

# **SOUTH EASTERN HEALTH & SOCIAL CARE TRUST**

## **Minutes of a meeting of the Governance Assurance Committee held on Wednesday 21 March 2018 at 12.00 noon in the Boardroom, Trust Headquarters, Ulster Hospital**

**PRESENT:** Dr M Briscoe, Non-Executive Director (Chairman)  
Mr N Brady, Non-Executive Director, Chairman, Audit Committee  
Mrs L O'Neill, Non-Executive Director  
Mr M Mawhinney, Non-Executive Director  
Mr J Patton, Non-Executive Director (Lead for Safeguarding)  
Ms R Coulter, Director of Planning, Performance & Informatics  
Ms B Mongan, Director of Adult Services & Prison Healthcare  
Ms N Patterson, Director of Primary Care, Older People & Executive  
Director of Nursing  
Mrs M Weir, Director of Human Resources & Corporate Affairs

**IN ATTENDANCE:** Mrs L Kelly, Assistant Director, Safe and Effective Care  
Mrs J Lewis, Assistant Director, Children's Health, on behalf of  
Mr B Whittle  
Miss I Low, Assistant Director, Risk Management & Governance/  
Board Secretary  
Miss J Turner, Executive Support Services Manager

**APOLOGIES:** Mr C McKenna, Chairman of Trust Board  
Mr H McCaughey, Chief Executive  
Mr N Guckian, Director of Finance and Estates  
Mr C Martyn, Medical Director  
Mr S McGoran, Director of Hospital Services  
Mr B Whittle, Director of Children's Services & Executive Director of  
Social Work  
Mrs C McKeown, Head of Internal Audit, BSO

### **CHAIRMAN'S BUSINESS**

### **ACTION**

The Chairman welcomed everyone to the meeting, including Mrs Julia Lewis, Assistant Director, who was attending on behalf of Mr Whittle and Mrs Linda Kelly, Assistant Director, Safe & Effective Care who be presenting on the work of the Safety, Quality Improvement & Innovation Committee (item 4.8 below).

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

Dr Briscoe invited members to declare any items of potential conflict of interests with business items on the agenda. None were received and the business of the meeting proceeded.

#### **2.0 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 10 January 2018, having

been previously circulated, were taken as read and agreed as a true and accurate record.

### **3.0 MATTERS ARISING FROM THE MINUTES**

#### **For Approval and/or Discussion**

##### **3.1 Update – D-Nav Issue**

Miss Low, on behalf of Mr Guckian, informed members that a detailed briefing on this issue was provided at the previous Governance Assurance Committee meeting on 10 January 2017 and at the Confidential Trust Board meeting held on 28 February 2018. There was nothing further to report since the Trust Board meeting.

#### **For information/noting**

##### **3.2 Update – Fire Safety Assessment following Grenfell Tower Fire**

Members were informed work is progressing in respect of the above matter following the allocation of funding for the top priority fire safety work.

##### **3.3 Update – Board Effectiveness Audit**

Members noted that updates on the recommendations in respect of the above audit have been submitted to Internal Audit. All items have been closed off.

##### **3.4 Update – Board Governance Self-Assessment Tool**

Members were advised that the completion date for the 2017/18 BGSAT is 31 March 2018. Mrs Irene Hewitt, Associate, HSC Leadership Centre, is in the process of undertaking the 2<sup>nd</sup> three year Independent Evaluation of the tool. She attended Trust Board meetings on 31 January 2018 as an observer. One-to-One tele conferences and/or meetings are being held with Non-Executive Directors, Directors and the Board Secretary.

##### **3.5 Update – Review of the Management Statement/Financial Memorandum**

Members noted that the final version of the MS/FM was received in January 2018 and submitted to the Trust Board at its meeting on 28 February 2018. A copy is now available on the Board Induction Pack.

**3.6 Update – Minutes of the Mid-Year Accountability meeting with DOH – 7/12/17 (including update on the D-Nav Issue)**

Members were advised that a copy of the minute of the Mid-Year Accountability meeting held on 7 December 2018 was circulated with the papers for the meeting.

**3.7 Update – Pressure issues (via Confidential Trust Board meeting – 28/2/18)**

Members noted that an update on pressures within ED services was given by Mr McGoran at the Confidential Trust Board meeting held on 28 February 2018.

**3.8 Update – future assurance arrangements for organisational controls which replace the Controls Assurance Programme**

Members noted that there was no new update from the previous meeting. Discussions are still ongoing with Department of Health Policy Leads.

**4.0 NEW BUSINESS ITEMS**

**For action/discussion**

**4.1 Update – Inquiry into Hyponatraemia Related Deaths (IHRD)**

On behalf of Mr Martyn, Miss Low informed members the Trust has responded to the Department of Health on Paediatric Clinical Recommendations 10-30, by the due date.

