Northern Health and Social Care Trust

Minutes of the 33rd meeting of the Assurance Committee meeting held on Thursday 8th June 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 G McGivern, Non-Executive Director Ms A O'Reilly, Chairperson (Chair)	
In attendance	Maura Dargan, Divisional Director Children & Young People 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, Performance and ICT Mr D McAleese, Quality, Standards & Learning Manager Mrs M McAleese, Assurance Data & Systems Manager Mrs C McGarry, Community Care Governance Manager (obo Mrs Spence) Mr K McMahon, Director of Surgery & Clinical Services Mrs S Pullins, Director Nursing, Midwifery and AHPs Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications Dr D Watkins, Medical Director Mrs J Welsh, Chief Executive Mrs L Craig, Senior Risk Co-ordinator (minute taker)	
1. Apologies	Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Mrs D Spence, Director of Community Care Mrs M West, Assistant Director Governance & Risk Management	
2.	**CONFLICTS OF INTEREST** Ms O'Reilly asked if there were any conflicts of interest and reminded everyone that if anything arose throughout the meeting to highlight same.	
3.	**MINUTES OF MEETING HELD ON 9th MARCH 2023** The minutes of the last meeting held on 9th March 2023 were approved as an accurate record.	
	Discussion re Causeway Maternity, there were no notes taken during this section.	

4.	**MATTERS ARISING** **Principal Risk Document** **ID952**– Mr McMahon provided an update on the Dental Service. He shared that the service is undertaking a review of skill mix as there is under-utilisation of commissioned resource. He requested that this is removed from the risk register and provided assurance that service capacity will continue to be reviewed through the Trust performance management processes. The members of the Committee agreed that this could be removed. **Quarterly Risk Management Report** Dr Watkins explained the request to include up to date information within the report on overdue SAIs was discussed at the Risk and Assurance Group. Members agreed, to avoid any confusion, the report should only include information to the end of each quarter and the Directors can provide verbal updates on their SAIs when this information is requested.	
5. **5.1**	**ASSURANCE FRAMEWORK** **Governance Statement** Dr Watkins presented the Governance Statement for noting. Mr Harkin explained this initial draft document has been reviewed at Audit Committee and submitted to the Department. However if anyone feels minor amendments are required these should be sent to Mr Harkin within the next few days. Mr McGivern queried if there is a benchmark against what other Trusts submit? Mr Harkin confirmed the Governance Statements are reviewed and compared with other Trusts annually, there have been comments with regard to the length of the document however he welcomed any discussion to review the Governance Statement going forward. Ms O'Reilly felt this is an ideal opportunity to review the Governance Statement as part of the partnership work and thanked Mr Harkin for taking this forward. **Integrated Governance and Assurance Framework – Committee Structure** Dr Watkins presented the Committee Structure highlighting, as a result of Mrs Magowan's imminent retirement, there has been a review of all Steering Group Chairs and Co-Chairs which have been highlighted in red. Other changes include the addition of the Cervical Screening Board, Nursing and Midwifery Professional Leadership Team, changes to the Titles of Equality Department groups and the Divisional Complaints	**All Directors**
5.2		

	has been moved to the Reports on section as it was agreed this group is no longer required to meet formally. Mr Corrigan highlighted the NEDs listed as Chairs also need to be reviewed and updated in light of recent changes. Ms O'Reilly was content to approve this document subject to changes being made as discussed. Ms O'Reilly explained she is arranging to meet with the NEDs in the near future and will review the Assurance Framework and further changes may be made following that meeting.	**Mrs West** **Ms O'Reilly & NEDs**
5.3	**Amended Cycle of Reports** Dr Watkins presented the Cycle of Reports for noting and highlighted the addition of a Cervical Screening Annual Report and unfortunately due to staff illness the Research & Development Performance Report has been delayed this quarter. Another amendment made and highlighted in red is the change of Divisional title which is now known as the Strategic Planning, Performance and ICT.	
6. **6.1**	**RISK MANAGEMENT** **Principal Risk Register** Dr Watkins presented this report and explained all 11 Principal Risks have been reviewed and updated since March 2023. All risk ratings are High with the exception of ID952 and ID28 Failure to Breakeven which has changed its Risk Rating from 10 to 15. Mr Harkin proposed that ID1000 EU Exit risk is removed from the PRD as all actions have been completed and he felt this is the right time to close. This was approved by the Committee, therefore can now be closed on the PRD. Dr Watkins explained that work continues within Divisions to assurance map 3 Principal Risks, ID1049 Mental Capacity Act, ID952 Access to Planned Care/Procedures and ID851 Dysphagia. Ms O'Reilly commented on the length of time some of the Risks have been open, Mr Harkin explained risks such as the Failure to Breakeven is an ongoing issue and following recent media attention will continue to remain a significant challenge. Mr McCall highlighted the Mental Capacity Act ID1049 continues to remain a significant concern, not only for the Northern Trust but for all Trusts. Mr Corrigan explained Internal Audit had reviewed this Risk, they noted limited assurance and will review the Recommendations and Action	**Mrs West**

