

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### **Minutes of the Governance Assurance Committee Meeting held on Wednesday 22 January 2025 at 1pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald**

**PRESENT:** Mr N McKinley, Non-Executive Director (Chair)

Mr J Patton, Chair of Trust Board  
Mrs C-M Dickson, Director of Primary Care & Older People's Services  
Mr K Donaghy, Non-Executive Director  
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison  
Mrs A Quirk, Non-Executive Director  
Mrs S Henderson, Non-Executive Director  
Mr C Martyn, Medical Director  
Mrs H Moore, Director of Planning, Performance & Informatics  
Ms S McCauley , Non-Executive Director  
Mr K McMahan, Non-Executive Director  
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer  
Dr D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Patient Experience  
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics  
Ms W Thompson, Deputy Chief Executive, Director of Finance & Estates

**IN ATTENDANCE :** Mrs M McNally, Assistant Director, Risk Management & Governance/Trust Board Secretary  
Mrs V Walker, Head of Risk Management Advisory Services  
Mrs L Dullaghan, Assistant Director, Safe & Effective Care  
Ms E O'Neill, Assistant Director, People & Resourcing (obo Mrs Smyth)  
Ms F Gunn, Assistant Director, Social Work, Learning & Development, Governance & Improvement (obo Mrs Preece)  
Ms MJ Thompson, Assistant Director, Medicine & Cancer (presentation)  
Executive Support Manager, Chief Executive's Office (minutes)

#### **CHAIRMAN'S OPENING REMARKS**

**Mr McKinley** welcomed everyone to the meeting particularly three new Non-Executive Directors, Ms McCauley, Mrs Henderson and Mr Havlin, attending for the first time following their recent appointment.

Having covered a number of house-keeping matters, **Mr McKinley** invited Ms Thompson to address the meeting.

#### **PRESENTATION: RQIA OUTPATIENTS INSPECTION FEEDBACK**

**Ms Thompson** explained the background to and process involved with a recent RQIA Outpatients inspection alongside the results. **Ms Thompson** advised two recommendations were made namely that SET take steps to improve compliance of medical staff with Adult Safeguarding training and develop a 'prescribing and recommendation to prescribe' policy to include details of the oversight and assurance arrangements of prescribing advice across Trust outpatient services. **Ms Thompson** stated plans were in place to meet both recommendations by their target dates.

**Mr McKinley** congratulated Ms Thompson and her team on an excellent outcome.

#### **ACTION**

## 1.0 APOLOGIES

Ms Coulter (Chief Executive), Mr Havlin (Non-Executive Director), Mrs Smyth (Director of People & Organisational Development) and Mrs Preece (Director of Children's Services & Executive Director of Social Work).

## 2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA

None declared.

## 3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 30 OCTOBER 2024

Approved without further amendment.

## 4.0 MATTERS ARISING FROM THE PREVIOUS MINUTES

Members noted **SET/GAC/01/25 Matters Arising Sheet** with four matters completed or would be during today's meeting and one carried forward.

On Committee delegated authority, **Mr Patton** advised both he and Mrs McNally had reviewed relevant legislative provisions alongside Standing Orders and current versions of Terms of Reference to ensure alignment. **Mr Patton** stated he was content with SET's existing arrangements adding these mirrored other HSC Trusts. **Mr Patton** added he would be happy to meet with any Member who required any further information.

DR

JP

## 5.0 ITEMS FOR DISCUSSION

### 5.1.1 Risk Registers: Board Assurance Framework (BAF) Risk Document/Corporate Risk Register (CRR) Q3 2024/25

Members received, for discussion, **SET/GAC/02/25 BAF Risk Document/Corporate Risk Register Q3 2024/25**.

**Mrs Walker** advised all updates had been received for Q3 and outlined changes in the scores attributable to BAF Risks during the reporting period. **Mrs Walker** stated one new risk had been added namely **ASHIP5-24/25 - Addictions** and the risk relating **Inability to Meet Statutory Requirements of MCA** had been downgraded to the DRR since July 2024. **Mrs Walker** advised there was an MCA update on today's agenda but moving forward these would be tabled at Corporate Governance Sub-Committee as required.

**Mrs Walker** added there had been four new risks added to the DRRs and two risks closed during the same period.

**Mr Donaghy** sought clarity on the narrative provided on the fire safety risk under BAF-02 noting SET's obligations were statutory. **Ms Thompson** explained the risk related specifically to the quality of aged built environment and associated infrastructure not complying with current standards. **Ms Thompson** also updated on an increase in fire wardens mitigating the overall fire safety risk.

**Mr Donaghy** asked if the relevant Action Plans would be presented to this Committee for approval and **Ms Thompson** clarified these actions were being taken through her Estates team as part of their backlog maintenance activities.

**Mr Donaghy** referred to BAF-03 and asked if the term 'volume' might be more appropriate rather than 'commissioning targets' with **Mrs Moore** advising not all volumes are known with SPPG expecting delivery against their set targets even through some services have not been commissioned.

**Mr McKinley** referred to BAF-04 and enquired about the current status of the single site acute MH facility business case. **Mrs Gibbs** advised this was pending with SPPG at present.