The Lead Director for the submission was Mr Martyn. Other Directors and the Trust Governance Team have worked closely with Ms Linda Kelly, Assistant Director, Safe and Effective Care, and are indebted to her for her very hard work. The possible Commissioner issues have been included in the current compliance with recommendations 10-30 and also the gap analysis.

Ms Coulter has shared the Trust response document with Dr Miriam McCarthy, Director of Commissioning, HSCB. Feedback from the Medical Director Regional Meeting is that all Trusts have reported similar positions. The Trust is at an advanced stage of setting up an Oversight Meeting to ensure implementation of all recommendations.

Correspondence has been received from Dr Paddy Woods, Deputy Chief Medical Officer, DoH, advising that a Departmental-HSC Liaison Group has been established and will meet, as required, to share information and updates on

progress. Regular updates will be provided on the progress through the SQIIC Committee.

#### **4.2 Annual Review of the Committee's Programme of Work and Terms of Reference**

Members received for consideration and approval a copy of proposed changes to the Committee's Terms of Reference and Programme of Work in tracked changes format.

In presenting the paper, Dr Briscoe stated that the Terms of Reference for all Trust Governance Assurance committees were sourced, for comparative purposes. Following review of the documentation, a number of amendments to the Terms of Reference for the Committee were proposed:

##### ***Membership of the Committee***

###### ***In attendance:***

*Other members of staff may be required to attend meeting/s as the Committee Chair /members consider necessary. (source – BHSCT)*

Members approved this amendment.

Ms Coulter enquired about the attendance of Deputies at the Governance Assurance Committee. Miss Low stated that, on occasions, deputies would attend the Committee, for learning purposes, such as part of an Induction programme. It was agreed that deputies would not routinely attend the Committee, on behalf of Directors.

##### ***Remit of the Committee***

*Receive reports and progress reports about recommendations and/or remedial actions taken or proposed if there is an internal failing in systems or services within the organisation. (source BHSCT)*

A member enquired about the proposed amendment in relation to the role of the Audit Committee. Following a short discussion, it was agreed that this would be amended, in order to reflect there would be no duplication between the Governance Assurance and the Audit Committees.

*Mrs O'Neill joined the meeting at this point.*

### **Remit of the Committee**

*Ensure the views of the local community, experts by experience and staff input are incorporated into the development of services (source NHSCT)*

It was agreed to remove this amendment. The PPI Committee reports through to the SQIIC Committee and so it was not required in the Terms of Reference for Governance Assurance.

The other proposed amendments which were minor in nature (as per the tracked changes in the document) were also accepted by members. Miss Low advised that the amendments would be made to the TOR document which would be submitted to the Trust Board meeting on 28 March 2018, for approval/endorsement.

IL

In relation to the Programme of Work document, Dr Briscoe enquired about how “Dear Accountable Officer” letters would be shared with Non-Executive Directors. A short discussion ensued and it was noted that there was process in place for these letters already; traditionally, these letters relate to finance issues and would be added to the Audit Committee agenda, as and when required.

It was agreed, however, that Miss Low would discuss this issue further with Mr Guckian on his return from leave and provide an update at the next meeting. Following discussion, the Programme of Work was approved (subject to the addition of the items included as tracked changes) and would be submitted to the Trust Board meeting on 28 March 2018, for approval/endorsement.

IL

### **4.3 Draft Report on the Effectiveness of the Committee**

Members received, for consideration and approval, a copy of the draft Report on the Effectiveness of the Committee for 2017/18, a copy of which had been circulated with the papers for the meeting. In presenting the draft report, Miss Low highlighted section 7.0 of the report which concluded that “*the Committee had carried out its duties appropriately during the year 1/4/17 to 31/3/18*”. It was noted that amendments to the Programme of Work and Terms of Reference (item 4.2 above) were also referenced in this report.

A short discussion took place and Dr Briscoe commended the format of the report and stated it reflected the significant volume of work carried out during the year. Reference was also made to Table 1 and attendance at meetings by members; Dr Briscoe confirmed that she had addressed this with said individuals prior to the meeting.

Following discussion, members approved the draft report subject to confirmation of the queries listed in the draft report. A copy of the report will be circulated with the minutes of this meeting to the Trust Board meeting scheduled for 28 March 2018.

IL

#### **4.4 Draft Annual Report of the Governance Assurance Committee**

Members received, for consideration and approval a copy of the draft Annual Report of the Committee for 2017/18. In presenting the paper, Miss Low said that it was compiled in a similar format to previous reports. A short discussion ensued and members duly approved the draft report which would also be tabled, for information, at the forthcoming Trust Board meeting on 28 March 2018. Miss Low advised that she will try and get the outcome of the Internal Audits in respect of Controls Assurance from Mrs McKeown for completeness, prior to uploading Board Papers.