	Plan at future Audit Committee meetings. Ms O'Reilly asked from an assurance perspective is this being safely reviewed or does Assurance Committee need to do more with regard to this Risk. Mr Corrigan confirmed he is content Dr Corr has this well under control and as Audit Chair he is assured this Risk is being managed at Senior Level. Ms O'Reilly asked if the Committee members were content with the PRD as it has been presented and remove ID1000, this was agreed and approved.	**Mrs West**
6.2	**<u>Quarterly Risk Management Data Report</u>** Dr Watkins presented this report highlighting there were 576 claims relating to 307 incidents with an estimated value of £77m. Dr Watkins explained as investigations commence the actual value tends to decrease towards the end of the process, there were 15 cases closed with no damages being paid, which is an indicator of the work undertaken to resolve issues at an early stage. Dr Watkins highlighted the number of incidents being reported continues to increase with Community Care reporting the majority of these. Dr Watkins confirmed the number of SAIs reported to SPPG decreased from 24 in the previous quarter to 11 in this report. The number of SAI Reports submitted to SPPG also decreased with 9 being submitted this quarter following a total of 83 in the previous 2 quarters. Dr Watkins anticipates SPPG will set another target as the number of overdue SAIs remains approximately 85. CLS had been allocated 10 SAI reviews, none of which have been completed to date. Dr Watkins confirmed Corporate Governance and the Divisional Governance Teams remain focused on the completion and submission of SAI reports. Ms O'Reilly asked if SPPG are aware of the Trust's focus on the SAI reports. Dr Watkins confirmed the Trust met with SPPG yesterday and reminded them the Trust maintains focused on the completion of SAI reviews. Mr Corrigan asked for clarification of who CLS are and what do they do. Dr Watkins explained CLS are an independent commissioned body, a multi-disciplinary team with relevant HSC skills to provide assistance. Mrs Harris felt this is a mentorship role and the reports are not being completed any quicker than if they remained in the Trust process. Mr McGivern asked with regard to Page 21 whether the 8 Absconded Untoward Events listed under Barn Court were 8	

	different young people. Maura Dargan confirmed these 8 Untoward Events relate to one high risk young person. Ms O'Reilly highlighted the Adverse Incident Reporting on Page 12, noting the increase in Community Care, Mental Health and in Children's and Young People and asked what this information is telling us. Dr Watkins explained he had discussed this with Mrs West, who would view this as the Trust's Culture of Openness and Transparency and an increased awareness of reporting any incident that occurs. Dr Watkins also explained work is ongoing to review the Category 'Other' when used on DatixWeb that themes and trends are not being missed. Ms O'Reilly welcomed the Culture of Openness and Transparency within the Trust. Ms O'Reilly asked if there were any themes or trends to the incidents being reported? Mrs Welsh explained that each Director has a Divisional Governance Team who focus on and oversee these areas. Mrs McGarry confirmed Community Care have been working with Independent Sector Providers and have seen an increase in the number of Slips, Trips and Falls being reported. Ms O'Reilly queried if Slips, Trips and Falls is recorded within the Corporate Risk Register, Mrs McGarry confirmed STFs are on the Divisional Risk Register and reviewed on a regular basis. Mrs Welsh acknowledged this as really reassuring especially in light of recent media attention with regard to the Independent Sector in both Care Homes and Domiciliary Care Homes. Mr Houston noted Table 4.2 with regard to the Coroners Cases and queried if there was anything to note for the MHLDCW case, which has a linked incident and asked if this related to a death by suicide. As Dr Corr was unable to attend the meeting, Dr Watkins offered to discuss this case with her and provide an update at the next meeting.	**Dr Watkins**
6.3	**<u>Overview of SAIs submitted in Q4 22/23</u>** Dr Watkins presented this report confirming, as previously noted in the earlier report, 9 SAIs had been submitted in Q4 which is a reduction in the previous 2 quarters. All reports were reviewed at a Trust's Safety Panel meeting and associated learning and action plans have been developed. Mr McGivern queried Table 2.0 which lists the Overdue SAI Reports and asked for clarity if, for example, MEM have 14 Reports Outstanding and all are 106 weeks overdue? Dr Watkins confirmed that only 1 of the 14 is currently overdue by 106 weeks. Mrs Harris confirmed that since this report, the SAI which had been overdue by 106 weeks is now completed	