Following conclusion of discussion, **Mr McKinley** sought and obtained approval for the BAF/CRR as tabled.

#### **5.1.2 Directorate Risk Registers (DRR): Adult Services & Healthcare in Prison & People & Organisational Development Directorates**

Members received, for discussion, the aforementioned DRRs (**SET/GAC/03&04/25**).

**Mrs Gibbs** provided a summary of the key risks for the Adult Services & Healthcare in Prison Directorate highlighting a number of extreme risks associated with non-compliance with completion of annual reviews within Adult Disability Services, MCA compliance and workforce challenges within Healthcare in Prison. **Mrs Gibbs** welcomed a DoH decision to review ADHD provision regionally.

**Ms O'Neill** provided a summary of key risks associated with the People & Organisational Development Directorate all of which had low or medium risk levels currently. **Mr Donaghy** asked if the EDRMS system might have implementation risks in terms of missed absence recording. **Ms O'Neill** explained a regional project team were leading on the roll-out and this was one of the aspects being considered. **Mr Donaghy** asked if there were any risks in terms of staff shortages and **Ms O'Neill** provided background to **HR/GEN/04 Failure to recruit and retain staff**.

#### **5.2 Risk Management Quarterly Report: Q3 2024/25**

Members received, for discussion, **SET/GAC/05/25 Risk Management Quarterly Report: Q3 2024/25**, **SET/GAC/06/25 Appendix: Complaints Details and SET/GAC/07/25 Independent Service (IS) Providers Report: Q3 2024/25**.

**Mrs Walker** stated 134 complaints were overdue at time of Q3 reporting– down from 171 - with the oldest open since May 2024. **Mrs Walker** also stated 2037 incidents were overdue (not approved within 20 working days of reporting) in Q3 (down from 2431). **Mrs Walker** reported 74 open SAIs (down from 83) with 56 (down from 65) overdue awaiting final report from the service area in Q2.

**Mrs Walker** then detailed Learning Identified by Directorate and provided additional information in relation to Incidents, Complaints, Compliments and SAIs.

**Ms McCauley** asked how ongoing work to clear the SAI backlog ahead of a possible implementation of a new Being Open Framework aligned with NIPSO MCHP implementation date. **Mrs McNally** provided further detail on how these workstreams were progressing while highlighting how EMT had directed the SAI backlog as a priority ahead of a DoH deadline of 31 March 2025. **Mrs McNally** agreed to bring an update on both the SAI backlog and MCHP timeline to the next meeting.

MMcN

**Mrs Henderson** asked why total payments within Q4 2023/24 was markedly lower compared to subsequent quarters. **Ms Thompson** explained it was dependant on when claims were settled so it was not possible to identify a trend.

**Mrs Quirk** referred to the IS Report and asked if there were any trends identifiable. **Mrs Dickson** explained her team monitors this closely to check for any issues arising from individual services. **Mrs McNally** added there is an Independent Sector Governance Forum within the Integrated Governance & Assurance Framework established following the identification of an oversight need so Members would be receiving these reports going forward.

**Mr McMahan** referred to 45% of falls being listed as being of unknown origin and asked if there had been any review of this data for clustering. **Mrs Dickson** advised she would check and confirm.

CMD

### 5.3 Independent Inquiry Recommendations Implementation Oversight Group

Noted (SET/GAC/08/25).

## 6.0 ITEMS FOR DECISION

### 6.1 Committee Programme of Work 2025

Following discussion, Members approved SET/GAC/09/25 Committee Programme of Work 2025.

## 7.0 ITEMS FOR NOTING

### 7.1 Risk Management & Governance Updates

Members noted a verbal update from **Mrs McNally** on the Regional SAI Redesign Programme. Members also noted the following tabled items: SET/GAC/10/25 NIPSO Briefing, SET/GAC/11/25 MCHP Timeline and SET/GAC/12/25 NIPSO Health MCHP Framework.

### 7.2 Mental Capacity Act (MCA) Update

Noted (SET/GAC/13/25).

## **8.0 SUB-COMMITTEE BUSINESS**

### **8.1 Approved Minutes: Safety, Quality Improvement & Innovation Sub-Committee – 6 September 2024**

Noted (SET/GAC/14/25).

### **8.2 Approved Minutes: Corporate Governance Sub-Committee – 9 October 2024**

Noted (SET/GAC/15/25).

### **8.3 Corporate Governance Sub-Committee Action Plan Updates Q3 2024/25**

Noted (SET/GAC/16/25).

### **8.4 Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q3 2024/25**

Noted (SET/GAC/17/25).

## **9.0 ITEMS FOR ESCALATION**

None.

## **10.0 ANY OTHER BUSINESS**

**Mrs McNally** updated on arrangements being made for independent verification of the Board Governance Self-Assessment Tool (BGSAT) and advised she would provide a further update at the next meeting.

**MMcN**

## **11.0 DATE AND VENUE OF NEXT MEETING**

**Mr McKinley** confirmed the next meeting would be held on Wednesday 30 April 2025 at 1pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald and declared the meeting closed at 2.29pm.