Northern Health and Social Care Trust

Minutes of the 28th meeting of the Assurance Committee meeting held on Thursday 10th March 2022 at 9.00am via Zoom

Present	Mr P Corrigan, Non-Executive Director Mr B Graham, Non-Executive Director Mr J McCall, Non-Executive Director Mr B McCann, Chairman (Chair) Mr G McGivern, Non-Executive Director	
In attendance	Mr A Carey, Boardroom Apprentice Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Maura Dargan, Divisional Director Women, Children & Families Mr R Hamill, Interim Director of Community Care Mr O Harkin, Deputy Chief Executive/Director Finance 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 Mr K McMahon, Interim Director of Surgical and Clinical Services 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 D Spence, Assistant Director of Mental Health Mrs J Welsh, Chief Executive Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mr G Houston, Non-Executive Director Mr P Graffin, Interim Director Integrated Care Protocol	
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 DECEMBER 2021** The minutes of the last meeting held on 9th December 2021 were approved as an accurate record, proposed by Mr McCall and seconded by Mr Graham.	

4.	**MATTERS ARISING** Mr McCann confirmed that there were no matters arising that will not be covered on the agenda.	
5. 5.1 5.2 5.3	**ASSURANCE FRAMEWORK** **Integrated Governance And Assurance Framework - Committee Structure** Mrs O'Kane shared the Committee Structure confirming that following Mr Corrigan's suggestion the layout has been changed to separate the Committees within the 3rd Line of Assurance and a key explaining the colour coding has been added. Mrs O'Kane stated that changes to groups have been highlighted in red. The Information and ICT Governance and HSC Records group have amalgamated and the Patient and Client Experience group now includes 10,000 voices and Care Opinion. Mr McGivern explained that he is not chair but a member of the Adoption Panel. Mrs O'Kane confirmed that this will be amended. **Risk and Assurance Group Terms of Reference - Annual Review** Mrs O'Kane presented the Risk and Assurance Group Terms of Reference for annual review and noted that amendments have been noted in red. Mr McGivern asked for confirmation regarding the Quorum, is a specific grade of the Deputy attending on behalf of the Director? Mrs O'Kane confirmed that a level has not been stipulated however Directors usually nominate an Assistant Director to attend in their absence. These amendments were approved by the Committee. **Assurance Committee Terms of Reference - Annual Review** Mrs O'Kane presented the Assurance Committee Terms of Reference for annual review again noting changes are highlighted in red. The Committee approved these changes. Mr Corrigan advised following a recent Internal Audit of the Trust's operational framework and was delighted to confirm that this received satisfactory approval.	**Mrs O'Kane**
6. 6.1	**RISK MANAGEMENT** **Principal Risk Register** Mr O'Reilly presented this report and confirmed he would ask	

	the relevant Director to provide an update on their Principal Risks. Mr O'Reilly explained that the first risk shared will be from Surgical and Clinical Services given recent media and political attention with regard to the waiting lists and asked Mr McMahon to share same. **ID952 – Access to Planned Care/Procedures** Mr McMahon explained the Trust met with HSCB a number of weeks ago to highlight concerns specifically regarding the Neurology situation and discussions will continue regarding same. Mr McMahon confirmed the first Regional waiting list meeting has been scheduled for later this month and he will provide an update at the next Assurance Committee meeting. Mr McMahon hoped capacity can be increased through the Independent sector for Gastro out-patients for red flag capacity from 1st April 2022. The Trust has been able to secure the transfer of 500 patients to Orthopaedic Assessment Centre. Mr McMahon explained that monthly meetings continue and concentrate on different areas each month. Mrs Harris confirmed talks are ongoing with the Board in relation to Neurology following the loss of two potential staff members who took up Locum posts in another Trust, these posts will be re-advertise specifically for the Northern Trust. Mr McCann asked about the Mega Clinics being held in other Trusts? Mr McMahon confirmed that the Mega Clinics have been set up using an Independent sector model. The Northern Trust has provided clinics for specific specialties although rely heavily on Trust staff working additional hours at weekends. Work is continuing to keep these progressing and anticipates further discussion at the upcoming Regional Waiting List meeting. Mr Graham acknowledged the struggle in attracting and appointing Radiology candidates with only 1 applicant for 6 vacancies, and asked if there is a regional or national shortage of radiologists. Mr McMahon confirmed that there is a regional shortage of approximately 20 Radiologists and plans are in place to set up a Radiology Academy for Radiographers and Radiologists. Mr Graham stated that he looked forward to hearing later in the year on how this work progresses. Action: this is to be brought forward in December 2022. **ID324 – Healthcare Associated Infections** Mrs Pullins highlighted the increase in C-Diff and explained the Trust has met with the Board acknowledging the cause can be the multiple use of Anti-biotics in the community prior	**Mrs O'Kane**

