Northern Health and Social Care Trust

Minutes of the 32nd meeting of the Assurance Committee meeting held on Thursday 9th March 2023 at 9.00am
Hybrid Meeting held via Teams and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr P Corrigan, Non-Executive Director Mr G Houston, Non-Executive Director Mr J McCall, Non-Executive Director Mr B McCann, Chairman (Chair)	
In attendance	Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Ms J Crowe, AD Human Resources (obo Mrs Reid) Maura Dargan, Divisional Director of Children and Young People's Services Mr O Harkin, Deputy Chief Executive/Director Finance Mrs A Harris, Divisional Director Medicine & Emergency Medicine Mrs W Magowan, Director of Operations Mr N Martin, Divisional Director Strategic Planning and Performance Management Mrs M McAleese, Assurance Data & Systems Manager Mr K McMahon, Director of Surgery & Clinical Services Mrs S Pullins, Director of Nursing, Paediatrics, Women's & Corporate Support Services Mrs D Spence, Director of Community Care Dr D Watkins, Medical Director Mrs J Welsh, Chief Executive Mrs M West, Assistant Director Governance & Risk Management Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Mr B Graham, Non-Executive Director Mr G McGivern, Non-Executive Director Mr D McAleese, Quality, Standards & Learning Manager Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications	
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.	
3.	**MINUTES OF MEETING HELD ON 8th DECEMBER 2022** The minutes of the last meeting held on 8th December 2022 were approved as an accurate record.	

4.	**MATTERS ARISING** **Absence Management Figures** Ms Crowe confirmed GB does not include Social Work and Social Care staff in its Absence Figures and HR continues to review Trust figures in order to understand the rationale behind the differences. Mrs Reid will continue to provide updates regarding ongoing work. **Principal Risk ID67** – Mr Martin explained the delay in providing timely responses is due to the current process of authorising the release of in-patient hospital notes and the range/number of Consultants providing care during admission. A proposed change to the process for Acute Hospital Notes will be presented to the Information Governance Forum for their approval. **Overview of SAIs submitted in Q2 22/23** Dr Watkins explained the SAI Safety Panel process has been updated therefore going forward any actions relating to staff members will be detailed in future reports. **Safety and Quality Performance Report** – Mrs McAleese confirmed tables within this report will not go beyond 100%. **Clinical & Social Care Audit (inc NICE) Annual Report,** Dr Watkins confirmed work is ongoing to cross reference the Audits being carried out. Dr Watkins will provide an update. **Complaints Quarterly Report July to Sept 2022 - Ref: 18179** Mrs Pullins explained the Trust met with the person concerned, however the complainant could not meet with Trust staff at an earlier time which impacted on the response time. Mrs Pullins confirmed the case does not meet the SAI criteria however will continue to monitor this complaint and if circumstances should change it will be escalated to an SAI without delay. Mr McCann queried whether cases such as this should be reviewed as a possible SAI before a complaint is received? Mrs Pullins explained the Trust does review all incidents and she stated that she would be disappointed if incidents meeting the SAI criteria were not reported and only triggered when a complaint had been received. Mr McCann asked for assurance that if a case such as this is received in the future this would be reviewed and escalated to an SAI if appropriate without delay. Mrs Pullins confirmed if something similar is highlighted it would be reviewed and if warranted it would be escalated to an SAI immediately.	**Mrs Reid** **Dr Watkins**

