Northern Health and Social Care Trust

Minutes of the 30th meeting of the Assurance Committee meeting held on Thursday 8th September 2022 at 9.00am
Hybrid meeting held via Zoom and
Boardroom, Trust Headquarters, Bretten Hall

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	- Mrs P Cummings, Governance Lead MHLDCW obo Dr P Corr, Director MHLDCW - Mr O Harkin, Deputy Chief Executive/Director of Finance - Mrs K Jenkins, Divisional Nurse MEM obo Mrs A Harris, Divisional Director MEM - Mr N Martin, Divisional Director Strategic Planning and Performance Management - Mrs W Magowan, Director of Operations - Mr D McAleese, Quality, Standards & Learning Manager - Mr K McMahon, Director SCS - Mrs K McWatters, HR Manager obo Mrs J Reid, Director HR, OD, CC - Mrs S Pullins, Director Nursing & User Experience - Mrs D Spence, Director Community Care - Mrs J Welsh, Chief Executive - Mrs M West, Assistant Director Governance & Risk Management - Dr D Watkins, Medical Director - Mr L Wilson, Assistant Director WCF obo Mrs M Dargan, Divisional Director WCF - Mrs L Bates, Senior Risk Co-ordinator (minute taker)	
1. Apologies	- Dr P Corr, Divisional Director MHLDCW - Mrs M Dargan, Divisional Director WCF - Mr P Graffin, Director Integrated Care Protocol - Mrs A Harris, Divisional Director MEM - Mrs M McAleese, Assurance Data & Systems Manager - Mrs J Reid, Director HR, OD & CC	
2.	**CONFLICTS OF INTEREST** No conflicts of interest were declared. Mr McCann advised that should a conflict of interest arise throughout the meeting this should be highlighted and action taken as appropriate.	
3.	**MINUTES OF MEETING HELD ON 9 JUNE 2022** Mr B Graham advised he had made changes in relation to Organ Donation as follows *'In 21/22 the Northern Trust had 7 organ donors facilitating 17 transplants. There were no missed opportunities. Regionally we had a record 55 donors, facilitating 127 transplants. This equates to 29 donors per million population, the highest in the UK. The*	

	consent rate was 78%'. Amendment will be reflected in final minutes of 9 June 2022. Otherwise, minutes were approved as an accurate record.	
4.	**MATTERS ARISING**	
4.1	**Barn Court Children's Home** Mr Wilson advised that a significant debrief took place following this incident. A young person who was transitioning out of the home, as they were turning 18 years old, had engaged in some risk taking (new) behaviour, which resulted in damage to the unit and an arrest. The young person has now transitioned into supported living with an ongoing Risk Management Plan is in place. Learning has been identified and an Improvement Plan put in place.	
4.2	**Absence Management Figures** Mrs McWatters advised that a report will be shared with group members following the meeting.	**Mrs McWatters**
4.3	**RQIA Activity Report – Joymount** Mrs Spence advised that the RQIA report raised issues in relation to visiting rooms (Estates issues) and mandatory training. The Trust has met with RQIA to review findings; RQIA is now assured that all issues have been addressed.	
4.4	**RQIA – recent activity** Mr Wilson advised that 3 young people remain in bespoke arrangements; however, are now attached to long-arm arrangements with children's homes which satisfies RQIA from a registration perspective.	
5.	**ASSURANCE FRAMEWORK**	

5.1	**Trust Board and Assurance Framework Cycle of Reports**
	Mrs West advised on the following changes to the report:
	- 3 reports have been moved from August/September cycle to November/December cycle as information to produce report not fully available for earlier cycle, namely:
	  - Infection Prevention and Control Annual Report incorporating Water Safety Plan;
	  - Supervision of Registered Nurses; and
	  - Nursing and Midwifery Quality Report.
	- IPCEHC Annual Report removed from the Trust Board cycle as it is approved through Assurance Committee.	

6.	**RISK MANAGEMENT**	
6.1	**Principal Risk Document** Mr McCann noted that the summary states 11 principal risks; however, there are 12 within the document. Mrs West advised that 2 risks have changed risk rating – EU Exit and Covid-19 have both moved from score	

	of 15 to 12. Mrs Welsh provided high level overview of the Principal Risk Document. Detailed discussion then took place as follows: - ID324 HCAI – Document contains update to reflect new Covid guidance. Mr McCann asked if cohorting reduces efficiency and if so, why does this continue. Mrs Pullins advised the Trust does continue to cohort, explaining the complexities of managing infective patients, either in single rooms or a cohort, whilst balancing this against potential inefficiencies, which is a problem experienced by all Trusts. Mrs Welsh advised that the Trust complies with regional guidance and carries out dynamic risk assessment. Whilst there is a directive from the DoH to increase flow and productivity, it is the Trust's responsibility to continue to manage infection control risk on a daily basis. - Mr Graham referred to hospital throughput and difficulties around patient discharge and asked if this should be a Principal Risk. Mrs Welsh advised that further discussion is required as to whether the wider system pressures should be incorporated into the unscheduled care risk or whether a separate risk should be written up. - ID28 Finance Failure to Breakeven – Mr McCann referred to a letter received by all Trust Chairs from the Minister for Health advising that DoH Accountability meetings will re-start. The letter emphasises, in the face of difficult financial situations, all Chairs should ensure robust focus on efficiency, including seeking savings. Mr Harkin advised that the Trust has ongoing discussion with SPPG, particularly in relation to identifying areas of savings to bring the Trust closer to breakeven position. The Trust will respond to the DoH letter over the next couple of weeks. In relation to the drive for efficiency, in the medium to longer term as part of the HSE Recovery Plan, Mr Harkin expressed his hope for a regional plan/workstreams. This is an ongoing process and updates will be provided. - ID909 Information Security – Mr Martin advised that this risk has been moved from Corporate to Principal Risk Register due to the potential for disruption to services caused by cyber incidents and the frequency of recent incidents. In terms of the controls in place, Mr Martin discussed the technical and human factors at play. Following the Russian invasion of Ukraine the National Cyber Security Centre held a meeting with the 4 nations and in terms of the resulting recommendations for the health sector, the Trust already had most of the recommendations in place. The Trust continues to raise awareness through training. Mr Martin referred to a recent fake phishing email - Mr McCann requested that results be presented to Trust Board. Mr Martin advised that a regional Business Case is currently at recruitment process to develop a central Security Operations Centre. - ID1049 – Mr McCall referred to the risk in relation to implementation of the Mental Capacity Act, stating it would be useful to amplify the	**Mrs Welsh** **Mr Harkin** **Mr Martin**