	to hospitalisation. Mrs Pullins confirmed that the Leadership Walkrounds have been reinstated with the Infection Control Team in attendance. Mrs Pullins noted the Trust is not currently compliant with the most recent testing guidance and discussions are ongoing with Dr Brid Farrell as the Trust is currently using PCR testing rather than LFT testing. Mrs Pullins confirmed the Trust is carrying out a re-audit of ventilation in Antrim and Causeway Hospitals using the CO2 modelling for this assessment. **ID1049 – Mental Capacity Act** Dr Corr explained work is continuing to progress with regard to the DoL for a number of young people within Education and falls under the legislation. At the moment there is not a set pathway going forward, however Education is responsible for processing the DoL to the Trust and then the Trust panels authorise the Deprivation if this is appropriate. There are currently 50 applications to be reviewed. Dr Corr confirmed additional medical capacity has been identified to support the applications. Dr Corr highlighted the challenges ahead as the Coronavirus Act ceases at the end of March, this will impact virtual panel meetings and will then require face to face meetings. Dr Corr explained that all Trusts have shared their concerns at Regional level requesting clarification from a legal perspective whether virtual panels can continue to be used. Mr McGivern asked what the next steps are if a resolution cannot be obtained between the Trust and Education Authority. Dr Corr stated that she is optimistic that the Education Authority and the Trust will be able to achieve an agreeable outcome to avoid further any escalation. **ID905 – Unscheduled Care Demand** Mrs Harris provided an update with regard to this Risk, confirming that Unscheduled Care remains in significant demand, there are increasing numbers of walk-ins to Antrim Area Hospital and as a mitigating factor the Trust still have 10 additional beds. The Trust remains focused on Ambulance Pathways, work is currently underway within the ED Department to set-up a 22 seated area for service users, emphasis remains on Phone First, Home for Lunch and discussions are ongoing with Belfast Trust regarding Ambulance arrivals. Mrs Harris confirmed lower numbers of Covid+ patients requiring admission and therefore less demand for respiratory services. Mrs Welsh asked for updates on current work from Mr Martin regarding NIAS, Mrs Magowan with regard to the “Back Door” and Mr Harkin regarding physical capacity. Mr Martin highlighted the shift of patient attendances to the	

	Northern Trust due to the changes at the Mater hospital. An independent audit was carried out and the capacity and demand equated to a 20% increase in admissions at Antrim Area Hospital and attendance in the Belfast Trusts has reduced by 50%. Mr Martin confirmed that he has scheduled a meeting with Belfast Trust later this week to review the boundaries and re-direction of the NIAS to Belfast Trust Hospital sites. Mrs Magowan explained the Trust is reviewing the Length of Stay to identify the pressures on discharge, Mr Hamill's team have secured 250 beds within the Community Sector. There remains a significant pressure within Domiciliary Services and Mr Hamill highlighted the challenges including recruitment, with 20 vacant posts in the Cookstown area alone. Human Resources have created a bespoke recruitment process for Community Care however this remains challenging. Mr Corrigan recognised that the Covid numbers have reduced although Covid Pathways remain challenging, Mr Corrigan asked why Covid Levels are 3 times higher at Antrim than in Causeway Hospital. Mrs Pullins explained that the number of outbreaks in the Belfast area remain high and as a close neighbour to the Northern Trust this has a knock on effect. Mr McCall acknowledged the recent death of a patient whilst sitting in an Ambulance at the Ulster Hospital. Mrs Welsh explained that this could have been an incident in any of the hospitals due to the significant demands across NI. This particular case was a category 2 call whereby the ambulance got to the lady in 11 minutes and unfortunately she arrested in the back of the ambulance whilst waiting outside ED Dept. Mrs Harkin stated that at that particular time AAH had 18 ambulances sitting at the door and is a major stress to the system. Mr Harkin explained that there are plans to add additional capacity by 48 beds, work is ongoing to process this and review how to take this forward however he felt that these beds will not be available until summer 2023. **ID28 – Failure to Breakeven** Mr Harkin presented this Risk confirming the Trust is projecting a break even position in the year to 31 March 2022, due to a combination of recurrent and non-recurrent funding and savings measures combined with Business as Usual Savings as a result of Covid step down of activity. However he emphasised that, as the Trust looks forward to 22/23 financial year, it is projecting an initial shortfall of £129m, which is subject to ongoing engagement with DoH. This	

