Northern Health and Social Care Trust
Feedback Report to Trust Board

Report from:	Outcomes and Assurance Committee
Author of Report:	Carol Diffin, Chair of Outcomes and Assurance Committee
Lead Director:	Gillian Traub, Director of Operations
Presented By:	Gillian Traub
Date of Meeting:	19 September 2024

Purpose

The purpose of this report is to provide a summary of the business undertaken by the Outcomes and Assurance Committee and to offer the views of and the advice of the Committee to Trust Board.

Strategic Objectives (select)

Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our people, enable our talent and build our Teams***	***Improve population Health and address health and social care inequalities***
	X			

Summary of Committee Business

- A copy of the draft minutes of the Committee are enclosed. The final minutes will be tabled for noting at a future Trust Board after approval by the Committee.

Reports Approved by the Committee

The following reports were approved :

- Quarterly Risk Management Data Report – Quarter 1 2024/25
- Annual Risk Management Report – 2023/24
- Medicines Optimisation Innovation Centre Annual Report
- Complaints and Compliments Annual Report

The Committee also approved the Principal Risk Document and the Corporate Risk Register.

Items for Escalation to Trust Board

- Principal Risk ID 952 Access to Planned Care and Procedures – despite a number of actions taken to reduce waiting times and to mitigate risks to patients while waiting for planned care, it is not possible to provide full assurance that patients will not come to harm while waiting. The waiting list position for the Northern HSC Trust is reported on regularly between the Trust and SPPG/DOH.

- A judicial review was taken against the South Eastern HSC Trust by two patients on the Trust's waiting list for the Addictions Services within Healthcare in Prisons. The court found on 12 September 2024 that the Trust was in breach of Articles 3, 8 and 14 of the European Convention of Human Rights (ECHR). Of note was the finding in respect of Article 3 – Prohibition of Torture – that due to an untreated opiate dependence, and scarcity of supply of opiates in prison, that the applicant suffered withdrawal and psychological distress. The longstanding issue regarding the gap between service capacity and demand for clinical addictions within prison, and specifically for

Opioid Substitution Therapy (OST) is well established and known between SEHSCT and DOH/SPPG. There is concern that there could be ramifications more broadly for HSC Trusts in terms of their human rights responsibilities towards patients on waiting lists for planned care/treatment.

- It was noted that following a NI Fire and Rescue Service visit to Antrim Area Hospital in July 2024, the NIFRS had issued the Trust a non-compliance notice for 9 wards as a result of additional beds obstructing escape routes preventing progressive horizontal evacuation. In order to achieve compliance with the Fire and Rescue Services (NI) Order 20024, it will be necessary for the Trust to cap the number of additional beds in use at 16, which represents a loss of 11 beds from the site. This means the Trust has a significantly reduced ability to support flow and reduce overcrowding in Antrim Emergency Department when operating at full capacity.

Northern Health and Social Care Trust

Minutes of the 1st meeting of the Outcomes and Assurance Committee meeting held on Thursday 19th September 2024 at 9.00am
Hybrid Meeting held via Teams and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr S Armstrong, Non-Executive Director Ms C Diffin, Non-Executive Director (Chair) Ms K Mackenzie, Non-Executive Director	
In attendance	Ms J Bradley, Assistant Director, Allied Health Professions (obo Mrs Pullins) Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Ms Dargan, Director Children & Young People Mr P Graffin, Director of Infrastructure Mr O Harkin, Deputy Chief Executive/Director Finance Mrs A Harris, Divisional Director Medicine & Emergency Medicine Dr M Jenkins, Divisional Medical Director, Medicine & Emergency Medicine (obo Dr Watkins) Mr N Martin, Director Strategic Planning, Performance and ICT Mr D McAleese, Quality, Standards & Learning Manager Mrs M McAleese, Assurance Data & Systems Manager Mr K McMahon, Director of Surgery & Clinical Services Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications Mrs D Spence, Director of Community Care Ms G Traub, Director of Operations (Lead Director) Mrs L Craig, Assurance Data Support Manager (minute taker)	
1. Apologies	Mrs J Welsh, Chief Executive Dr D Watkins, Medical Director Mrs S Pullins, Executive Director of Nursing, Midwifery and AHPs Mrs M West, Assistant Director Governance & Risk Management Mr G Houston, Non-Executive Director	
2.	**CONFLICTS OF INTEREST** Ms Diffin asked if there were any conflicts of interest; none were declared.	
3.	**MINUTES OF MEETING HELD ON 13th JUNE 2024** The minutes of the last meeting held on 13th June 2024 were approved.	