	challenges around this in terms of capacity and investment required to deliver the new arrangements. Mrs Welsh agreed to discuss this with Dr Corr. **Corporate Risk Register** - ID1233 - Mr Houston requested an update on Ardrath Children's Home. Mr Wilson advised that this risk was presented at a reserved session of Trust Board. This Corporate risk was added on 15 August 2022 as the home closed on 31 August 2022, with an Improvement Plan put in place. It is anticipated the home will be closed for 4 – 6 months to allow all work within the Improvement Plan to be completed, with collaborative working between HR and social work colleagues. Staff within the home, with the exception of one, have been redeployed to other front-line children's services. The 3 remaining young people in the home have moved to other placements and one has transitioned out. All local MLAs and relevant agencies have been informed.	**Mrs Welsh**
6.2	**Annual Risk Management Report 2021/22** Mrs West presented the report and the following points/discussion were noted: Incidents - 30% increase in number of incidents reported since 2019/20. - 0.4% were RIDDOR reportable, majority related to slips/trips/falls and violence and aggression. - Violence and aggression (V&A) RIDDOR incidents have more than doubled compared to previous reporting period, with 23 V&A incidents RIDDOR reported in 2021/22. Although the number of V&A incidents being reported has decreased over the last 4 quarters. SAIs - The number of SAIs reported to SPPG has remained relatively static over the last 3 years, with 106 reported in 2021/22 and 97 the previous 2 years. - MHLDCW report the majority of SAIs (over half) largely due to the requirement to report deaths where the service user has been seen by services within 12 months previous to death. - 3 x Level 3 SAIs – 20-052 MEM submitted August 2022 and 2 ongoing – 19-005 WCF and 21-046 SCS (Radiology Review). - Performance meetings with SPPG – target set at beginning of July 2022 to submit investigation reports for SAIs outstanding over 24 months by end of August 2022; this target was met with the 7 outstanding reports being submitted. The Trust will now focus on SAIs outstanding over 73 weeks; currently 13 within this category. Untoward Events (UE) - Increasing trend over last 3 years from 9, to 13, to 40 incidents. - All UE from Children's Services, mainly absconding type incidents. One individual may account for several reports during a period due to escalated behaviours.	

Claims

- 53 new Medical/Professional Negligence claims received. 122 claims received in 2019/20; however, reduction is due to change in process where a claim is not opened unless a protocol compliant letter of claim is received.
- The number of outstanding claims has reduced in 2021/22 from 430 to 379.
- 24 claims were settled with total costs paid reduced from £6m to £1m. No birth injury claims settled in 2021/22.
- Top category remains failure/delay in treatment or diagnosis.
- 39 Employer Liability claims received which remains relatively static.
- 5 Occupier Liability claims received with 3 settled at total cost of £11,650.

Coroner's Cases

- 44 Coroners cases opened/6 Inquests held. High increase from 2019/20 with 24 cases opened/1 Inquest held. The largest number of Coroner's cases is from MEM. Increase noted in SCS (3 cases 2019/20/13 cases 2021/22).
- 77 active cases at end of 2021/22.
- Of 6 Inquests held, one resulted in adverse comments in relation to Trust systems. A debrief has been held and learning identified/shared.

Mr Graham requested an explanation in relation to the increase in Coroner's case. Mrs West referred to the new Coroner coming into post and Mr O'Reilly did have discussion with the Coroner around the increase in number of cases. Dr Watkins advised that the Trust will continue to monitor the situation.

Internal Audit

- In 2021/22 Internal Audit provided 'Satisfactory' level of assurance on audits completed on Risk Management and Assurance Framework.

Mr Corrigan stated that this demonstrates that a robust Assurance Framework is in place within the Trust.

Mr McGivern asked the following questions (i) if 33% increase in number of incidents (with majority due to slips/trips/falls) is due to an increase in reporting and (ii) if absconding incidents were due to one individual.

(i) Mrs Welsh referred to the open reporting culture which is welcomed; however, given the pressures over the last 2½ years due to Covid, it is not surprising to see an increase in reporting. Mrs Pullins talked to slips/trips/falls incidents, advising that a deep-dive of falls data (mostly major/catastrophic) took place at the last meeting of the Safety Quality Network. This showed that falls mostly occur in 70+ age range and the Trust is managing frail, elderly patients. Dementia Companions work hard in wards to assist patients at risk of falling. The Trust Falls Co-ordinator reviews all falls and has oversight of falls incidents/numbers to ensure early identification of any trend(s).