	process will be further complicated by the lack of agreed budget for HSC regionally due to the lack of an Executive. Mr Graham queried the Information Governance Risk with Iron Mountain no longer being used to store Trust records. Mr Martin confirmed the significant work required to relocate 60,000 sets of records currently stored in Iron Mountain. It has been agreed Belfast Trust will remove their records first, this is estimated to take approximately 1 year and then the Northern Trust will commence relocation. Mr Martin reassured Mr Graham that there is no immediate risk with regard to the storage of records however there will be financial implications.	
6.2	**<u>Quarterly Risk Management Data Report</u>** Mr O'Reilly presented this report highlighting the increasing costs of claims for a number of reasons including historical Cerebral Palsy cases and the change to the discount rate. Mr O'Reilly stated that there were a total of 29 SAIs notified to the Board in the last quarter with monthly touchpoint meetings continuing to take place reviewing the overdue SAI reports. Due to the increase in SAIs reported, Mental Health are reviewing their processes in managing their SAIs. Mr O'Reilly also confirmed that the number of Coroners Cases have increased this quarter which is as a result of 3 new Coroners taking up post. A letter is to be submitted to the Chief Justice in relation to concerns regards some coroners appearing to go beyond their remit and the subsequent impact on staff being identified as witnesses. Mr Graham asked if the report had been received following the RQIA Review of SAIs, Mrs O'Kane explained that the Trust is still waiting on this report.	
6.3	**<u>Overview of SAIs submitted in Q3 21/22</u>** Mr O'Reilly presented this report highlighting SAI-20-027 and SAI-19-036. Mr McGivern queried SAI-20-085 and whether this case had been a one off or is it usual for such a delay in Pharmacies informing Trust Services that a service user failed to collect their medication? Dr Corr confirmed that processes are in place although this is 1 of 2 incidents that occurred, a Learning Alert was circulated and the Community Addiction Team is working closely with Pharmacies to address this issue. Mr McCann asked with regard to SAI-21-090, whether the nursing staff had the appropriate training. Mrs Pullins confirmed that RQIA reviews are carried out and require assurance that all nurses have completed the appropriate	

	training. Mr Hamill explained that the Trust is aware of a number of nursing homes were the Leadership and Culture are not to the Trust's standard and these continue to be reviewed. Mr Graham noted the significant list of lessons learnt with regard to SAI-20-055 and asked if the Trust is concerned by these? Mr O'Reilly explained the background of this case and reasons for the significant learning which was as a result of human error.	
7. **7.1** **7.2**	**<u>SAFETY AND CARE QUALITY STEERING GROUP</u>** **<u>Feedback Report</u>** Mr O'Reilly presented this report on behalf of Mrs Magowan and listed the issues for highlighting. This includes the Radiology Lookback Review explaining this was escalated to a Level 3 Independent SAI and to date the panel have met on 3 occasions and made significant progress in this time. Patient and family engagement is ongoing and the review panel is in the process of planning to meet those involved. Mr O'Reilly confirmed that Risk Adjusted Mortality Index data is being reviewed under the Reducing Avoidable Death and Harm Committee. Mrs Pullins confirmed the Trust has received the RQIA draft report regarding Choking incidents and shared her disappointment that despite the tremendous work the Trust has done this was not acknowledged within this report. Mr McCann asked for an update regarding the resisted Bill of Costs by the Trust, Mr O'Reilly confirmed that this had been settled and had been a positive outcome for the Trust. **Infection Prevention and Control Shortened Annual Report 2020-2021** Mrs Pullins presented this report and apologised for the delay in providing same. Mrs Pullins highlighted the increase in MRSA, a reduction in C-Diff cases and no outbreaks of Norovirus noted during this year. Mrs Pullins explained that there were a total of 57 Covid-19 Outbreaks reported to PHA with an Outbreak being defined as 2 or more cases in an area. During this time the Trust reported 2 SAIs to the Board.	**Mrs Pullins**
8. **8.1**	**<u>GOOD GOVERNANCE STEERING GROUP</u>** **<u>Feedback Report</u>** Mr Harkin presented the report and highlighted the gaps and issues. Mr McGivern asked if consideration has been given with	