4.	**MATTERS ARISING** **Governance Statement -** request if possible could a structure be added to the beginning of this report. **Principal Risk ID 1049 Mental Capacity Act** - Risk to be de-escalated to Corporate Risk Register. **Directed Statutory Functions -** A session on the Role of the Corporate Parent has been arranged for 26.9.24. **Regulation and Quality Improvement Authority Activity Report** - add in a column within the Enforcement Notices table, to highlight whether the facility is a Trust or Independent provider, nursing or a care home. **Waste Management Annual Report** – Reminder sent to teams to be conscious of portion sizes served at ward level.	Ms Diffin noted that all Matters Arising have been closed/ completed
5. **5.1**	**ASSURANCE FRAMEWORK** Ms Diffin welcomed everyone to the first meeting of this Committee, and a full round of introductions was made. She conveyed her appreciation of the amount of work that has been spent preparing and reviewing reports in preparation for this meeting. She noted that, as this is the first meeting of the Committee, there may be more reports presented here than recommended, however this will be reviewed in a year's time, along with any feedback around the Committee. **Draft Terms of Reference for Outcomes and Assurance Committee** Ms Traub presented the Draft Terms of Reference, noting the change of name of the Committee. The Trust's five corporate objectives are also reflected, with this group responding to the second of these objectives – O: 'Continue to improve **O**utcomes and experience'. The membership will consist of three Non-Executive Directors in addition to the Chair of the Committee who is also a Non-Executive Director, with remaining membership largely as it was for Assurance Committee. The duties will also remain broadly the same. The Quorum for the committee is three Non-Executive Directors (including the Chair) and three Executive Directors. Ms Traub noted that the Committee's role in respect of Outcomes will be developed over the next year, and will also look at how the work from QMS can be integrated. The Committee approved the Terms of Reference.	

6.	**RISK MANAGEMENT**	
6.1	**Principal Risk Register** Dr Jenkins presented this report confirming all Principal Risks have been reviewed since the last meeting. The risk for the Mental Capacity Act has been de-escalated to the Corporate Risk Register, and no new risks have been added. The Committee members confirmed approval of the report.	
6.2	**Principal Risk ID 952 Access to Planned Care/Procedures** Mr McMahon shared the detailed Assurance Map for this risk, explaining that it covers all elective care including diagnostics. While there are various layers of assurance, the Trust cannot provide assurance that patients will not come to harm while waiting for diagnostics. He highlighted the actions that are being taken to mitigate the risk, and the source of assurance for each. With regards to demand and capacity reporting to SPPG, Mr McMahon noted that there has been no progress with SBAs following the dissolution of the HSCB. Mr McMahon referred to a recent Judicial Review of Opioid Substitution Treatment within the Prison Service, whereby the Trust was found to have breached Human Rights legislation due to long waiting lists. Mr McMahon noted that that has broader ramifications, as all prolonged waits could also be considered a breach. Ms Diffin noted that, from an assurance point of view, there are a lot of meetings being held and there is a huge amount of work going on, but this is not making a significant difference; the commissioners are not acting on the issues. She advised that this risk should be escalated to Trust Board as there is no easy resolution and the risks will continue to increase.	**Ms Diffin**
	Ms Traub enquired if SPPG can be considered as a third line of assurance – if so, then this would apply to all areas that report to SPPG. After discussion it was agreed that reporting to SPPG should be reflected as a third line of assurance, for this issue and others.	
6.3	**Principal Risk ID 28 Failure to Breakeven** Mr Harkin shared the detailed Assurance Map for this risk, explaining that the risk in-year is well mitigated for now and that the rating has been lowered, however this may increase again later in the year.	
6.4	**Corporate Risk Register** Ms Diffin noted that this Committee only reviews this document once a year.	