IL

Dr Briscoe thanked Miss Low for the preparation of this report which very clearly demonstrated the work of the Committee during the year in line with its Terms of Reference. The format is very user friendly – short, succinct but yet very comprehensive.

#### **4.5 Approval of Corporate Control and Safety, Quality Improvement & Innovation Committee action plans for 2018/19**

Members received, for endorsement, the action plan for the Corporate Control Committee for 2018/19 which had been circulated with the papers for the meeting. A short discussion ensued and this was duly endorsed.

Miss Low advised that the SQIC had been postponed from 23 March 2018 to 20 April 2018 and therefore this action plan would be submitted for endorsement at the next meeting.

IL

#### **4.6 Observations/comments from Internal Audit**

There was no representative of Internal Audit present at the meeting. For this reason no observations/comments were provided to members.

#### **For information/noting**

#### **4.7 Review and update of Standing Orders & Standing Financial Instructions**

Miss Low reported that the Committee's Programme of Work provides for annual review of the Standing Orders and

Standing Financial Instructions. However, as the documents were amended on two occasions during 2017 there were no further amendments to the documentation. This will be kept under review, in the usual manner.

IL

#### **4.8 Presentation by the Chairpersons of Corporate Control and Safety, Quality Improvement and Innovation Committees**

##### ***4.8.1 Presentation on the work of the Corporate Control Committee and its aligned sub committees***

Miss Low introduced the presentation on the work of the Corporate Control committee. Members were informed of the integrated governance arrangements which are in place and the context in which the Corporate Control committee functions.

A member enquired if the number of committees, which report to the Corporate Control and Safety, Quality Improvement and Innovation Committees could be reduced. In response, Miss Low stated that the committee structure is regularly reviewed and amended, where deemed beneficial. Mrs Kelly also stated there is a risk, with reducing the number of committees, of diluting the level of assurance provided.

Mrs Weir reminded members that the Committee structure is a way in which Executive Directors assure themselves of the delivery of safe and high quality services. In relation to the administrative function of the committees, Mrs Weir stated the role of chair of a committee is not an additional responsibility for those who carry out the role.

Mr Brady enquired if there was an element of “gold plating” in relation to the committee structure. In response, Ms Coulter stated the structure is effective and is of assistance and benefit to staff. There are a number of external requirements, which require the Trust to have formal arrangements in place against which to test and report on. Ms Coulter cited the example of the PPI Committee. Following review, the number of meetings was reduced to three per year, with ten members, internal and external to the organisation. The corporate governance of each committee is important and this is assisted by the use of standardised documentation.

Ms Patterson highlighted that even if the committee numbers were to be reduced, the same business still has to be carried out. An alteration in the current committee structure would transfer responsibility on to front line staff thus increasing workload pressures on them.

Mr Patton noted that it was very important for the Trust to have a robust governance programme in place and this infrastructure, which might look detailed and cumbersome certainly provided the relevant assurances for Board members. Ms Mongan added that the Trust provides a wide range of complex services and the committee infrastructure reflects the nature of the business.

Dr Briscoe stated the discussion was helpful and the committee structure would be kept under review.

Mr Brady who originally made the enquiry stated he was satisfied with the response provided and he acknowledged the action taken in reducing the number of meetings, of one committee (and others), following review. Miss Low stated his comments would be noted and taken into account during future reviews of the committee infrastructure.

IL

Continuing the presentation, Miss Low stated that all objectives for the year were achieved (13 in total). Members were informed of the key achievements during the year and the key challenges for the Committee. The impact and benefits of the work of the Committee were outlined. Miss Low summarised the Objectives for 2018/19.

Mrs Weir then summarised the outcomes of the 15 sub-committees aligned to Corporate Control during the year. With regard to the work of the Health & Safety Committee, members noted that circa 30 Health and Safety policies had been fully reviewed and updated during the year. Mr Mawhinney enquired if there was more emphasis on Safety than Health. In response, Miss Low stated this may appear to be the position but the Health and Safety committee works closely with Occupational Health, on a number of policies, for example, skin care, RPE, fit testing etc.

Miss Low also stated the Health and Safety committee had been recently re-structured and there was now better engagement with Trade Unions. In addition a pilot of e-learning material was being carried out and an electronic audit tool was also sourced.

Mr Mawhinney enquired if preventive measures, which would be required in Children's Directorate and Prison Health Care, were factored in to the Health and Safety policies. In response, Miss Low stated that each Directorate has local arrangements, policies and procedures in place. The main Health and Safety Policy provides a high level framework and supporting policies.