	regard to the current price increase in fuel and possible fuel shortages? Mr Harkin confirmed that a fuel shortage had not been considered however the increase in travel costs for staff and home care staff is currently being reviewed. Mr McGivern commented on the limits set on heating oil at present, Mr Harkin confirmed that the Trust use Gas and the Energy Manager has been working proactively in his regard. Mr McCall asked for an update regarding G4S given the pressures within the ED Department. Mrs Harris confirmed that there have been discussions regarding the increase of challenging behaviours in ED with the majority of these being alcohol related.	
9.	**<u>Equality, Engagement, Experience and Employment Steering Group</u>**	
9.1	**<u>Feedback Report</u>** Mrs Pullins presented this report highlighting the issues. Mrs Pullins confirmed the recent retirement of Mrs Woods, Trust Bereavement Manager. Mr Graham wished to pay tribute to Mrs Woods for her work and asked if a replacement has been found. Mrs Pullins confirmed an Expression of Interest had been unsuccessful and further attempt to fill this post is being taken forward. Mr Corrigan commented on the Absence Management Section of the Feedback Report and a recent Absence Audit which unfortunately noted a Limited finding and voiced his disappointment as this is the same outcome as the previous audit 4 years ago and stated the Audit commission were shocked to discover HCWs are still not included in the Trust's reported figures. Mrs Reid confirmed that the Trust has not recorded HCWs absence however this is being reviewed in order to put appropriate measures in place. Mr Corrigan queried why the Standards of Business Conduct request had been sent to all staff who are Band 7 and above. Mrs Reid confirmed that the Declaration of Interest was as a result of the Standards of Business Conduct and the Trust took the decision to send to all Band 7 and above staff to complete and this will be an annual review. Mrs Reid confirmed that absence figures will continue to be reviewed and updates will be submitted via the Quad E Steering Group.	
9.2	**<u>Complaints Quarterly Report Oct to Dec 2021</u>** Mrs Pullins presented this report highlighting the increase of complaints being responded to within 20 days to 71%. The full details of 6 complaints which have been open for more than 40 days are included and there have been 6 new Ombudsman cases received. Mrs Pullins highlighted that a	

	total of 1,227 compliments have been received in this quarter. With regard to Ref:15684, Mr McCann asked how the Trust managed the DNR and capacity query from the family, Mr O'Reilly confirmed that this particular case was difficult as the patient had capacity and did not want her family informed. Mr O'Reilly also explained ongoing discussions are taking place regionally with regard to DNACPR. GMC state the discussion regarding DNACPR must be undertaken as soon as possible on admission to hospital. If the patient does not have capacity it is good practice that discussion with the NOK takes place, however during Covid this was difficult due to lack of visiting and face to face meetings. Mr O'Reilly also explained that there are also misconceptions that the general public see DNACPR as withdrawing treatment however this is not the case, the patient is provided care and treatment with only CPR not being carried out at the end of life. Mrs Harris noted the challenges for teams having difficult conversations with families over the phone and recalls this lady as very independent and had full capacity when making her decision.	
10.	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**	
10.1	**Feedback Report** Mr O'Reilly presented this report highlighting the issues including NICE Technology Appraisals.	
10.2 & 10.3	**Organ Donation Report – Annual Report 2020-2021** **Organ Donation Report – Apr – Sept 21 Report** Mr O'Reilly presented these reports. Mr Graham recognised the continuation of this work over the last 2 years with 6 donors to date and a consent rate of 80%. Mr Graham stated that it would be useful to have 10 minutes to discuss further at a Board Workshop.	**Mr O'Reilly**
10.4	**AHP Annual Report** Mrs Pullins presented this report highlighting that Professional Registration had been 100% compliant and the challenges on achieving the set target for waiting lists. Mr McGivern acknowledged the heart-warming account of the dedication of the Trust's staff, to all we owe a great debt.	
10.5	**Supervision of Registered Nurses Annual Report** Mrs Pullins presented this report explaining that the CNO standard is 2 clinical supervisions to be carried out annually. Unfortunately the system is manual and due to the pandemic compliance had been 75%. Mr Corrigan commented staff given the pressures of the last	

	year. It was noted that there was a slight error on Page 5 noting 50%, Mrs Pullins thanked Mr Corrigan for pointing it out and would arrange to have this amended. Mr McCall stated this was exemplary under the difficult circumstances. Mr Graham asked if this included Bank only Nurses? Mrs Pullins explained that a Band 6 had been recruited to provide supervision for the 1,000 nurses on the bank however due to Covid this had been stood down. Plans will be put in place to step up bank supervision.	**Mrs Pullins**
11.	**ANY OTHER BUSINESS** No other items were raised for discussion.	
12.	**DATE OF NEXT MEETING** Thursday, 9th June 2022 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	