	Dr Jenkins presented the Corporate Risk Register, and advised that two risks have been de-escalated or removed (ID1254 – MAH Risk and ID1167 – Children and Neonatal Transfers); and one risk has been added (ID1049 – Mental Capacity Act, which has been de-escalated from the Principal Risk Register). He noted that too much demand, lack of capacity and workforce issues seem to feature as the top themes. In respect of ID902, Lack of available Care Placements, Ms Dargan advised that the service will be reviewing the risk status with a view to escalating to Principle Risk status. Ms Dargan noted that although the use of unregulated/'bespoke' placements had reduced, RQIA have served an Improvement Notice on the Trust and referred to possible criminal action in their formal communication. This relates to their view that despite best efforts, the current placement provision is unable to sustain the increase in LAC population and more robust placement planning and resourcing is required. Dr Corr highlighted that there is a new risk on the Corporate Risk Register since this Committee last reviewed it – ID1287 Interface between NT ASW Service and RESWS. Ms Traub requested that the summary sheet be amended to reflect any changes to the register over the last year – new risks added to the register, risks removed from the register and any change to risk grading. Ms Traub noted that the Risk Titles should reflect the risk, as it is not always easy to understand at a glance what the risks are, e.g. ID427 simply states Health & Safety. Directors were asked to review titles when they are submitting their next updates. Ms Traub asked for the risk of collapse of the General Surgery Service to be added to the Corporate Risk Register. Mr McMahon agreed to escalate it from the Divisional Risk Register to the Corporate Risk Register. The Committee approved the document, in light of the summary sheet being updated and the Risk of Collapse of the General Surgery Service being added.	**Ms Dargan** **Mrs McAleese** **All Directors** **Mr McMahon**
6.5	**<u>Quarterly Risk Management Data Report Q1 2024/25</u>** Dr Jenkins shared the headline analysis highlighting that, while there been a slight reduction in the number of claims, the expected value has increased. There has been an upward trend in the number of incidents reported, particularly in Violence and Aggression incidents	

	within Mental Health, Learning Disability and Community Wellbeing. SAIs have remained the same as the previous quarter, with the longest delay being 128 weeks. The number of open Coroner cases have increased; this is due to the criteria for referral to the Coroner - all unexpected deaths, and patients that are brought to the Trust following a cardiac arrest. The majority of incoming Inter-Trust incidents were from NIAS due to ambulance delays, and outgoing incidents were in relation to availability of ambulance for transfer of patients. Ms Diffin enquired if there was a particular reason for the increase in Violence and Aggression incidents. Dr Corr explained that the incidents have increased within 2 areas - in adult mental health inpatient areas due to additional beds, and the Learning Disability ward, which cares for complex patients. Dr Corr also noted that she was following up with the corporate governance team to have an amendment to Datix to enable the Trust to enable a differentiation between self-harm and self-injurious behaviour. Ms Diffin asked if there was a particular challenge in reporting SAIs, as there seems to be a delay of around 5 weeks. Dr Jenkins advised that a level of investigation and review of what happened is required before the Director and Divisional Medical Director can decide if an incident should be escalated to an SAI. Dr Corr noted that Mental Health services may not be aware that a client has committed suicide until their next planned visit. The Committee members confirmed approval of the report.	**Dr Corr**
6.6	**<u>Annual Risk Management Report 2023/24</u>** Dr Jenkins presented this report, noting that the number of incidents continue to increase, with Slips/Trips/Falls remaining the most commonly reported incident, followed by Violence and Aggression. The number of SAIs reported to SPPG has decreased since 2021/22, and he noted that all divisions are working hard to reduce the backlog. The number of claims received has decreased, however the costs have increased. The report was approved by Committee members.	