5.	**ASSURANCE FRAMEWORK**	
5.1	**Integrated Governance and Assurance Framework - Annual Review** Dr Watkins presented this document on behalf of Mrs West explaining minor amendments have been made to the content, the reporting arrangements to SPPG and the Divisional Structure. Dr Watkins asked if there were any further suggestions or changes. The Committee confirmed their approval of this document.	
5.2	**Amended Cycle of Reports** Dr Watkins presented this document noting the changes highlighted in red, the changes were accepted.	
5.3	**Risk and Assurance Group Terms of Reference - Annual Review** Dr Watkins presented the Risk and Assurance Group Terms of Reference highlighting the changes to the Directors titles and asked if anyone had any additional changes to be made. The Committee confirmed their approval of this document.	
5.4	**Assurance Committee Terms of Reference - Annual Review** Dr Watkins presented the Assurance Committee Terms of Reference and as previous document there are no major changes other than Directors titles and asked if any additional changes were required. The Committee confirmed their approval of this document.	
6.	**RISK MANAGEMENT**	
6.1	**Principal Risk Register** Dr Watkins presented this report and explained all risks have been reviewed and updated by the divisions. Dr Watkins proposed ID1080 Covid-19 is removed from the Principal Risk Document due to the Trust moving out of Covid-19 arrangements and into normal working arrangements. Mr McCann asked for an update on the figures for Covid-19. Mrs Pullins explained there have been 149 outbreaks since 1 April 2022, 45 of which involved both patients and staff with 2 cases involving staff only. Mr McCann queried whether there has been a reduction in the number of deaths recently due to Covid-19 and if so is this due to the disease being less severe or the fact that better treatments are being offered. Mrs Pullins confirmed the number of deaths associated with Covid-19 had decreased.	

	Mr McCann asked if the Trust is liable for any nosocomial claims and whether any claims have been received? Dr Watkins confirmed the Trust has received 1 claim to date. Mrs Pullins confirmed 7 outbreaks have been referred to PHA from both Acute and Community areas and she will bring forward further information to another group as per internal audit recommendations. Mr Houston felt due to the ongoing impact of Covid-19 and the fact that 32 patients are currently in Antrim and Causeway Hospitals, he would be reluctant to agree the removal of this risk from the Principal Risk Register. Mr Harkin reassured the Committee that Covid-19 is included in ID324 – Healthcare Associated Infections, where the impact of Covid-19 is continually monitored. The Committee agreed that, with this assurance, ID1080 could be removed from the Principal Risk Document. Mr Corrigan asked if the ongoing Industrial Action has been added to the Trust's Risk Register, Ms Crowe confirmed ID1214 Industrial Action was added to the Corporate Risk Register at the beginning of December 2022. Mr McCann queried ID952 – Access to Planned Care/ Procedures and the current waiting time for Dental procedures. The number of referrals are 2½ times the monthly capacity and he asked if this should be escalated before the situation becomes unmanageable. Mr McMahon explained the Dental Service has not returned to full capacity as yet, however will request further details and provide an update at the next meeting.	**Mrs Pullins** **Mr McMahon**
6.2	**<u>Quarterly Risk Management Data Report</u>** Dr Watkins presented this report detailing the Headline Analysis. Mr McCann noted the number in incidents recorded as Slips, Trips and Falls had increased by 25% over the last year within the Community Care Division and asked for the Trust's comment regarding same. Dr Watkins explained the Trust is reviewing this area and acknowledged the increase in falls during the winter months and in the elderly population. Mr McCann highlighted the concern regarding Slips, Trips and Falls had been previously raised and at that time Falls Prevention courses were set up to help in this area and asked if these courses had been stepped down? Mrs Pullins confirmed the Falls Prevention courses continue and the Trust has a Falls Co-ordinator in post. Mrs Spence explained the Trust is seeing an increasing number of elderly, very frail, unwell patients and when being discharged to care homes there is an increased risk of falls.	

