Chief Executive/Director Finance Mrs K Jenkins, (obo Mrs Harris) Mr N Martin, Director Strategic Planning, Performance and ICT Mr D McAleese, Quality, Standards & Learning Manager 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 Ms G Traub, Director of Operations Dr D Watkins, Medical Director Mrs J Welsh, Chief Executive Mrs M West, Assistant Director Governance & Risk Management Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mr P Corrigan, Non-Executive Director Mr J McCall, Non-Executive Director Mrs A Harris, Divisional Director Medicine & Emergency Medicine	
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.	**MINUTES OF MEETING HELD ON 14th SEPTEMBER 2023** The minutes of the last meeting held on 14th September 2023, were approved as an accurate record.	

4.	**MATTERS ARISING** **Annual Risk Management Report –** Mrs West shared the document saved in shared folder as 4.1. **Safety and Care Quality** – Ms O'Reilly explained the volume and impact of reports via the ERAG will be reviewed as part of the Assurance Framework Work plan. **Research and Development Annual Report** – this action was completed. **Adoption Annual Report** – this action will be closed as learning will be shared in future reports. **Absence Management Figures** - Mrs Reid confirmed the absence figures are beginning to reduce.	
5. **5.1**	**ASSURANCE FRAMEWORK** **Amended Cycle of Reports** Dr Watkins presented the Cycle of Reports for information and highlighted changes are noted in red.	
6. **6.1**	**RISK MANAGEMENT** **Principal Risk Register** Dr Watkins presented this report confirming all Risks have been reviewed and updated since the last committee meeting in September and there have been no changes made to the Risk Ratings. All updates to the Risks have been highlighted in Red. **ID952 – Access to Planned Care/Procedures**, Dr Watkins highlighted the Trust met with SET and Belfast Trust regarding Neurology Recruitment. **ID324 – Healthcare Associated Infections**, Dr Watkins highlighted the review of training needs and awaiting further Regional guidance on the Antimicrobial Stewardship. **ID1049 – Mental Capacity Act**, MCA service has developed new systems via MS Teams and a new Database which has reduced the time taken to complete extensions. MCA has recruited a number of new Medics which has also helped ease pressures within the service. **ID780 – Nursing Vacancies**, Dr Watkins noted the continued recruitment within Nursing including Internationally and the use of agencies is being closely monitored. **ID905 – Unscheduled Care Demand**, Dr Watkins highlighted extreme pressures continue in this area. **ID67 – Information Governance**, an Internal Audit has been completed in relation to the Management of Medical Records which gave a satisfactory level of assurance and has identified 6 recommendations for the Trust.	

	ID851 - Dysphagia, Dr Watkins noted the Trust has received an allocation letter from SPPG confirming £139k recurrent will be available from April 2024 which will enable an uplift of staffing within the Dysphagia team. **ID28 – Failure to Breakeven**, Dr Watkins stated the Trust is liaising with SPPG and Dept of Health regarding the Trust's contingency plans. Mr Houston queried the Target Risk Rating Level and asked if the Trust is content the Risk Level Target is High for 7 risks and Medium for 2 risks or if we should be more ambitious. Mr Houston also noted 2 Risks have a current Risk Rating of Extreme with ID952 not being changed in the last 28 months. Mrs Pullins explained with regard to ID324, the Trust had the lowest levels of CDiff and MRSA infections in the region last year however this year's figures are on a trajectory to breach the target figure set. With regard to ID780, although the Trust has been successful in recruiting a significant number of nursing staff, due to a retention issue, the Trust losses the same number of staff per year as are recruited. Mrs Pullins confirmed when reviewing the risks, she uses the Regional Risk Matrix in order to identify the Risk Rating. Mr McMahon explained with regard to ID952 the Trust continues to work and report on the measures and standards which had been set out, and noted unless we make changes to what we deliver or region makes changes on standards to be measured against this risk will remain. Mr McMahon explained he had raised this concern at a recent Regional Cancer meeting and asked if the standards the Trusts are being measured against are a commissioning responsibility or poor performance and if it is a commissioning issue he would like that recognised and highlighted. Mrs Welsh noted Mr Houston's query and the balance with recognising the environment we are working in. Mr Houston noted the question is what is our risk appetite and where should this sit. Ms O'Reilly acknowledged some of the Risks are outside the control of the Trust to change the Risk Rating and asked which group within the Assurance Framework considered risk appetite. Mrs Welsh confirmed the Risk Registers are reviewed and discussed at the Risk and Assurance Group. Mr Houston noted that some risks have stayed the same for a long time, dysphagia for 5 years. Ms Traub agreed that risk target should be an indication of ambition of where we want to	