7.	**STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**	
7.1	**Feedback Report** Ms Bradley presented the Feedback Report and provided an update on each of the Groups which feed into the Steering Group.	
7.2	**Medicines Optimisation Innovation Centre Annual Report 2023/24** Dr Jenkins presented this report, highlighting the huge amount of collaborative working that goes on, and the good links that have been established all over the world. The report lists all the publications that have been produced throughout the year. Ms Diffin suggested that the work of MOIC could help fulfil the Outcomes role of this Committee. Committee members confirmed their approval of this report.	
7.3	**Annual Adoption Report 2023/24** Ms Dargan presented this report for noting, advising that it will go through Trust Board for formal approval. She highlighted that the figures have remained largely the same year-on-year, and there had been 14 panels held during 2023/24. She advised that an Adoption Panel Learning Group has been established to ensure any learning is fed back into practice. She noted that the report may be enhanced in the future to reflect the work undertaken by the Adoption Panel. She also advised that Mr Platt, Non-Executive Director, has joined the Adoption Panel.	
7.4	**Annual Assurance Report on Independent Sector Domiciliary Care Provision 2023/24**	
7.5	**Annual Acute Independent Sector Provider Quality Assurance Report 2023/24**	
7.6	**Quality Assurance Report on Community and Voluntary Sector and other Unregulated Services 2023/24**	
7.7	**Quality Assurance Report on Independent Sector Care Home Provision 2023/24** Mr Martin presented these reports for noting. He highlighted that there is a lack of procurement for acute independent sector providers. Previously, there had been a framework, consisting of approved providers from which Trusts were able to choose. Since then, new providers have come on stream; however there is currently no process to include them in the procurement process. As a result, Trusts have now started to develop their own processes to avail of their services. The issue has been raised to SPPG on a number of occasions, but there has been no resolution as yet. There may be a risk of	

	judicial review, which could result in Trusts being unable to use Independent Sector providers. Mr Martin also noted that once Trusts receive funding, they have a tight timescale in which it can be spent, which can be difficult to achieve. Ms Diffin acknowledged that the suite of reports was very comprehensive, and provides assurance and a good understanding of the work across services. It will be interesting to see how the reporting within Qlikview will work once available.	
7.8	**<u>Pharmacy Services Assurance Report – *deferred to next meeting*</u>** This report has been deferred to the next meeting.	
8.	**<u>SAFETY AND CARE QUALITY STEERING GROUP</u>**	
8.1	**<u>Feedback Report</u>** Dr Jenkins presented this Feedback Report. He noted that the Trust is very paper-heavy, and will need to learn how to adapt when encompass goes live. With regards to Blood Transfusion, both SET and BHSCT have experienced difficulties. It had been hoped that some of the issues would be resolved before we go live, however this has not been the case. Ms Diffin asked if this has been included on the Risk Register, but Dr Jenkins advised that the Trust will work through it and noted that it is a training issue. Mr Martin noted that the risk has been identified within the encompass go live readiness framework – things are moving very quickly however progress is being made. IPC Environmental Hygiene Committee reported that the number of MRSA and C Diff cases in 2023/24 were above the target. He noted that the majority of MRSA cases were community associated, however the reporting criteria means that they are attributed to the Trust. Within the Nutrition group, he highlighted that Dalriada had won first prize in their category at the UK AHA Awards. He also noted the large waiting lists for SLT and Dietetics, and the gaps in service in relation to nutrition. With regards to Social Care Governance, the unallocated cases remain similar to the previous return. Ms Dargan highlighted that the Trust is already losing staff and noted that there will be no further recruitment for another year. With regards to Bespoke Placements, Ms Dargan has provided an update as at August 2024. Ms Diffin enquired about actions being taken by RQIA. Ms Dargan advised that there has been	