(ii) Mr Wilson advised that an increase in absconding incidents has been

	noted; however, this is due to 2 young people who have moved to statutory child care arrangements. Absconding behaviours are closely monitored. Mr Corrigan stated that it cannot be ignored that incidents have increased, and not solely due to an open reporting culture. Mrs West advised that she plans to review resource within the Governance Team to allow for more in-depth analysis of incident figures and will discuss this further with Dr Watkins. Mr McCann referred to page 6 of the report, Pressure Ulcers (non-hospital acquired) and particularly the comment that *"pressure ulcers are a largely preventable adverse event and an important measure of the quality of care within the organisation ...",* yet incidents of pressure ulcers have increased by 25% in the last year; acknowledging this may be, in part, due to increased reporting and requested comment on this. Mrs Pullins expressed her ongoing concern regarding pressure ulcer data. She advised that within District Nursing reporting has been rolled out and SSKIN bundle has been implemented (regional piece of work). In relation to hospital pressure ulcers (avoidable), Mrs Pullins stated she feels the Northern Trust's figures are higher in comparison to other Trusts and questions whether this is to do with reporting or how pressure ulcers are measured. The Regional Tissue Viability Group is assessing whether Trusts are using the same measurement criteria. At the last Safety Quality Network a deep-dive also took place in relation to pressure ulcers and areas for improvement were identified. Mrs Welsh provided assurance that the Trust is concerned about this; however, put it in context that Northern Trust has the biggest population with 27% of older people in Northern Ireland. There is also a need to mindful of patients' condition prior to hospital admission. Mrs Welsh acknowledged that there is clearly work to be undertaken in this area.	**Mrs West**
6.3	**<u>Quarterly Risk Management Data Report (Quarter 1 2022/23)</u>** Mrs West presented the report and the following points were noted: <u>Claims</u> - Slight decrease in overall claims in Q1 with 585 ongoing claims. Expected value significantly increased from £75m to £93m due to revision of financial reserves. - 18 claims closed with no damages paid. <u>Medical/Professional Negligence Claims</u> - 14 in Q1. Top reasons remain same as Annual Report with half in Q1 report due to failure/delay to diagnose/treat or recognise complication of treatment. - 6 cases settled with total damages of £278,500. <u>Employer/Occupier Liability Claims</u> - 7 claims in Q1; 4 relating to slips/trips/falls.	

	- 7 cases settled with total damages of £32,957. Incidents - As per Annual Report, upward trend in number of incidents reported. - Community Care and MHLDCW reported 60% of incidents. - Top 10 specialties remain the same, with exception of Radiology replacing Surgery. - Top 5 incident categories – Slips/trips/falls, Violence & Aggression, Medication, Self-harm and Capacity which has replaced non-hospital acquired pressure ulcers in top 5. - 18 incoming Interface incidents and 21 outgoing. SAIs - Similar trend in Q1 as outlined in Annual Report. - RQIA recently published its report on 'Review of Systems and Processes for Learning from SAIs in NI' and Trust will review recommendations of report in terms of implementation of any learning. However, as the Trust follows regional SAI process there will be no change to processes unless advised regionally. Untoward Events - 9 UEs reported. Coroner's Cases - 10 cases notified to the Coroner (majority from MEM/SCS) /1 Inquest held. - 10 cases closed without Inquest hearing.	
6.4	**Overview of SAIs submitted in Q1 2022/23** Mrs West presented the report and the following points were noted: Overview - 19 SAIs notified to SPPG (17 Level 1 and 2 Level 2). - 8 reports completed and submitted. - 114 overdue SAIs as at 22-07-2022. Today's figure 105 with 67 being MHLDCW (due to reporting requirements). - Governance Department delivered SAI training to 131 staff between December 2021–April 2022. Learning Themes - 4 of 19 notified fall into category of Deficient Checking and Oversight (3 related to Communication/1 related to Mishandling of Results). - 2 Failure to Prevent (1 was inpatient fall and other related to accidental death). - 1 related to Necessary Equipment not available (FFP2 masks incorrectly boxed/labelled as FFP3 masks). - 1 no service failure identified (completed suicide). Mr Corrigan made comment on the decanting of masks within ICU. Mrs Pullins agreed this issue may need to be reviewed in terms of learning.	**Mrs Pullins**

7.	**SAFETY AND CARE QUALITY STEERING GROUP**	
7.1	**Feedback Report** Mrs Magowan advised that the Safety and Care Quality Steering Group last met on 27 July 2022. Mrs Magowan talked to the Feedback Report and the following points/discussion were noted: **IPCEHC Committee** - Capacity issues remain a challenge for the Trust. Dynamic risk assessment has been undertaken to balance the risk of Unscheduled Care pressures with increasing Covid-19 transmission. In terms of patient testing, in line with regional direction, small scale pilots are commencing in 3 areas to move away from laboratory testing to lateral flow. **Nutrition Steering Group** - SLT assessment waiting times remain a cause for concern; the Corporate dysphagia risk recognises this as an area of risk for the Trust. In response to a query from Mr Graham in relation to Northern Trust being an outlier with longest wait 995 days, Mrs Pullins advised that assessment would be to assess swallow and food texture requirement. SLT categorise referrals into urgent or routine; however, acknowledged the risk of managing a 3 year delay and the potential impact on nutrition. - Mrs Magowan advised that current hospital pressures are impacting on the ability of some wards to provide assistance to patients during mealtimes. Mr McCann asked how Trust Board can be assured that all patients are receiving the required assistance. Mrs Welsh advised that the Trust has noticed in last number of years, and particularly this year, the increasing acuity of patients who require 1:1 assistance in hospital, for which the Trust is not resourced. Mrs Welsh referred to the 'Plea for Help' Campaign as a potential alternative to provide assistance; however, only experienced staff could assist due to complexities of patients and potential risks. Mrs Pullins advised that work has been ongoing with clinical teams around 'Food Matters', identifying the risk around weight loss and need for dietetic input. The Trust is launching one standardised 'Food Chart'. A 'Safety Pause' has been introduced at the beginning of mealtimes where an identified Food Co-ordinator will assess which patient(s) are at risk during the meal service and allocate the required assistance. In response to a question from Mr McCann, Mrs Pullins advised that the Mealtime Volunteer initiative has not yet been re-introduced by the Trust; however, consideration will be given to this. **Reducing Avoidable Death and Harm Committee** - The review of Nosocomial Deaths remains a pressure. Funding has been secured to incorporate Structured Judgement Reviews into Job Plans to ensure timely review of deaths in line with regional guidance issued by CMO. Mr Graham referred to RAMI figures previously being presented to Trust Board. Mr Martin advised that the Trust receives quarterly reports and figures can be brought to a future Trust Board	