	therefore bringing the timeframe down to 72 weeks, which is still considerably overdue however the team continue to actively work on completing this review which will then reduce the timeframe to 43 weeks. Mr McGivern noted his concern that 2 years is too long to complete an SAI Review and asked why the reviews are taking so long. Dr Watkins explained unexpected delays have occurred in these cases however the Trust remains focused on completing these overdue SAI Reviews and anticipate the number of weeks will drop considerably before the next meeting.	
7. **7.1**	**SAFETY AND CARE QUALITY STEERING GROUP** **Feedback Report** Mrs Magowan presented this report and provided an update on each of the Groups which report into the Safety and Care Quality Steering Group. Mrs Magowan confirmed although the Trust awaits regional guidance regarding Clinical Ethics, the Trust has panel members who can be called upon if required. Dr Watkins highlighted the issue with regard to a Plaintiff Solicitor requesting a copy of all SAI review documentation and DLS is arguing this information is part of a learning process with panel members holding open and honest discussions. Dr Watkins acknowledged, if the background information is going to be shared this could have a negative impact on the openness and willingness of staff assisting in future SAI reviews. Mr McGivern queried whether the note under Blood Transfusion Services, of the risk due to multiple projects being under development had been highlighted during the regional consultation process? Mrs Welsh explained that she is the Chair of the NI Pathology Network and also the Senior Responsible Owner (SRO) for the NI Pathology Information Management Systems (NIPIMS) Replacement Programme, which are both working to deliver a range of transformation programmes within Pathology Services. NIPIMS incorporates the replacement of many outdated Laboratory Information Management Systems (LIMS) with one new Core LIMS for NI. This is due to Go Live in Belfast Trust towards the end of the summer and will subsequently be rolled out across NI. NIPIMS also incorporates BPaT, a Blood Production and Tracking System which will be implemented in NIBTS and across all Trusts. Trust Laboratories are also in the process of implementing an analyser replacement programme (ALMS). Through the Pathology Network, all of this reform and transformation work had been carefully choreographed and	

	sequenced to ensure that all laboratories could manage the work involved. Delays within the encompass programme, as well as significant inter-dependencies which had not been flagged by the encompass team have impacted significantly on all of the NIPIMS and PathNet work, resulting in a very constrained timeframe for all of the laboratory changes and creating additional challenges for staff. Mr McGivern queried under the Nutrition Group whether funding had been available previously and is it an option to request funding via the Charitable Trust Funds to provide this service. Mrs Pullins confirmed this post was never commissioned, the Trust has escalated non-compliance of NICE Guidance and the use of CTFs is not appropriate in this case. Mr Houston noted the CHKS Data Review and asked if the Northern Trust is still involved in the UK study regarding mortality and he stated he would be interested to see how the Northern Trust compare with other areas. Mrs Welsh confirmed the Trust still receives comparison figures, Dr Watkins offered to present data which is reviewed at the Reducing Avoidable Death and Harm meeting and bring to the next Assurance Committee meeting. Maura Dargan shared the good news with regard to Social Work recruitment which has seen 21 permanent and 5 temporary posts filled in Children's Service which leaves only 2 unfilled positions. Within Adult Services 5 permanent and 10 temporary positions have been filled resulting in 3 temporary vacancies remaining. The use of Agencies has reduced and on target to cease by the end of June. Mr Corrigan highlighted that the Social Care Governance Group did not appear to be listed on the Committee Structure. Mrs McAleese to check and amend same as necessary. Mr Houston asked if the 27% of unallocated cases are as a direct result of the cessation of Agency usage. Maura Dargan confirmed the cessation of using agencies has not impacted on the allocation of cases as the majority of agency staff have progressed through the recruitment process and are now Trust employees.	**Dr Watkins** **Mrs McAleese**
7.2	**<u>Review of Terms of Reference</u>** Mrs Magowan presented the Terms of Reference highlighting the suggested changes which include the Medical Director as the new Chair and the new Director of Operations will be Co-Chair for the group.	