	get to. Mrs Welsh noted at a point we were setting risk target in stages and needs to be considered again.	
6.2	**<u>Quarterly Risk Management Data Report</u>** Dr Watkins presented this report sharing the Headline Analysis, highlighting there are over 560 claims ongoing with 2/3 of these being MNPN and 1/3 being ELOL claims, this figure is a slight reduction on Q2 2022/23. The total estimated value of these claims currently sits at £85m, DLS has confirmed as at the end of Q2 there has been just over £14m in savings. With regard to Incidents, Dr Watkins confirmed the Top Incident categories reported remains static with Slips/Trips/Falls, Violence and Aggression, Communication issues, Medication and Absconding continuing to be in the top 10. Dr Watkins confirmed the total number of SAIs notified to SPPG was 26 which is an increase on the last quarter, 13 SAI Reports were submitted to SPPG and the number overdue is currently 82. Dr Watkins explained SPPG has set further targets for the end of December and the end of January whereby the Trust is to submit a number of overdue reports. The Trust is focussed on achieving this target. Dr Watkins noted there are currently 76 ongoing Coroners Cases, there has been 1 Inquest Hearing, 5 new cases received and 7 cases closed. Other areas to highlight include 5 untoward events being reported and a number of Inter-Trust Incidents received from NIAS, Belfast Trust, South-Eastern Trust and Primary Care. Mr McGivern noted the Table on Page 9 highlights the Top 5 Incident Categories with Slips/Trips/Falls being the highest, he asked, is the Trust making an effort to tackle this problem as figures do not seem to be reducing or is anything additional the Trust can do to reduce the number of these incidents. Mrs Pullins confirmed the Trust has a working group specifically focusing on Falls Prevention however patients being admitted into Hospital are increasingly frailer and staff attempt to manage the risk or falls, as much as possible. A high number of patients have complex conditions such as delirium and dementia. Mrs Pullins noted an improved in the number of falls rated as catastrophic or extreme.	
6.3	**<u>Overview of SAIs submitted in Q2 23/24</u>** Dr Watkins presented this report and highlighted as previously discussed 13 SAI Review Reports were submitted to SPPG with 6 from MHLDCW and 3 from MEM.	

	Mr Houston noted the number of overdue SAI Reports and asked if there was any specific reason why these can take in excess of 2 years to complete. Dr Watkins confirmed the SAI Report that had been the longest overdue, has since been submitted, this SAI review encountered significant challenges including the collection of information from a range of sources which impacted on the delay of completing the review and submitting the final report.	
7.	**INTERIM DIRECTED STATUTORY FUNCTIONS** Maura Dargan presented these papers to the Committee members explaining they had been shared at Risk and Assurance Group, at Assurance Committee today, will be presented at next week's Trust Workshop and then shared at the Public Trust Board meeting in January. Maura asked if everyone was content to note papers today and discuss in more detail next week. Mrs O'Reilly advised she was happy to open up for initial discussion ahead of Trust Board. Mr Houston noted the positive aspects especially relating to the gateway teams. He also acknowledged the increase of 33 young people being looked after by the Trust and asked whether this is a trend throughout the Region. Maura explained the excellent progress in the unallocated cases is primarily due to the Recruitment of newly qualified staff in June and the Trust is focusing on retaining these staff. As for the LAC cases, these have increased across the Region and Ray Jones has noted within his report the number of LAC in Northern Ireland is growing at a faster pace than anywhere else. Maura explained the Trust is second highest in the Region and the aim is to keep children at home when possible, governance structures are in place and the Trust reviews every case to ensure they are correctly managed. Mr Houston noted Gregg Kelly's report from a number of years ago which highlighted a high number of children in care in NHSCT relative to the region. Maura will ensure to provide an update on current numbers at next week's workshop. There was discussion with regard to recent visits to Children's homes by NEDs and Directors, Maura also noted there are a number of homes that do not have NEDs allocated, Ms O'Reilly thanked Maura for this information and will review this as there are new NEDs starting with the Trust in the next few months.	**Maura Dargan** **Ms O'Reilly**
8. **8.1**	**SAFETY AND CARE QUALITY STEERING GROUP** **Feedback Report**	