	meeting. **External Review Assurance Group** - Review of Leadership and Governance at Muckamore Abbey Hospital – Mr Wilson advised that cross-divisional action plans are in place and each division produce real-time reports on how recommendations are being progressed. **Social Care Governance Steering Group** - **Unallocated position in CYP at 31 May 2022** – longest wait in FSIT is 75 working days and Gateway 52 days. 114 unallocated cases across FSIT and Gateway waiting longer than 20 working days. Mr Wilson advised that the Gateway service has made significant improvements to below 30 cases. FSIT remains increasingly challenging; however, robust governance arrangements are in place to review and monitor activity to ensure families in greatest need are prioritised. As part of regional work, Mrs Dargan has established a Children's Leadership Board and Trust has an fortnightly operational group meeting. - **Unregulated Placements** – Mr Houston asked if the Trust continues to rely on unregulated placements and will this increase given the temporary closure of Ardrath. Mr Wilson advised that the 2 unregulated placements at end May 2022 have ceased. The closure of Ardrath does reduce access to Statutory Children's Homes and the Trust is experiencing challenges with foster home placements, therefore, does anticipate a number of unregulated placements at any one time. Mr Wilson provided assurance that unregulated placements are robustly managed, well-staffed and usually run for 6–8 weeks, in emergency circumstances, to allow the Trust to plan for a regulated placement. RQIA and SPPG are notified of unregulated placements.	
7.2	**Safety and Quality Improvement Plan 2022/23** Mrs Pullins advised that the Improvement Plan is the Trust's first step towards refreshing the reporting of data and performance reporting to refocus on areas which require improvement. Mrs Pullins noted colour-coding in relation to regional KPIs and Trust objectives. Mr Graham questioned how the Trust performed against the 2021/22 plan. Mrs Pullins explained the Patient Safety report, which has also been refreshed to allow for clearer reporting, relates to each KPI/objective in the Improvement Plan and will be tabled at the next Assurance Committee.	
7.3	**Safety and Quality Letters/Correspondence/Annual Report 2021/22** Mrs West presented the report and the following points were noted: - Report details all new safety and quality related correspondence received from SPPG from 1 April 2021 to 31 March 2022. - Monthly touchpoint/performance review meetings continue between Trust and SPPG/PHA to discuss outstanding items.	

	- A standardised approach for response to safety and quality correspondence has been agreed, with items to be classified as requiring 1st, 2nd or 3rd line assurance for which definitions have been set. - Section 2 of the report sets out the types of correspondence received for the period – 26 in total. Appendix 3 provides details of correspondence received. - Section 3 sets out the items closed in this period and number remaining open – 32 closed / 37 remain open (see Appendix 4). - Section 4 sets out the 13 items by types of correspondence open prior to April 2021. - Section 5 sets out Audit projects added to the Trust Audit Assurance Programme from April 2021. - Section 6 details outstanding assurances to SPPG/PHA that require report back – 6 outstanding assurances are listed in Appendix 5.	
7.4	**<u>Transfusion Annual Report 2021/2022</u>** Dr Watkins advised that the Annual Report has been compiled by Dr Scott McCloskey, Chair of the Hospital Transfusion Committee. The main themes addressed by the Committee were: - Transfusion records (logistics of ordering, collecting and distributing blood products). - Single-person checking, as opposed to double-person checking, of blood components being rolled-out as an efficiency measure (research has demonstrated its effectiveness). This is carefully audited within the Trust. - In terms of integrated transfusion records, efforts are ongoing to regionalise and standardise transfusion prescribing which it is hoped will be made easier with Encompass. However, there are some concerns about the draft regional record developed to date, therefore the Trust has updated its own transfusion record, which complies with national recommendations, and will continue with this form until a regional form is ratified. - Administration of blood components – as documentary evidence is required prior to collection of blood components, the pod system in Causeway Hospital has been used for all clinical areas. However, as pods do not go to all clinical areas in AAH, a hybrid system has been developed - Blood Product Traceability – certain blood components are completely traceable; however, other blood products including as Anti-D, Octaplex and albumin are commercially produced and have batch numbers rather than individual donor numbers. - Education/Audit/other activity – The Haemoviligiance Team has continued to roll-out training. Staff appraisal covers the areas of consent training and transfusion practice. Clinical and laboratory incidents continue to be monitored. The Trust continues to measure itself against NICE standards.	
7.5	**<u>Resuscitation Annual Report 2021/2022</u>** Mrs Pullins talked to the Annual Report and the following main	