	As discussed under the Feedback report Ms O'Reilly asked Mrs McAleese to review the Group's purpose to ensure Social Care Governance is listed correctly. Ms O'Reilly queried if, as noted in other Steering Group ToR that Gaps in Control and reflected in the PRD and CRR should be added. The Terms of Reference is approved subject to the minor amendments and assurance being provided.	**Mrs McAleese** **Mrs McAleese**
7.3	**<u>Safety and Quality Performance Report</u>** Mrs Pullins presented this report highlighting the Summary Dashboard on pages 3 and 4. Mrs Pullins explained the Safety Quality Network has implemented an improvement plan and commenced intensive work on the Deteriorating Patient group and Dysphagia. Mr Houston queried the 4 areas which state under the Performance column 'Data not yet available', why this is the case. Mrs Pullins explained this is new data which is being collected and will be included in the next report. Mr Corrigan highlighted the increase in the C Section SSI Rate and queried if these figures will improve following the move of Maternity Services from Causeway to Antrim Hospital. Mrs Pullins explained Maternity Services have commenced the trial of a new dressing to reduce the risk of infection, results of the trial are being monitored closely and updates will be shared at the IPC group.	
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 Corrigan queried if Capital Funding or Lease arrangements are being used for Fleet and Transport electric vehicle replacements, highlighted the challenge of recruiting bus drivers and asked what banding bus drivers are within the Trust. Mrs Pullins confirmed the banding would be 2 or 3 and acknowledged the challenges in recruiting all band 2 and 3 positions across the Trust. Mr McCall asked what the Trust's view is with regard to Electric Vehicles. Mr Harkin explained there are challenges regarding sustainability and infrastructure, Mr Graffin is the Trust representative on the Regional Group and working towards securing funding through the Department of Finance. The Trust is planning a Solar Farm in the Causeway Area.	

	Mr Houston highlighted the removal of Maternity Services from Causeway to Antrim Hospital with the abortion clinic remaining at Causeway and he wished to ensure the Trust is mindful in this regard. Mrs Welsh acknowledged the Trust will remain focused in this area and highlighted protestors for both anti-abortion and pro-life remain a concern for the Trust and work is ongoing to identify a safe zone access.	
8.2	**<u>Review of Terms of Reference</u>** Mr Harkin presented the reviewed Terms of Reference for approval, confirming there are no significant changes to this version. The NEDs asked if future documents could highlight any suggested changes in red, this was agreed.	**Mrs West**
8.3	**<u>Internal Controls Assurance Compliance Report</u>** Mr Harkin presented the highlight report for noting explaining this is included within the Governance Statement.	
8.4	**<u>Network and Information Systems Briefing Paper</u>** Mr Martin presented this briefing paper, noting the NIS Directive standards are to ensure the Trust has adequate security measures in place. The Trust completed two self-assessments, the most recent of which was submitted in May 2023, Mr Martin highlighted the overall rating against the CAF Objectives as Limited Assurance. A business case is being developed to fund Cyber Security and Cyber Security has been added to the Principal Risk Register. Mr Martin acknowledged the Trust continue to work within the resources available however acknowledged there are areas were further work is required.	
9.	**<u>EQUALITY, ENGAGEMENT, EXPERIENCE AND EMPLOYMENT STEERING GROUP</u>**	
9.1	**<u>Feedback Report</u>** Mrs Pullins presented this report, provided an update on each of the Groups which report into Quad E and explained this Steering Group is extremely diverse and covers a vast array of areas. Mr Corrigan queried why the Action Short of Strike is reported to have impacted on the Managing Attendance meetings. Mrs Reid explained Staff are entitled to be accompanied and have a Trade Union Rep attend the meeting. At the moment	

	Trade Union Reps are not attending any meetings, therefore Managing Attendance meetings have had to be re-scheduled. Mr Corrigan highlighted the Staff In Post compliance rate and felt this should be higher. Mrs Reid acknowledged the rate and explained work is being undertaken with regard to Staff In Post compliance which is currently 80% and some divisions have obtained 100%. Mrs Welsh confirmed SMT discussed this area and an improvement should be seen at the next Assurance Committee meeting. Mr McCall noted SPPG will not be uplifting the funding for Arts Care and asked if this could be funded via the Charitable Trust Funds. Mrs Pullins was unsure but offered to look into this option further.	**Mrs Pullins**
9.2	**<u>Review of Terms of Reference</u>** Mrs Pullins presented the reviewed Terms of Reference highlighting that 1 Non-Executive Director attends this group. Mr Houston confirmed this document is an accurate reflection of the Quad E Steering Group. The Terms of Reference for Quad E is approved by Assurance Committee members.	
9.3	**<u>Complaints Quarterly Report January to March 2023</u>** Mrs Pullins presented this report highlighting the decrease of complaints being responded to within 20 days to 48% and 22 complaints being open for more than 40 days. Mrs Pullins confirmed the total number of complaints received in Q4 was 119 with 942 compliments being received in the same timeframe. There were 4 complaints escalated to SAIs and 27 Ombudsman cases are ongoing. Mrs Pullins highlighted Table 14 which provides the number of days complaints remain open, with the longest waiting 122 days and complaints continue to be a matter of focus and discussion for Directors. Mr McGivern noted the risk rating for all complaints received were categorised as either low or medium, is there another process for those received categorised as high? Mrs Pullins explained there have been occasions when complaints have been escalated to SAIs which are likely to have a high rating. If there is any query with regard to the risk rating the complaints department share these with the relevant Director who will carry out a preliminary review to ascertain the risk rating.	