	Dr Watkins presented this Feedback Report. Dr Watkins explained the Clinical Ethics Committee has not met for a considerable time and he will write to the committee members to determine how to move forward, suggesting that meetings will be stood down, however they will be stepped up as and when required. Mrs Welsh supported this decision to stand up panels as required. With regard to Fluid Therapy Group and IV Fluid prescribing, Dr Watkins confirmed the Northern Trust will take on-board the learning following SET Encompass Go-Live. Mr Houston asked in relation to the External Review Assurance Group and the ongoing focus on the Muckamore Abbey Hospital review, has the Northern Trust been able to resettle the patients who were transferred from Muckamore Abbey Hospital. Dr Corr confirmed of the 22 patients transferred to the Northern Trust only 6 have not been resettled to date. However 4 placements have been agreed and will be resettled in the near future and Dr Corr is optimistic plans can be put in place for the remaining 2 patients. Dr Corr explained the Trust has received a temporary commission for a 3 bed unit in Holywell Hospital, split between 2 Trusts, this is a huge reduction on the 86 beds and inadequate to cover the number required. However discussions are ongoing within the Region and with Department colleagues as decisions need to be made for a longer term plan. Mrs Welsh confirmed correspondence has been sent by the Permanent Secretary with regard to patient moves and he is keen in light of the Public Inquiry that the Muckamore Site is demolished. Mrs Welsh noted a number of buildings are in very good condition and it may be possible to section these off from the remainder of the site and re-use. It was highlighted that the External Review Assurance Group is continuing to review the recommendations and taking forward any learning from these.	**Dr Watkins**
8.2	**<u>Safety & Quality Performance Report</u>** Mrs Pullins presented this report highlighting previously this was Acute centred however this now includes a wider range of services. Mr Houston queried the Paediatric IV Fluids with the Trust achieving 79% and whether this was an appropriate level given the target is 90%. Dr Watkins explained there are ongoing discussions with regard to the fitness of the measuring tool used to record compliance, for example if one element is not completed or noted on the sheet this records a failure to comply. Dr Watkins reassured Committee members the level of safety regarding IV monitoring is of a very high standard. Mrs Pullins also noted a	