	Mr Corrigan asked where the majority of falls occur, are they in patients homes, care or residential homes or a variety? Mrs Spence explained those listed under Permanent Placement Teams will be in either a Care or Residential Home setting and falls do occur in patient's homes; however, the Trust relies on either the family or Domiciliary Care staff reporting these incidents. Mr Corrigan asked if Slips, Trips and Falls are analysed in order to identify trends and address any issues that arise. Mrs Spence confirmed the Trust does review and scrutinise incidents, works in partnership with care homes and puts remedial action plans in place. With regard to Inter-trust incidents, Mr McCann asked if there was an issue with regard to handover at ED. Dr Watkins advised that these were due to time rather than treatment and that Northern Trust was ahead of other Trusts in the management of patient handover. Mr McCann highlighted the 4 Anaesthetic coroner cases and asked if there was any pattern, or were the same staff involved in these incidents. Mr McMahon confirmed there was no pattern between these 4 cases, other than ICU was the place of death. Mr McCall asked if the reported maximum number of weeks an SAI was overdue was correct as of today and asked for a closed date to be added to this table. Mr Houston highlighted the 3 SAI reviews which were almost 2 years overdue and asked if a Director could give an explanation of why these might be outstanding for this length of time. Maura Dargan provided an explanation and rationale behind the delay of the SAI in her Division, commenced as Level 1 SAI and then escalated to Level 3. Delay on the appointment of Independent chair and delay with management of SAI by Independent chair. Mrs Corr advised the SAI in her Division was now closed. The issue in completion of SAIs in MHLDCW was the volume of SAIs to be completed, however the Division was working to bring the maximum waiting time to a year.	**Mrs West**
6.3	**<u>Overview of SAIs submitted in Q3 22/23</u>** Dr Watkins presented this report. Mr McCann asked if management would like to make comment on the medication management in Community Care and asked for the Trust's comment regarding SAI-22-048.	

	Mrs Spence provided the details of this particular SAI Review and confirmed RQIA had been notified and involved at an early stage, service concern meetings were held and an enforcement notice had been put in place. Mr McCall referred to SAI-22-035 case of Deteriorating Patient and asked if learning is shared both within and external to the Trust and hoped responding to a deteriorating patient would be routine rather than the exception. Mrs Pullins agreed and assured the Committee the Trust has written to the RQIA regarding concerns across a number of nursing homes.	
7. **7.1**	**Safety and Care Quality Steering Group** **<u>Feedback Report</u>** Mrs Magowan presented this report noting the issues for highlighting which include, **Clinical and Professional Litigation Advisory Group** There is an ongoing Birth Injury Case which has an estimated settlement figure of between £9 – 19m. **Radiation Safety Committee** The Lookback Review and the Level 3 SAI Review have been completed. The SAI Report has been shared with patients and families and is currently being reviewed by the Dept of Health. Mrs Magowan explained the Independent SAI Review Team commended the Trust for initiating the review process and implementing recommendations at the earliest opportunity. **Safety and Quality Network** Mrs Magowan noted the ongoing difficulties regarding auditing KPIs, Mrs Pullins explained the group is continuing to take a closer look into identified areas.	
8. **8.1**	**Good Governance Steering Group** **Feedback Report** Mr Harkin presented the report noting the issues for highlighting which include, **Health and Safety Committee** Nitrous Oxide exposure monitoring is ongoing and Fit Testing retests for staff are now required every 2 years. **Information Governance Forum** There were 49 IG incidents recorded with 1 Regional incident reported to ICO during Q3 and the Trust awaits a response from ICO. Mr Corrigan asked if the Trust will receive additional funding or resources to purchase electric vehicles. Mr Harkin explained there is no additional funding however the Trust is starting to invest and work towards introducing the	