	points/discussion were noted. - Team now working at full capacity with 2 x Band 7 Resuscitation Officers and 1 x Band 6 Community Resuscitation Officer. - The Trust's application to become a New-born Life Support Training Centre was successful. - The Team has continued to use National recognised training programme (which other Trusts have moved away from) and maintained its connection with the Resuscitation Training Council. - 4.0 Reducing Hospital Cardiac Arrests – 263 calls to hospital switchboard with 149 being true cardiac arrests. 99 in AAH/20.2% survived discharge from hospital and 50 in Causeway Hospital/26% survived discharge from hospital. - Page 9 – Mrs Pullins referred to NCAA data, specifically in relation to 16-64 age group, advising the Trust is trying to understand this high level data. Mr Graham referred to NEWS 2 compliance and asked if any cardiac arrests can be attributed to the NEWS assessment not being completed correctly. Mrs Pullins advised that it is planned, at next Safety Quality Network, to do a deep-dive into NEWS and deteriorating patient as this is a recurring theme in SAIs. Padraig Dougan, Resuscitation Officer has completed an audit of 6 cardiac arrests and Mrs Pullins will provide more detail around compliance at next Assurance Committee.	**Mrs Pullins**
8. **8.1**	**<u>GOOD GOVERNANCE STEERING GROUP</u>** **<u>Feedback Report</u>** Mr Harkin advised the Good Governance Steering Group last met on 03 August 2022. Mr Harkin talked to the Feedback Report and the following points/discussion were noted: **Emergency Planning / Business Continuity** - Business Continuity Plans are under review by Divisions – ongoing to end September 2022. **General Fire Training** - Reduction in 6 monthly and 1 yearly training compliance to 30 June 2022 to be highlighted through Fire Safety sub-groups and SMT. **Fire Warden Compliance** - Low compliance identified within Children's Homes. In response to a question from Mr McCann, Mr Harkin confirmed the issue has now been fully addressed with Fire Wardens identified in every Children's Home. **Health and Safety Committee** - As of 01 May 2022 only cases confirmed by a PCR test will be investigated for RIDDOR reporting purposes. - Audit results of compliance with Management of Violence and Aggression Toolkit has been report to SMT and early indications are it	

	is not being fully utilised. Ways to improve compliance will be discussed at Health and Safety Committee; a sub-group has been established to take this forward. - GRANT progress report April 2022 was 87% compliance and RAANT 76% compliance. Progress reports due October 2022. **Information Governance Forum** - 48 IG incidents reported during quarter ending 30 June 2022, an increase of 4% on last quarter. - Learning from cyber security incidents will be taken forward via Emergency Planning and Business Continuity. Mr McGivern referred to Emergency Planning and asked if agencies provide advice/guidance to the Trust in terms to managing events. Mr Harkin advised that a proactive collaborative working approach is taken with advice/guidance taken/given between Trust and agencies to avoid impact on services. In relation to Security Advisory Committee, Mr McCall referred to media reports of assaults on staff and asked how the Trust manages such incidents. Mrs Magowan advised the Trust is seeing an increase in patients with complex/challenging behaviours with increasing requirement for 1:1 supervision. The Trust's ability to discharge such patients into an appropriate setting (Community or Independent Sector) can be very difficult and having an impact at ward level. NIMDTA has raised the issue that the Trust does not have a robust security/de-escalation process in place which requires further work. Mrs Pullins advised that the Trust has a Management of Violence and Aggression Task and Finish Group in place whose remit is to consider how staff are trained in de-escalation techniques. Funding is in place to commence training; however, there are challenges around the procurement framework. A risk assessment of all staff within divisions has been completed to ascertain the level of training required for staff in various areas. The Trust launched a tool-kit for staff earlier this year and a recent audit demonstrates that further work is required to raise its profile. Mr McCann referred to recent media attention in relation to a nurse who experienced verbal racist abuse and asked how the Trust supports staff who experience similar incidents. Mrs Welsh advised a lot of work has been taken forward by the Equality, Diversity and Inclusion (EDI) Group, chaired by Mrs Magowan. Mrs Magowan advised that the EDI Group has representation from all divisions and recent work has been undertaken to empower staff to manage and de-escalate situations, particularly in relation to racial abuse, with the roll-out of tool-kits and training.	
8.2	**<u>Emergency Planning & Business Continuity Annual Report *(draft)* 2021/22</u>** Mr Harkin talked to the Annual Report and the following points were noted:	

	- Mr Harkin highlighted risk assessment, identified risks and controls assurance. - Training for the period is set out at Appendix 1. - Exercise log for the period is set out at Appendix 2. - Log of incidents set out at Appendix 3. - Page 8 details work programme for 2022/23.	
8.3	**<u>Health & Safety Annual Report 2021/22</u>** Mr Harkin highlighted pertinent points from the Annual Report. The following points/discussion were noted: - Page 5/table 1 – incidents involving staff. Mr Harkin acknowledged the Trust needs to do more work in relation to slips/trips/falls. As previously discussed, incidents of violence and aggression are increasing. - Page 9 – Fit Testing. As per regional agreement that HSC staff will be retested every 2 years, the first round of retesting staff is due to commence in August 2022. The recommendations from the Regional Fit Testing SAI (SAI/2020/038) have been fully implemented within the Trust. The Trust is working towards establishment of a permanent Fit Testing Team within OHWS. Mr McGivern referred to the Trust working in partnership with Trade Union (TU) colleagues and wished it to be noted that this is commendable both the Trust and TUs. Mr McGivern further referred to page 4 *'Performance against H&S Internal Assurance Standard'* where it states *"The standard was last independently verified in 2011"* and asked if this is correct. Mr Harkin stated the date is correct; however, this is not the last time the Trust reviewed its performance against this standard. Mr Corrigan referred to page 5/table 1 stating that in 4 out of 5 categories the Northern Trust is above the regional mean rate and stressed that the Trust needs to continue to monitor and review incidents and not put this down to increased reporting. Mr McCann referred to Trust priorities for the year stating these should include areas which have not progressed over the last reporting period. He further noted that the same priorities were reported last year. Mr Harkin noted this comment and will take this back to group for refresh.	**Mr Harkin**
8.4	**<u>Research & Development Annual Report 2021/22</u>** Mr Harkin highlighted pertinent points from the Annual Report. The following points/discussion were noted: - Central Management Function in NI. Business Case has been approved for 6 new posts with recruitment underway. This will ensure co-ordination across the system to provide a single approval for HSC research in NI and improvement in efficiency. - Post EU Exit IMP Supply. A Project Manager has been recruited to take forward this workstream. - Covid-19 Research. Research progressing around accreditation of	