	secondary measure in that Dr Hughes receives a report from hospital laboratory on any child with lower than expected sodium. Ms Traub queried where within the Assurance Framework Mortality reports into and should it detailed be within this report. Dr Watkins confirmed Mortality reports into the Reducing Death and Avoidable Harm group, he offered to provide more information/visibility if necessary. Mrs O'Reilly noted the excellent information in the report and that it reflects the journey. Judgement needed as to what the metrics mean, the impacts on services due to finance etc, related to the risk appetite discussion we have had. Report will feed into work on QMS.	**Dr Watkins**
8.3	**<u>Transfusion Annual Report - *BF from last quarter*</u>** Dr Watkins presented this report prepared by Dr P Windrum. The key areas detailed within the report include implementation of NICE Guidance endorsed in NI, the Single Person Checking of Blood components, the Home Transfusion Policy, the preservation of Regional Blood supply and Blood delivery in Causeway Hospital. Mr McGivern asked if the Single Person Checking was sufficient or should safeguarding put in place to avoid errors. Mrs Pullins explained following research into single checking it was found to be appropriate and safe. Mrs Pullins reassured the Committee in cases such as administering controlled drugs this continues is to be carried out by 2 people. This report was noted and approved.	
8.4	**<u>Infection Prevention and Control Annual Report (incorporating Annual Water Safety Plan)</u>** Mrs Pullins presented this report and directed the Board's attention to S.4.7 Management of Covid-19 advising additional information has been added to this report following an Internal Audit review in relation to information shared with the Board during the Covid-19 Pandemic. This includes the number of deaths of patients with Covid-19, HCAI cases during the year and outbreaks which continue to be reported as PHA have not changed the definition of 2 or more cases. The number of bed days lost during an outbreak has also been included. Mrs Pullins noted that this report will be available to the public. Mrs Pullins also highlighted whilst the Trust had previously done well regarding numbers for CDiff and MRSA, the figures this year are on a trajectory to breach the set targets. With regard to the Antimicrobial Stewardship the Trust currently reviews each infection	

	Mr McGivern asked about a recent press release regarding aspergillus in Belfast Trust and asked if this is checked for NT contractors. Mr Graffin confirmed the Trust has this built into the Trust Aspergillus Policy. Mrs Pullins also confirmed following the 2010 recommendations there should be an IPC nurse therefore, Dr Naomi Baldwin works closely with Estate Service colleagues in all areas of refurbishment and Infection control representative is a member of all capital development projects group. Dr Baldwin is also part of the Water Safety Group. Ms O'Reilly welcomed the interface work throughout the Trust. This report was noted and approved.	
9. **9.1** **9.2**	**<u>GOOD GOVERNANCE STEERING GROUP</u>** **<u>Feedback Report</u>** Mr Harkin presented the Feedback Report and provided a brief overview on each of the Groups which feed into the Steering Group. Mr Houston asked if the issues on the Braid Valley Site relate to anti-social behaviour of Young People. Mr Graffin explained it is both Young People and vehicles accessing the site and discussions are progressing on how to reduce the ongoing problems for people who live in the vicinity of the Braid Valley Site. Mr McGivern acknowledged the good work with Trade Unions to gain agreement on Vehicle Tracking systems. Mrs Welsh highlighted the Safe Access Zones and acknowledged the work undertaken by Mrs Pullins and her team. Communication is ongoing with MLAs as they would like to extend beyond 100m however due to legislation in place it is not possible to extend further. Mrs Pullins explained the Northern Trust has been the only Trust to have had 2 arrests and has the highest number of breaches. **<u>Annual Property Management Plan</u>** Mr Graffin presented the report and explained there are approximately 30 appendices which he has not shared, although they can be made available if anyone wished to review them. Mr Graffin highlighted Backlog Maintenance costs currently stand at £192m with an allocation of £5.25m allocated in 2022/23 to put towards this maintenance. There were 73 leases held in 2022/23 costing in the region of £1.1m and the Trust has Estate currently valued at £464m. The Trust has recently disposed of Audley Terrace and Holywell Reservoir is expected to be completed in January 2024.	