	infrastructure that will be required. Mr Corrigan asked if each Trust purchased and managed their own fleet. Mr Harkin confirmed each Trust is responsible for procuring their own vehicles and that this procurement was from the Regional framework. Mr Houston asked for further information relating to the ELOL settlement of 75K following a flooding in a corridor. Dr Corr confirmed the flooding had been in a corridor in Holywell Hospital. Mrs Spence explained there had been torrential rainfall with many places flooded in a very short time around the vicinity of Antrim Town. Signs had been erected in the corridor which became flooded, however the staff member involved in the incident ignored the signage and used the corridor, sustaining quite a serious injury. Mr McCann referred to the Safe Access Zones as recorded under the Trust wide Security Advisory Committee, he asked what the atmosphere was like in this particular area. Mrs Pullins explained that there are ongoing pro-life protests on a Wednesday, with counter protests also ongoing. Regional group established to consider implementation of safe access zones and legalisation in place from 7th May 2023, which will ensure protests are kept further away from the hospital site. Mrs Pullins explained the Trust is receiving an increasing number of Freedom of Information requests on incidents regarding protests and the situation is causing distress to both service users and staff going into work.	
9. **9.1**	**Equality, Engagement, Experience and Employment Steering Group** **Feedback Report** Mrs Pullins presented this report highlighting the issues listed. **HR, Business & Workforce Governance Forum** Industrial Action has been added to the Corporate Risk Register under ID1241 with meetings taking place within each Division to assess the impact. Ongoing issues relating to BSO Recruitment Shared Services processing available posts has also been added to the Corporate Risk Register under ID1238. **Supporting Attendance Management Group** The target for sickness absence has been set at 6.83%, the Trust's monthly absence rate is currently 9.29% with the top 5 reasons for absence remaining unchanged. **Health, Wellbeing and Inclusion Steering Group** There are issues regarding smoke free compliance in areas across the Trust. Mr McCann asked if issue on compliance is inside Trust Buildings.	

	Mrs Pullins confirmed poor compliance outside the buildings, most challenging is the front door of the Hospitals. Mr Corrigan asked following the inclusion of Covid-19 sickness should Absence Rates be reviewed and brought forward to Performance and Finance Committee or escalated to Board level. Mrs Welsh advised Mrs Reid brings a detailed People Report to Trust Board and is discussed at Divisional Accountability meetings and Absence remains on the SMT agenda. Mrs Welsh offered to discuss this further with Mrs Reid on her return from leave. Mr Corrigan noted his appreciation and said if Mrs Welsh was satisfied this was getting the proper attention he was content. Mr Houston wished to acknowledge the continued support the Trust has provided to carers throughout the past couple of years. Mr McCall asked how the Trust can streamline the Recruitment process in order to meet the demand. Mrs Pullins explained the delays in offering a post and start date is having a direct impact in nursing. Maura Dargan highlighted the situation within Social Work whereby the Chief Social Worker is now involved and identified Healthcare Talent to provide assistance in filling vacancies. Ms Crowe provided update on the regional review being undertaken with an external company undertaking a review with systems, processes and attraction all being considered. Groups have been established to take work forward. Mr McCann noted under Healthy working lives and working well for longer there are still 93 staff recorded as having long covid and asked how this figure compares to other Trusts. Ms Crowe explained she had been based in the Belfast Trust until recently and they did not offer the same services as the Northern Trust. Mrs Welsh advised that CEs have discussed this issue but took the point that this may need Senior Management review and not leave to individual managers to manage each case individually.	**Mrs Welsh**
9.2	**Complaints Quarterly Report October to December 2022** Mrs Pullins presented this report explaining the number of complaints being responded to within 20 days fell to 48% this quarter with 18 complaints being open for more than 40 days. There were 2 ISP complaints, no complaints escalated to SAIs and no Children's Order complaints. During the quarter there were 916 compliments received.	