Mrs Weir, in response to Mr Mawhinney's query, stated there was much emphasis on staff health and wellbeing within the Trust and this has been particularly enhanced during the last 12 months. For example, the Chaplaincy staff are carrying out work on spiritual support for staff. A short discussion ensued and it was proposed, and members agreed, that it would be beneficial for Health and Wellbeing to be discussed at a future Trust Board Workshop. In addition, Mrs Weir invited members to visit the new CSSD facilities to see, first hand, of the work that goes on within this Department. Anyone wishing to visit, should contact Mrs Weir's secretary in the first instance.

ALL

Dr Briscoe thanked Mrs Weir for including the information on outcomes with the presentation.

#### **4.8.2 Presentation on the work of the Safety, Quality Improvement & Innovation Committee**

Mrs Kelly summarised the 2017/18 position in relation to the Safety, Quality Improvement and Innovation Committee. Members were informed the Professional Governance Fora reports to the Safety, Quality Improvement and Innovation Committee. In addition, a Mortality and Morbidity Oversight Committee has been established and is chaired by Mr Martyn. It reports to the Safety, Quality Improvement and Innovation Committee.

*Mrs Weir left the meeting.*

The number of Objectives for the Committee were reviewed during the year and reduced to 5, under three key themes. Mrs Kelly outlined how the objectives were achieved in the context of the themes. In response to an enquiry from Dr Briscoe, Mrs Kelly stated the Research, Development and Innovation Committee was separate from the Research Committee. Miss Low clarified that the Trust did not have a standing Ethics Committee, as such and a special one off meeting would be established, as and when required. All objectives were achieved. The key achievements and challenges during 2017/18 were outlined. Mrs Kelly concluded by outlining the objectives for 2018/19 and noted that the outcomes from sub committees aligned to SQIIC would be included at the next SQIIC meeting on 20/4/18.

Dr Briscoe thanked Miss Low and Mrs Kelly for their informative presentations. She acknowledged the significant role and benefits, to Board members, of the committees and the wide range of work undertaken by the Committees and the sub-committees. All members concurred with Dr Briscoe's comments.

## 5.0 **STANDING AGENDA ITEMS**

### **For action/discussion**

#### 5.1 **Update on the Corporate Risk Register 2017/18 and creation of the 2018/19 Corporate Risk Register**

Miss Low reported that she had attended the EMT meeting on 6 February 2018 to discuss the closure of the 2017/18 CRR and the formulation of the 2017/18 register. A short summary of the outcome of the meeting was provided, for information. Members will receive the draft CRR 2018/19 for approval in due course prior to submission to the Trust Board at its meeting in May/June 2018.

IL

#### 5.2 **Update on the Controls Assurance Programme – 2017/18 and way forward for 2018/19**

Miss Low reported that the Controls Assurance returns for 2017/18 have now been completed. Substantive compliance was achieved in 21 of the 22 standards. Only Medical Devices did not achieve this level of compliance.

A discussion followed on arrangements within the Trust, which would be implemented following the removal of the Controls Assurance Programme on 1 April 2018 and the cessation of the AS/NZ Standard on 30 June 2018. Miss Low stated it was anticipated there may be circa 14 alternative assurance models in place. Mrs Weir said that the work carried out by the Controls Assurance Project Team will continue, in the incoming year, by a committee of a different name and with different membership, if required. After the year of transition, the work and remit of the group will be reviewed.

Mrs Weir stated the Trust would continue to report against the Risk Management Standard, with the usual documentation. It was not yet known how this would be reported on but this would be identified during the year.

Members acknowledged there were risks associated with having no standards against which to report. Mr Brady enquired if there would be an opportunity to rationalise the number of standards against which the Trust would choose to report against, in the future. In response, Mrs Weir stated this would be considered during the transition year and, as far as possible, Trusts would work on a regional basis. Members would be kept apprised of progress on this issue.

MW/IL

## **For information/noting**

### **5.3 Minutes of the Corporate Control (17 January 2018) and Safety, Quality & Innovation Committee (1 December 2017)**

Members received, for information, the minutes of the Corporate Control Committee, held on 17 January 2018 and the Safety, Quality Improvement and Innovation Committee held on 1 December 2017, copies of which had been circulated with the papers for the meeting. There was no significant issues for discussion.

### **5.4 Action plans for Corporate Control and Safety, Quality Improvement & Innovation Committees – 2017/18**

Members received, for information, the action plans for the Corporate Control for 2017/18 (with status report as at 31 March 2018), which were circulated with the papers for the meeting. There were no significant issues for discussion.

Miss Low advised that the SQIIC had been postponed from 23 March 2018 to 20 April 2018 and therefore the 2017/18 action plan (with update as at 31/3/18) would be submitted for endorsement at the next meeting.

IL

## **6.0 ANY OTHER BUSINESS**

There was no business under this item.

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

It was agreed that the next meeting of the Committee should be held on **Wednesday 13 June 2018 at 12 noon, in the Board Room, Trust Headquarters, Ulster Hospital.**

IL