	.treatment(s), - Mr Harkin referred to research and development being taken forward by AHP, pharmacy and nursing staff. Mr Graham asked how the Northern Trust would be viewed in terms of R&D in comparison to other Trusts. Mrs Welsh advised that Dr Paul Minnis, Director of R&D and Professor Mike Scott, MOIC provided an overview of R&D to SMT on 6 September 2022. The Trust is viewed well in that there is an interest amongst staff to carry out research; however, feedback from clinicians is that they do not have capacity in job plans. Dr Watkins referred to MOIC offering much potential for R&D and as the Trust moves forward from Covid there is a need to redirect clinical resource into R&D.	
8.5	**<u>Energy Management Annual Report 2021/22</u>** Mr Harkin highlighted pertinent points from the Annual Report which were noted as follows: - Mr Harkin referred to page 5 electricity support contract and procurement of energy buying advice in order to give some protection from an unstable market. - Natural gas is supplied by Firmus and prices continue to rise. - Oil is supplied by Crown Commercial Services' National Fuels contract. Oil prices increased sharply in 2021/22, with situation worldwide worsening in last quarter. - Total energy expenditure in 2021/22 was £11.04m. - Water consumption decreased by 8.5% from 2020/21. The Trust has a number of sites registered on NI Water's Trade Effluent Scheme where charges are lower than equivalent sewerage costs. Mr Harkin advised that the Trust continues to monitor energy/water usage and costs. Price increases will be reflected in Trust's financial pressures to DoH.	
8.6	**<u>Waste Management Annual Report 2021/22</u>** Mr Harkin highlighted pertinent points from the Annual Report which were noted as follows: - The overall production of clinical and pharmaceutical waste increased by 128 tonnes in the last year due to increased use of PPE, Covid testing and vaccine centres. - 1,905 tonnes of domestic waste (increase of 82 tonnes from previous year). Spend during 2021/22 was £168,984 compared to £177,443 in 2020/21. - Confidential waste production decreased from 16,266 bags in 2020/21 to 15,608 in 2021/22 and spend decreased from £30,885 to £25,836. - Mr Harkin referred to waste management projects for 2022/23.	
8.7	**<u>Fire Safety Annual Report 2021/22</u>** Mr Harkin highlighted pertinent points from the Annual Report. The following points/discussion were noted: - The ongoing pandemic impacted on staffs' ability to complete fire	

	safety training. Overall 2 yearly Trust position General Fire Safety training compliance decreased from 80% to 75%. - Fire Warden training compliance decreased during the period. 1,528 staff received Fire Warden training in 2 years to 31 March 2022. - The Trust Fire Safety & Evacuation Planning Group and sub-groups for AAH, Causeway, Holywell Hospitals and community facilities were re-established during the period, with virtual meetings. - Fire Risk Assessment compliance for the period increased from 94% to 95%. - Planning Evacuation Exercise Programme were stood down during the pandemic. A successful fire drill has been completed in Holywell Hospital, with programmes planned for AAH and community facilities. - 149 fire incidents were reported on Datix for the period. Reportable fire incidents increased, mainly due to repeat incidents in children's homes. - Progress was reported at recent Fire Safety meeting in relation to BSO Internal Audit outstanding recommendations relating to fire training for bank staff and fire drill compliance. Mr McCann referred to the increase in fire incidents in children's home. Mr Wilson advised that such incidents are not always avoidable due to risk taking behaviours of young period. Where a fire incident occurs a Risk Management Plan and Safe Care Plan are put in place with identified measures to mitigate risk. In response to a question from Mr Graham, Mr Wilson stated that, as previously stated, all Fire Wardens are now in place in each Children's Home with escalation process via the on-call rota should the Fire Warden not be on site.	
9.	**EQUALITY, ENGAGEMENT, EXPERIENCE AND EMPLOYMENT STEERING GROUP**	
9.1	**Feedback Report** Mrs Pullins talked to the Feedback Report, advising group is chaired by Mrs Pullins and Mrs Magowan. The following points/discussion were noted: - Engagement and Involvement. First meeting of Engagement Advisory Board took place on 30 June 2022. Terms of Reference and way forward have been agreed. - Patient Client Experience. Mrs Pullins advised that she, Alison Irwin and Neil Martin have agreed to work more closely on PCE/PPI. - 10,000 Voices. A piece of work has been completed around visiting, official report not yet available. In response to a question from Mr McCann regarding current visiting rules, Mrs Pullins advised that a patient is allowed 2 nominated visitors each day during their admission, booked in advance. The next stage, as visiting restrictions ease, may be to allow families to rotate visitors. - Employment. A Task and Finish Group has been established to focus on improving compliance around Staff in Post control. A Task and Finish Group has been established in relation to addressing identified gaps in the reporting and recording of home care worker staff absence.	