	Ms O'Reilly acknowledged how important the interface is with capital estates work and the delivery work of the Trust. Noted bringing service users to our buildings which are in a poor state repair is not ideal, and some buildings being underutilised. Mr Graffin advised the plan for underutilised buildings is being prepared and will be submitted to Asset Management team. Mr Graffin confirmed Holywell Hospital is part of a decant, Whiteabbey Hospital has been reviewed and proposals have been shared at SMT, Braid Valley is currently under review Moyle and the Beeches are to be reviewed and other areas such as the Hawthornes, Children's Services Centre need to be redeveloped and will require significant funding to complete the work needed. Mr Houston queried the interface between the Trust and GP Services. Mr Graffin explained there has been difficulty in getting some GPs to sign the Lease paperwork however the Trust receives the rent from GP Services. This report was noted and retrospectively approved.	
9.3	**<u>Research & Development Performance Report – *BF from last quarter*</u>** Dr Watkins presented this report and provided a summary of the work undertaken in 2022/23, the Strategic Objectives, 40+ projects completed, Psychological Services Research completed and Impact stories demonstrating how Trust Research changes patient/client pathways or outcomes and how research influences policies. Dr Watkins shared information on how Research grants were applied for and awarded through MOIC and the Impact Centre. Ms O'Reilly asked where the overall budget for Research comes from. Dr Watkins confirmed the budget is a mixture of regional funding and external grants, MOIC as a regional facility attracts central funding and some from job planning funding when staff members carry out research and development within their role. Dr Corr agreed members of staff within her Division also undertake research within their roles and highlighted this opportunity attracts high quality staff to the Northern Trust. Advised the Mental Health Strategy has a recommendation to create NI research facility, NT well placed as it has the only facility that provides regional function. This report was noted and approved.	
10.	**<u>EQUALITY, ENGAGEMENT, EXPERIENCE AND EMPLOYMENT STEERING GROUP</u>**	

10.1	**Feedback Report** Mrs Pullins presented this report and provided an update on each of the Groups which feed into Quad E. Mr McGivern asked how significant the Regional Carer Support Group is. Ms O'Reilly explained she had recently attended the Social Care Collaborative Forum which is bringing Carers to the forefront of their work. A recent event was attended by approximately 180 carers, the conference was very well received, the group was very positive and it was good to hear personal experiences on the day. Mrs O'Reilly noted the need for Carers Strategy as we have not had a strategy since 2014. She has discussed with Mrs Welsh all Trusts requesting a meeting with Department of Health to discuss.	
10.2	**Complaints Quarterly Report July to September 2023** Mrs Pullins presented this report highlighting the compliance rate was 66% which is an increase on the previous quarter, there were 1305 compliments and 202 complaints received during the quarter. There was 1 complaint escalated to an SAI, 33 ongoing Ombudsman cases, 6 new Ombudsman cases, 3 ISP Complaints and 0 Children Order Cases. Mrs Pullins confirmed 3 complaints were open for 40+ days within her Division and they continue to work alongside families to respond to these complaints. Mr McGivern asked if there is a timeframe set for Learning forms as detailed on Page 8. Mrs McAleese confirmed a timeframe is set for submission of learning forms. Mr Houston wished to commend the summary which is provided at the beginning of the report which he found very helpful.	
11.	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**	
11.1	**Feedback Report** Mr Harkin presented this report providing an overview for each of the groups which feed into the Standards, Compliance and Regulation Steering Group. There were no questions or comments regarding the information provided.	
11.2	**Supervision of Registered Nurses** Mrs Pullins presented this report highlighting the CNO's KPIs stated that the Trust must facilitate 2 clinical supervision sessions for Registered Nurses each year. Unfortunately the	

	Trust does not have a digital information system to record these sessions therefore all the information contained within this report has to be completed manually. The compliance rate for 2022/23 is 92.5% which is an increase on the previous year. Mrs Pullins acknowledged the gap within the Bank Only nursing staff, the Trust offered 4 reflective supervision sessions with 14 bank staff attending. Mrs Pullins explained the Trust has included an Implementation Plan for new Reflective Supervision Framework which Mrs E Graham will progress. Mr Houston asked if there was an issue in the NNU as only 41% of nursing staff received their 2 supervision sessions. Mrs Pullins explained of the 57 nursing staff, 9 had been on Maternity leave during the year.	
11.3	**<u>Nursing and Midwifery Revalidation Report</u>** Mrs Pullins presented this report highlighting 94% of Nurses Revalidated during 2022/23. For those who did not revalidate an explanation is available within Appendix 1 and Mrs Pullins explained there has been a delay in processing ill health retirement which could result in a nurse being removed from the Register prior to the retirement date. Mrs Pullins explained there have been 3 Registration lapses throughout the year due to missed payments, these have occurred when a nurse has changed bank account or their email address, these have been included within the report following an audit recommendation to advise the Board when these arise as the nurse may have worked for a short period of time without registration. Mrs Pullins explained there have been 355 Nurse Bank and Agency complaints received in 2022/23 and the Trust continues to focus on this area. Ms O'Reilly asked about the complaints and what the background of these would be. Mrs Pullins explained a variety of reasons with one particular case when complaint reported a staff member was rough with a patient and another when a patient in a bay heard another patient saying 'don't hurt me' and they put in a complaint. Mrs Welsh explained work is ongoing with regard to promoting a positive Culture in the hospital wards. Mr Houston asked when a Nurse's registration lapses what happens next. Mrs Pullins explained the Trust has a Policy for this scenario and a Nurse has to take 2 weeks annual leave or unpaid leave until the registration has been reactivated, on occasions reactivation can take up to 6 weeks. Mr McGivern asked if international recruitment had impacted on the vacancies within the Trust. Mrs Pullins explained the	