	Ms O'Reilly wished to commend the Trust and acknowledged the significant number of compliments which were received.	
10.	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**	
10.1	**Feedback Report** Mr Watkins presented this report for noting. Dr Watkins explained work is being undertake to cleanse the Policy Library and contacting authors who have only 1 policy that is currently overdue in order to ensure outdated policies held on the library are there appropriately. Mr Corrigan highlighted that the delay in updating and approving policies is impacting on recommendations being closed at Audit Committee. Dr Watkins offered to check on those Policies which are preventing closure if Mr Corrigan could share the details of same. Ms O'Reilly noted some policies are overdue for quite a number of years and queried if these are still relevant. Mr McCall highlighted the recruitment issues within AHP and Psychological Services. Mrs Reid explained there is a shortage of qualified staff in these areas and the Trust is working with regional colleagues to create a new model for Recruitment Shared Services.	**Mr Corrigan**
10.2	**Review of Terms of Reference** Dr Watkins presented the Terms of Reference highlighting the suggested changes to the Chair and Co-chair of the group. The Terms of Reference were approved by Assurance Committee.	
10.3	**RQIA Activity Report** Dr Watkins presented this report for noting, highlighting the overview of information on page 2. Mr Corrigan asked if the Trust has a good relationship with RQIA and has there been an improvement in the timeframes of receiving the RQIA Report following their inspections. Mrs Welsh confirmed the Trust has a good constructive relationship with RQIA with challenging and detailed meetings. Mrs Welsh advised there had been a little improvement regarding the receipt of RQIA Reports following inspections although highlighted that the debrief meetings are very detailed. Mr Houston queried if the Order for Cancellation / Urgent Procedures relates to an Independent Provider.	

	Mrs Welsh confirmed this was a Bespoke Service for Learning Disability and the Trust raised the concern with RQIA. Ms O'Reilly wished to commend those who produced this report and appreciated the work that has gone into same.	
11. **11.1**	**DIRECTED STATUTORY FUNCTIONS** **DSF Executive Summary and Action Plan** Ms O'Reilly highlighted that a workshop has been scheduled to review DSF in detail and asked that this item is brought further up the agenda at future meetings. Maura Dargan presented, gave an overview of the Executive Summary and the attached Action Plan and highlighted that further documents are available in the shared folder which contain detailed information. Maura Dargan confirmed the 2022/23 DSF Report will be shared at a SPPG Accountability Meeting on 20th June and presented at Trust Board on 22nd June 2023 for retrospective approval. Mr McCall commented this is a very comprehensive, reassuring report and the Trust has bravely highlighted all issues. Mr Houston added this is an area where Openness and Transparency is vital for the Trust as Corporate Parents for Young People. Maura Dargan explained that discussions are ongoing with regard to Bespoke Care Placements and the possibility of alternative accommodation such as an option to procure a large family home that is suitable to register. Ms O'Reilly asked if there are any children placed outside NI. Maura Dargan stated, not at the moment, there were 2 young people returned to NI this year. Ms O'Reilly asked if the Trust has to make a definitive statement about compliance with the statutory functions as opposed to monitoring. There was some discussion with regard to the possibility of the Trust submitting a statement to highlight the concerns and there were different views shared in this regard. Maura Dargan agreed to consider further with her Director colleagues in the other Trusts	**Mrs West** **Maura Dargan**
11.2, 11.3 & 11.4	Documents shared for noting.	
12.	**ANY OTHER BUSINESS** No other items were raised for discussion.	

Northern Health and Social Care Trust

13.	**DATE OF NEXT MEETING** Thursday, 14th September 2023 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	