	no further communication, however she noted that there is recognition that some of the recommendations rest outside of the Trust. Dr Jenkins noted that the historical reviews continue to be reported monthly to divisions, and work is ongoing to reduce the backlog.	
8.2	**Compliments and Complaints Performance Quarterly Report April to June 2024** Dr Jenkins presented this report for noting, explaining that the increase is reflective of the increase in Trust activity, i.e. inpatients, day cases, ambulatory work, etc.	
8.3	**Complaints and Compliments Annual Report 2023/24** Dr Jenkins presented this Annual Report, referring to the Overview. He noted that compliments have increased significantly, highlighting that staff are delivering a good service; while the number of complaints received increased by 14, which is negligible. A total of 107 complaints were reopened, and this can be due to additional information being sought following issue of response. The Trust endeavours to be open and honest. He noted an improvement in compliance from 51% to 59% and advised that NHSCT is the best performing Trust in the region, with a 23 day average response time. Only 3 complaints were escalated to SAI. There were 13 Ombudsman cases ongoing during the year. With regards to the 2 Children's Order cases, Ms Dargan explained that one was in relation to the child feeling unsupported in their education, and there has been a good resolution to this; the other was in relation to the Trust being unable to facilitate an unaccompanied minor's accommodation request. It was queried if the number of MLA enquiries led to an increase in FOI requests, but Mr Martin advised that there had been nothing noticeable. Ms Traub asked if those complaints that were escalated to SAI should be rated as high automatically. Mrs McAleese advised that Service User Feedback staff screen all complaints and ask divisions to follow up regarding the final grading. Mrs McAleese agreed to review the process and link with Ms Traub. Ms Diffin enquired about the process around Independent Sector complaints, and asked why some sit with the Trust and others with the provider. Mrs McAleese advised that these complaints sit with the provider, however service users can approach the Trust if they are not satisfied with the response	**Mrs McAleese**

	they receive from the provider. Providers also notify the Trust where a formal complaint has been received. Dr Corr also noted that some complaints may include aspects that relate to Trust services. Discussion ensued around the inclusion of these complaints in Trust reports. Dr Corr queried the low number of complaints recorded as independent sector complaints – n=3 in the previous year. Mrs McAleese agreed to look into the matter further and to forward the 3 complaints referenced for review. The Committee confirmed their approval of the report.	**Mrs McAleese**
8.4 **8.5** **8.6**	**<u>Safety and Quality Improvement Plan 2024/25 – *deferred to next meeting*</u>** **<u>Resuscitation Annual Report 2023/24 – *deferred to next meeting*</u>** **<u>Transfusion Report – *deferred to next meeting*</u>** These items have been deferred to the next meeting.	
9.	**<u>GOOD GOVERNANCE STEERING GROUP</u>**	
9.1	**<u>Feedback Report</u>** Mr Harkin presented the Feedback Report, providing an update around each of the groups. In relation to the Trust Fire Safety and Evacuation Planning Group, he noted that there has been a significant challenge in relation to fire safety due to use of additional beds. However, he advised that they hope to engage with the Fire Service to provide them with some assurance and seek some flexibility. He noted that parking remains a challenge, however the new multi-storey car park will open soon. Ms Diffin enquired about cyber security and asked how long the Trust would be expected to carry the risk. Mr Martin explained that cyber security is under-resourced. A regional cyber programme has been set up and has split into smaller projects. While the funding profile has been agreed for the next 4 years, there is no guarantee that the funding will be in place.	
9.2	**<u>Emergency Preparedness Annual Report 2023/24</u>** Dr Jenkins presented the report for noting, highlighting that it had been a busy year with industrial strikes and a number of large events. Internal Audit also carried out an audit into the Trust's Business Continuity arrangements, which provided a limited level of assurance. All recommendations in the report have been accepted and the Trust is working through these. The report includes a list of the training that was offered, as well as the incidents affecting the Trust throughout the year.	