	Mr Corrigan queried with the majority of complaints coded as low risk would expect better compliance of response against the 20 day target. Maura Dargan advised that the risk level does not reflect the complexity of the relationships in responding to a complaint. Although complaints may be identified as low risk, they are reviewed comprehensively and when appropriate, a meeting is offered to engage with the person, which can take quite some time to schedule and delay the response date. Maura Dargan advised that she has discussed within her Division that the approach may need to be different. Mr Corrigan noted if the bulk of the cases could be closed down within the 20 days as the Target is not 100% for that reason. Mrs Pullins acknowledged the low compliance rate. Mr Houston queried ID18892 whereby the family has had 4 different Social Workers and ID19047 and asked how big was the challenge in filling vacancies and retaining staff. Maura Dargan explained the challenge is significant a shortage of approximately 40% in social work staff which has had a major impact on services being available. The number of unallocated looked after children was significant. Lee Wilson is leading a regional work plan for recruitment and retention and attending student fairs and promoting social work. The Department has accepted there is a supply issue but, as yet, no agreement on increasing the number of places currently available for students. Maura Dargan advised that there will be a need to consider how we deliver services, will require a radical change which is significant in a relationship based profession. This is on corporate risk register.	
10. **10.1**	**Standards, Compliance and Regulation Steering Group** **Feedback Report** Dr Watkins presented this report for noting and wished to highlight the following issues. **Psychological Services** Waiting Lists and workforce issues continue, due to challenges within the Recruitment Process. **Allied Health Professions Forum** Waiting lists across a number of areas continue and a reduction in funding has impacted on the Dysphagia Team. **Clinical and Social Care Audit and NICE Implementation Committee** Deadline set for 31st March 2023 is not achievable however departments continue to focus on reviewing their NICE Clinical Guidelines.	

	Mr Corrigan noted under MOIC and asked if Prof Mike Scott had received another award recently. Dr Watkins confirmed Prof Scott received an MBE in the New Year's Honours list. Mr Corrigan asked for further information with regard to the Paramedic Practice as noted under the Allied Health Professions Forum. Dr Watkins explained the paramedic students are working with leads to dovetail patient facing education as part of their paramedic training. Mrs Pullins confirmed this is funded following the Trust raising a Risk and is now in a position to support placements in areas throughout the Trust. Mr Corrigan asked following the recent passing of Daithi's Law, what impact this will have and does the Trust have the capacity to meet the requirements. Dr Watkins felt the impact on organ availability would be more subtle than many may perceive, however, Daithi's Law will be reviewed at a Regional level and will need additional training and education. Mr Houston asked if the Hyponatraemia work has been completed. Dr Watkins explained the Hyponatraemia work has moved to the next phase and will continue to be reviewed through the External Review Assurance Group. Mr McCall asked if SPPG is aware of the significant shortage of staff within Psychological Services and the challenges to provide the required services. Dr Corr confirmed SPPG is aware of the current shortages and work is ongoing with Directors of HR and Mental Health developing a training plan and with only 21 places per year for students it will not assist in the immediate future.	
10.2 & 3	Dr T O'Neill, Consultant Radiologist, Radiology Dr S McGuinness, Consultant, Service Development & Screening Joined the meeting at 11.30am to present on Breast Screening Service **Report on the Quality Assurance Visit to the Northern Area Breast Screening Unit** Dr O'Neill shared a presentation with the Committee members which can be obtained in the shared folder. Mr Corrigan thanked Dr O'Neill and her team for providing such an excellent service. The high uptake rate for screening within the Northern Trust was noted. Dr O'Neill advised that the Trust would be back to	

	pre-covid screening levels within the next month. Mr Corrigan queried why a number of ladies in the Causeway area are being screened in Altnagelvin Hospital. Dr O'Neill confirmed the Western Trust had bridged a gap for the Northern Trust quite a few years ago and the ladies have continued to attend their appointments in Altnagelvin. This had left an imbalance of appointments being offered on the 3 year cycle with a 25% difference between year 1 and year 3. **Breast Screening Annual Report** Dr O'Neill shared a presentation with the Committee members which can be obtained in the shared folder. Mr McCann thanked Dr O'Neill and acknowledged she and her team were a credit to the Trust. Dr O'Neill thanked the Committee and wished to highlight the support of her team and the management structure within the Trust.	
11.	**Any Other Business** Maura Dargan wished to make the Committee aware that Ardrath House Children's Home which had been closed, is re-opening under the name Galen's Way Children's Home and currently has 2 admissions. The Trust has submitted an Early Alert to the Dept of Health due to the upcoming Court Case of the staff member which may attract media interest. Mr Corrigan wished to acknowledge that this is Mr McCann's last Assurance Committee meeting.	
12.	**Date of next meeting** Thursday, 8th June 2023 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	