	Trust recruited approximately 10 nurses per month in previous years however this has reduced to 2 International Nurses every other month and 2 for Mental Health each month. Mrs Reid confirmed the Trust is expecting new Legalisation which may limit the source of international nurses and the Trust is currently working alongside the International Recruitment Team at BSO.	
11.4	**<u>Allied Health Professions Annual Report</u>** Mrs Pullins presented this report and explained Mrs Jill Bradley is the Professional lead for AHPs. Mrs Pullins wished to highlight 1 area of concern under 5.6 when HCPC changed the pattern of registration resulting in 17 Physiotherapists failing to re-register which impacted on Service Delivery, this was rectified within 3 days and robust processes were put in place to prevent further registration breaches. Ms O'Reilly asked if the waiting times for statutory statements for Special Educational Needs are these as a result of workforce issues. Maura Dargan explained this is a commissioning issue and Mrs Welsh advised she has written to Sharon Gallaher. The Trust has ongoing conversations due to the increasing requirement in schools, with an increase in special schools and special classrooms in schools. Mrs Welsh confirmed this area has been raised at the highest level both at Ground Clearing meetings and with Peter May. Ms O'Reilly noted the Service User Project range of services provided within AHP is remarkable and how the AHP workforce is connected into all the Divisions and areas they work in, this was highlighted at a recent QMS meeting which brought to light the intervention with Population Health and Wellbeing. The commitment and motivation is fantastic. This report was noted and approved.	
11.5	**<u>Nursing and Midwifery Quality Report</u>** Mrs Pullins presented this report for noting. Mr McGivern stated he felt the report is uplifting, inspires confidence and shows staff strive for excellence, gives us as Board an assurance Ms O'Reilly noted throughout the report it is based on the Team North optics and welcomed the Encompass benefits and outcomes, the 4 benefits for Nurses and Midwives and the 4 benefits for Patients and Service Users and suggested these are included on the front page of all Encompass papers. Mrs Welsh confirmed she is keen to take forward any learning from the SET. This report was noted and approved.	

11.6	**RQIA Activity Report** Dr Watkins presented this report which covers April to September 2023. Dr Watkins explained during this time one final report was published with regard to the Review of the Governance arrangements in place to support safety within Maternity Services and the Trust is currently reviewing the Recommendations. There are 11 Action Plans open to the Trust with work continuing to review these. Mr McGivern noted the areas for improvement detailed following inspection of a Residential Homes included review of provision of activities within 2 homes and asked if the Trust monitors activities offered within Homes. Mrs Spence explained the Permanent Placement Teams review the homes, some homes have activity co-ordinators to varying degrees and agreed day time activities could be reviewed much closer and ensure activities are age appropriate. Mrs Welsh noted the challenges for the Trust with regard to how we are resourced to complete checks on care homes and notes she has discussed this with Briege Donaghy in RQIA. Mrs Spence confirmed that for Trust managed homes, activity programmes are managed. Mr Houston queried the Unregistered Residential Children's Home and the Cease and Desist Letter received to stop using this establishment on or before 21st June 2023. Maura Dargan explained the Trust is continuing to liaise with RQIA and The Courts in respect of the care plan for the brother and sister including the timeline. A court date has been scheduled in the next few weeks. Mr Houston noted the risk for the Trust as the Corporate Parent caring for a child in an unregistered establishment. Ms Dargan agreed and further noted the risk of maintaining a child at home in unsafe and dangerous circumstances. Balance is difficult to achieve when there are limited placements available. Maura explained the Trust has submitted the plans for the children's assessment need, there is a degree of understanding and the Trust awaits the Court's decision. Mr Houston asked if we have a risk assessment of the premises. Mrs Dargan confirmed that we have and that Mr Graffin's team have been involved in this.	**Mrs Spence**
11.7	**Medical Directorate Annual (inc Appraisal and Revalidation) Report** Dr Watkins presented this report highlighting the key areas within the Executive Summary, the Appraisal rate is currently 97%, appraiser training sessions have been introduced with 10 new appraisers being brought on-board which is positive. Dr	