	Ms Diffin noted that this was a very interesting report. She asked about the COVID-19 Inquiry and Dr Jenkins advised that the Trust will work through the recommendations arising from each stream of the Inquiry. Mr Harkin noted that there has been 2 significant requests to date – one is around PPE and procurement, and the other is in relation to the care home sector. Ms Traub referred to page 5 of the report and asked if the Trust had received any feedback following their completion of the self-assessments against Emergency Planning and HAZMAT. Mr McAleese advised that there is nothing particular, but noted that some of the gaps are consistent across all Trusts. The core standards for the coming year will be reviewed at an upcoming meeting.	
9.3	**Fire Safety Annual Report 2023/24** Mr Harkin presented this report for noting on behalf of Mr Graffin, who left the meeting to take a call. He noted the increase in compliance for both twice- and once-yearly training, from 52% to 68%, and 60% to 72% respectively. He also noted that Fire Warden training increased from 82% to 87%. Compliance with Fire Drill reduced from 83% to 68%. The number of Fire incidents reported on Datix reduced from 37 to 31, however the number of Unwanted Fire Signals reported increased from 84 to 145. Ms Diffin enquired if there are any risks due to the backlog of Capital Fire Code Works. Mr Harkin advised that there is nothing in particular. It will be a gradual process and the Trust is dealing with issues as they arise on a risk-based prioritised approach.	
9.4	**Health and Safety Annual Report 2023/24** Dr Jenkins presented this report for noting. While the number of slips/trips/falls, moving and handling and RIDDOR reportable incidents has reduced, the number of violence and aggression incidents has increased. Gas testing was undertaken within the Trust, with no adverse results obtained. A further test of Nitrous Oxide is planned for next year, to monitor staff exposure. Ms Diffin asked how we can encourage Trade Unions to re-engage with the Trust MOVA Group. Mrs Reid confirmed that the meeting is being re-established. Mr Armstrong enquired if there is a reason for the sharp increase in violence and aggression incidents. Dr Jenkins explained that a number of factors contribute to these – frustration, waiting times, drugs, alcohol, etc. He also noted that there has been an increase in	

	reporting, due to staff no longer 'normalising' certain behaviours. Dr Corr highlighted that, within Mental Health there has been an increase year-on-year as a result of a return to full service provision following Covid-19 downturn. Mrs Harris also noted that there can sometimes be multiple incidents from one patient due to delirium/dementia, and work is being carried out to look into how staff can be supported to manage behaviours. Ms Diffin asked if there is a correlation between violence and aggression incidents and staff sickness. Mrs Reid noted that this does not appear in the top 10 absence reasons, but she will look into this further. Ms Bradley enquired if verbal aggression should be recorded on Datix, e.g. following the recent riots relating to race. Mrs Reid noted that this is not currently included in the MOVA Toolkit, and she agreed to discuss it with Mr Green. She acknowledged that there may be a bit of staff tolerance around this, depending on the patient's condition. It was noted that coding exists on Datix to record these incidents. Ms Dargan highlighted that verbal abuse is understood in some situations e.g. when staff are removing children from their home, it may not be reported. Mrs Reid noted that care cannot be withdrawn from a patient if they are verbally abusive, however they can be moved to another staff member. Mr McMahon advised that when patients are there for treatment voluntarily, it is explained to them that this type of behaviour will not be accepted and that treatment could be removed if the behaviour continues.	**Mrs Reid** **Mrs Reid**
10.	**REFORM AND QI PROGRAMME BOARD** **Feedback Report** This has been deferred to the next meeting.	
11. **11.1** **11.2**	**ANY OTHER BUSINESS** **Proposal for Risk and Assurance Group** Ms Traub presented the paper for noting. She advised that she does not expect that this Committee will notice any difference due to the change to the Risk and Assurance Group. Ms Diffin noted that the paper was helpful and that it clarifies the current practice. **Proposed Cover Sheet for Reports to the Outcomes and Assurance Committee** Ms Traub shared this template, which is for use when presenting reports to Outcomes and Assurance Committee. She suggested that it is trialled for the next meeting in December, when feedback on the template will be welcomed.	**All members**

11.3	**<u>Proposed Template for Outcomes and Assurance Committee Feedback</u>** Ms Traub shared this template and explained that the plan is to enclose the draft minutes from Outcomes and Assurance Committee, as they would not be approved until the next meeting, which falls after Trust Board. It was noted that the minutes from Outcomes and Assurance Committee should be available as soon as possible after the meeting, to ensure they can be shared with Trust Board. Mr Armstrong suggested that the agenda should include a section at the end of the meeting, whereby any items for escalation can be identified and agreed; the new cover sheets for reports will also identify such items. It was agreed that Outcomes and Assurance Committee will trial these new templates first in advance of October Trust Board, before being adopted by Performance and Finance Committee, and Strategic Change & Improvement Capability Committee.	**Ms Diffin / Ms Traub**
12.	**<u>Date of next meeting</u>** Thursday, 12th December 2024 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	
13.	**Close** Ms Diffin conveyed her thanks to everyone for their attendance and contribution, particularly to Dr Jenkins and Ms Bradley for attending of behalf of their respective Directors.	