	From 1 October 2022 terms and conditions associated with Covid-19 absence will cease, with return to normal contractual arrangements. BSO has confirmed there is no longer an immediate risk in relation to HRPTS availability. The DoH is currently consulting on the Regional Framework and Model Policy in relation to Openness/Whistleblowing/Reporting Concerns. The consultation is due to end on 9 September 2022. <u>Gaps</u> - Carer Support. Increase in applications for carer support grants; a review process has commenced. Due to changes in DoH and HSCB and regional group being stood down in July 2021, there is currently no regional leads for carer support. - Health, Wellbeing & Inclusion Steering Group. Concerns regarding ability of staff to cope with cost of living on personal finances. Currently a Business Case with Finance for new role with focus on financial wellbeing. - Single Employer NIMDTA. Due to changes in relation to single lead employer, clarity is required on management of risk assessments for pregnant trainee doctors and referral to OH services/feedback. - Trust Bereavement Forum. Charitable Funding to be identified for continuation of Bereavement Comfort Call Service Co-ordinator post for one further year. Mr Corrigan stated that care needs to be taken around the new Financial Wellbeing post in terms of how this will be viewed/received by staff. Mr Corrigan further referred to reporting/recording of home care workers' absence and HR previously tried to put temporary measures in place to record same. Mrs McWatters advised of issues around linkage between HRPTS and Soscare. Within the Task and Finish Group HR and Finance staff have been working with domiciliary care to find a resolution and timescale is end October 2022.	
9.2	**<u>Complaints Quarterly Report April – June 2022</u>** Mrs Pullins talked to the report and the following points/discussion were noted: - 234 formal complaints received (including 29 re-opened). - The overall complaints performance was 53% responded to within 20 working days (a reduction from 65% in the previous quarter). - 8 complaints were opened for 40+ days. - 3 complaints were escalated to SAIs. - 7 new Ombudsman cases. - 832 compliments. Following comment on complaint ref. 17420 by Mr Graham, Dr Watkins clarified that a DNR will be discussed with a patient who has capacity or next of kin and cannot be put in place in isolation by medical staff. Mrs Jenkins advised she would get more clarity on the outcome of this complaint.	**Mrs Jenkins**

	Mr Corrigan referred to complaint ref 17407 and service user alleging false information in notes which does not appear to be addressed in the outcome. Dr Watkins advised it is a common situation that the patient/family have a different perception within the clinical environment to what the doctor/nursing staff has discussed/examination/s carried out.	
9.3	**Complaints & Service User Feedback Annual Report 2021/22** Mrs Pullins talked to the Annual Report and the following points were noted: - 713 complaints were received in 2021, which is an increase from the previous 2 years. - 3 top complaints by subject are (i) Quality of Treatment and Care, (ii) Staff Attitude/Behaviour and (iii) Communication/ Information. - 3,557 compliments were received. - 67% were responded to within 20 working days (target 72%).	
9.4	**Involvement Annual Report 2021/22** Mr Martin advised this Annual Report was tabled at Trust Board in June 2022 and did not plan to talk to it unless any specific questions were raised. Group members had no questions.	
9.5	**Medical & Dental Education Annual Report 2021/22** Dr Watkins talked to the Annual Report and the following highlights/challenges and discussion were noted: - Northern Ireland now has a second medical school at UU (post-graduate). Trust will receive third year students from September 2022. Trust may have up to 70 medical students at one time (including QUB students). The Trust has a strong programme of junior/senior teaching fellows within most of the clinical units. A Business Case has been submitted for additional teaching accommodation in Fern House. It is also planned to try and increase the flexibility of the working environment in the Post-graduate Medical Centre, Bretten Hall and also create teaching space in doctors' job plans - Post-graduate training – challenges in relation to gaps in provision of staff provided by the Deanery across a number of specialties which can threaten the learning experience of students as they can be pulled into additional service demands. - Deanery has undertaken a number of cyclical specialty visits and Trust has received good feedback. Trust continues to monitor learning experience in outpatients department. New Developments - Trust recruiting Pastoral Leads from senior medical staff to support trainers and trainees on each acute site. - Trust continues to maintain a good record of trainer recognition on 5 yearly basis. - Simulation education is an increasingly important part of medical education at under- and post-graduate level. The Trust has appointed 8 specialty simulation leads who will maximise the use of existing facilities. Trust Simulation Lead to be appointed (to replace previous	

	post holder) and also technical support. Funding has been secured to modernise simulation equipment. Mr Graham referred to previous adverse feedback from GMC and medical trainees, stating that medical education is a much improved picture and this is a very positive report. Mr Graham queried the Trust's current position in relation to the number of trainees allocated to posts available. Dr Watkins referred to the expansion in FY1 posts this year which will feed into FY2 next year; however, for various reasons this is a fluid picture. Overall, there are fewer trainees in the system than there are posts across the province. Graduates from UU and the expanded QUB will not begin to filter into the system until 2025. In response to a question from Mr Corrigan, Mrs Magowan advised the Trust has 8 Physician Associates in post. Mrs Welsh advised that the Trust is very supportive of this role; however, this was an initiative which was launched with no additional funding.	
10 **10.1**	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP** **Feedback Report** Mr Harkin talked to the Feedback Report and the following points were noted: **Organ Donation** - Trust policy under review pending implementation of new legislation. Initial contact has been made with relevant departments across the Trust with a view to organising face-to-face training. Promotional material ongoing. Discussion around re-establishing tissue donation within the Trust, particularly corneal retrieval, based on nationally recognised shortage of corneas for transplantation. **AHP Forum** - Challenges being experienced in Children's service and increasing year on year demanded re children who have SEN, which has been escalated internally and to DoH and PHA. - Workforce – apprenticeship route to registration with DoH being explored. **Policy Committees** - Work of Clinical and Social Care Policy and Guidelines Committee and Non-Clinical Policy Committee noted. At end June 2022 287 policies were overdue for review, with a further 101 due for review in the next 6 months. **Psychological Services** - The Brain Injury Service received reaccreditation in October 2021 for a	