	Watkins explained Medical Staff are required to revalidate every 5 years with approximately 80-90 per year, with a small number deferrals each year. Dr Watkins confirmed 11 cases have been referred to the Medical and Dental Performance Review Panel with 3 cases being discussed with NIMDTA. Ms O'Reilly welcomed the work being taken forward on the review of the Good Medical Practice in 24/25, and the 4 domains which it covers. Mrs O'Reilly suggested the medical interview should be refreshed against this, connecting the open, just and learning culture. Mrs Reid agreed to review. Dr Watkins agreed the 4 domains including Culture is evident and relevant at present. Dr Watkins advised medical office plans to run roadshows on Good Medical Practice when issued.	**Mrs Reid**
11.8	**<u>Organ Donation Report</u>** Dr Watkins presented this report explaining there were 7 donors with 10 patients receiving transplants during the year. Dr Watkins explained the Trust has robust referral processes in place for patients who meet the criteria. Dr Watkins awaits with interest to see the impact of Daithi's Law in future reports. Dr Watkins noted the letter of commendation received by the Trust for the work in organ donation. Ms O'Reilly noted the Organ Donation Committee requires a new NED aligned when they commence with the Trust in the coming months. This report was noted and approved.	**Ms O'Reilly**
11.9	**<u>Clinical & Social Care Audit (inc NICE) Annual Report</u>** Dr Watkins presented this report explaining the aim of CASCAD is to ensure audits are planned and relevant. During 2022/23 there were 12 new Audits registered and added to the programme. There are 143 audits registered with 58% completed during the year. The Trust also continues to provide data for NCEPOD Regional projects. The Trust continues to review the NICE Guidelines which have been issued since 2018 and this remains a challenge for the Trust. Mr Houston asked with regard to the 18 audits being removed from the Trust's programme, when and who makes these decisions. Dr Watkins confirmed the decision is made by the Clinical and Social Care Audit and NICE Implementation Committee on a rolling basis and there are various reasons why an audit is removed including when the subject matter has been superseded.	

11.10	**<u>Cervical Screening Annual Report</u>** Mr McMahon presented this report explaining the Trust had a screening backlog of 9k samples resulting in a delay of 6 months however by October 2023 the results were provided within a timeframe of 4 weeks. Mr McMahon explained with the introduction of HRHPV primary screening this will reduce Cytology Screening Samples from 25k to approximately 3k tests however due to the additional pressures the commissioners have recognised that there is a requirement for a Nurse Led colposcopy service. Mrs O'Reilly noted this report for the positive assurance it provided the board.	
11.11	**<u>Pharmacy Service Assurance Report – *deferred to next meeting*</u>** Dr Watkins explained this report has been delayed and will be presented at the next meeting.	
12.	**<u>Any Other Business</u>** Ms O'Reilly noted a positive meeting and felt assured by the information shared today. Ms O'Reilly explained new Non-Executive Directors will be commencing with the Trust and will be at the next meeting.	
13.	**<u>Date of next meeting</u>** Thursday, 14th March 2024, 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	