	further 3 years. In July 2022 the Psychological Therapies Service and Clinical Health Psychology Service successfully completed a 3-year reaccreditation process. **MOIC** - The workstreams being taken forward by MOIC were noted in the feedback report.	
10.2	**<u>Adoption Annual Report 2021/22</u>** Mr Wilson talked to the Annual Report and the following points/discussion were noted: - The Trust Adoption Panel forms an important governance framework as to how the Trust delivers its legislative and statutory functions under the NI Children's Order and Adoption Order. Mr Wilson extended an invite for any group member to attend an Adoption Panel. - 13 panel meetings were held on 2021/22. - The Trust Adoption Panel has seen a significant change in personnel. - Increase in Best Interest Decisions and Domestic Adoption applications recommended for approval. - Slight reduction in the number of children adopted due to delays in Family Courts. - Panel has implemented full use of the British Academy of Fostering and Adoption suite of forms which ensures Trust is fully compliant in all decision-making criteria/timescales. - Panel has been working on a virtual platform for 2 years and it is hoped this will return to face-to-face meetings. Mr McGivern referred to the excellent work of the panel and the smooth transition of Mr Wilson taking over as chair. He advised that he wishes to continue to explore with Mrs Dargan the possibility of a young person or adoptive parent(s) presenting at Trust Board. He further advised that the quality of reports has improved considerably over the last year. Mr McGivern wished to give special mention and pay tribute to the individuals who come forward as prospective adoptive parents and the panel for their continued dedication and hard work. The panel will consider the Annual Report next week.	
10.3	**<u>Annual Assurance Report on Independent Sector (IS) Domiciliary Care (DC) 2021/22</u>** Mr Martin talked to the Annual Report and the following points/discussion were noted: - 18 IS/DC providers deliver 2m hours each year in this continually growing sector. - DC Unmet Need has increased over the last 12 months. IS capacity has increased; however, in-house capacity has not recovered to pre-Covid levels which overall has resulted in an increased demand and clients requiring more care within existing packages. - Trust plans are in place to procure DC system; however, await BSO to complete Western Trust procurement process and outcome of DoH consultation.	

	- Quality Indicators – Increase in incidents between 2020/21 and 2021-22 which is partly due to a change in threshold for reporting incidents. 152 formal complaints received and 270 compliments. - 2 Compliance Officers carry out small scale audits and review results with Providers to identify recommendations/actions, which are formally signed off and monitored within the Trust. Table 9 provides outcomes from first round of compliance checks. - 2 Providers received Failure to Comply Notices from RQIA; these Providers are now off suspension. In response to a question from Mr Corrigan in relation to the Trust's appeared reliance on the IS, Mrs Spence advised the Trust currently has 100 vacancies in-house and despite targeted recruitment has not seen sustained improvement in home care staffing, therefore has not been able to meet demand in-house leading to reliance on the IS. Following concerns raised by all Trusts, the SPPG has agreed to take forward a workshop around DC provision and recruitment to this workforce. Mr Graham asked the following questions (i) if quality indicators are in place for in-house workforce, (ii) are there clearly defined roles for Trust and RQIA and is there sharing of information and (iii) the number of falls incidents appear to be increasing and asked if service users have panic alarms. Mrs Spence responded as follows (i) the Trust can provide similar quality indicator information for its own home care service, (ii) the Trust and RQIA have a good working relationship, with Trust highlighting concerns around non-compliance or service delivery issues and vice versa and (iii) the use of assistive technology is reviewed at assessment by Social Work team and put in place as required. Mr McCall expressed concern that much of what the Trust aspires to achieve will not be possible unless IS Providers are seen as part of the overall solution and held to account. Mr Martin advised this can hopefully be achieved at procurement stage with an outcome focused model. Mr McCann referred to Table 6 which demonstrates that missed calls have more than doubled and asked how Trust Board can be assured that all missed calls are notified and appropriate action taken by the Trust. Mrs Spence advised that processes are in place to prevent a client being left without a call and the IS Provider has a responsibility to advise the Trust where a call cannot be achieved. When this happens the service user's key worker is advised who makes contact with the service user or their next of kin and consider alternative support plans. Within each programme of care a critical list of service users who have no other support network is maintained which is reviewed on a continuous basis.	
10.4	**<u>MOIC Annual Report 2021/22</u>** Mr Harkin talked to the Annual Report highlighting MOIC work streams and key achievements during the year. In addition, Mr Harkin referred to	

	the following: - MOIC is endeavouring to increase PPI across the work programme. - Financial Report 2021/22 – MOIC reported an overall deficit of £19,000 and has £507,000 of deferred income from commercial funding carried forward into 2022/23 and will be utilised by the Project Board on projects and pilots across the 5 Trusts. - It is planned to re-energise the Project Board with new membership.	
11.	**ANY OTHER BUSINESS** No issues raised.	
12.	**DATE OF NEXT MEETING** Thursday, 8 December 2022 at 09.00am in the Boardroom, Trust Headquarters, Bretten Hall.	