

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Committee Meeting held on Wednesday 30 April 2025 at 1pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr N McKinley, Non-Executive Director (Chair)
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
Ms S McCauley, Non-Executive Director
Mr K McMahon, Non-Executive Director
Mr Havlin, Non-Executive Director
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, Contracts & Estates
Mr M Neil Director of Unscheduled Care, Medicine & Cancer
Mrs C-M Dickson Director of Primary Care & Older People's Services
Mrs H Moore, Director of Planning, Performance and Informatics

IN ATTENDANCE : Mrs V Walker, Head of Risk Management Advisory Services
Ms L McAree, Head of Information Governance & Litigation Services
Ms F Gunn, Assistant Director, Social Work Learning & Improvement (obo Mrs Preece)
Ms A McMaster, PA, Office of Chief Executive (transcript of minutes)

CHAIRMAN'S OPENING REMARKS

Mr McKinley welcomed everyone to the meeting and formal introductions were provided. Having covered a number of housekeeping matters, **Mr McKinley** advised the meeting would conclude promptly at 3:15 pm.

Mr McKinley acknowledged the significant amount of work undertaken and the assurance and evidence of progress. Members noted that, in the absence of a minute taker present, the meeting would be recorded.

1.0 APOLOGIES

Ms Coulter (Chief Executive), Mrs Smyth (Director of People & Organisational Development), Mrs Preece (Director of Children's Services & Executive Director of Social Work), Mr Patton (Chair of Trust Board), Mrs McNally (Assistant Director, Risk Management & Governance/Trust Board Secretary)

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

None declared.

3.0 MINUTE OF MEETING HELD ON 22 JANUARY 2025

Approved without further amendment.

ACTION

4.0 **MATTERS ARISING**

Members noted **SET/GAC/18/25** with two matters completed.

Mr McKinley added a further item is now concluded in relation to BGSAT Independent Verification. **Mrs Walker** noted that whilst the item is not listed on the agenda, a positive process is in place and is progressing well.

5.0 **ITEMS FOR DISCUSSION**

5.1.1 **Risk Management Quarterly Report: Q4 2024/25**

Members received, for discussion, **SET/GAC/19/25** with **Ms McAree** giving a brief synopsis of key issues.

Mr Donaghy sought clarity in relation to an action plan for incidents involving service user behaviour with **Ms Gunn** advising risk assessments were carried out regularly to assist in management of behaviours and reviewed in conjunction with treatment plans.

5.1.2 **Appendix – Complaints Detail**

Members received, for discussion, (**SET/GAC/20/25**).

Ms McCauley advised of technical difficulties with the quality of the sound for those joining the MS Teams call.

Ms McCauley noted that, in Q4, 18% of closed complaints had been reopened and queried the possible causes; Members noted the increases for approval dates for incidents, the number of complaints and ombudsman queries during the quarter.

Mrs McNally advised that she will provide an update on these Quarter 4 increases at the next meeting.

MMcN

Mrs Walker confirmed re-opened complaints are currently being reviewed by the Complaints team to ascertain the reason for re-opening. To enable this work, new fields had been introduced to the Datix system and being addressed at regional meetings. **Ms McCauley** suggested it may be of benefit to review the Complaints Policy. **Mrs Walker** updated Members on the new Model Complaints Handling Procedure due to be published in the near future.

5.1.3 **SAI Backlog Overview**

Members received, for discussion, (**SET/GAC/21/25**).

Mrs Walker advised the Trust is being held to account by targets introduced by the SPPG relating to SAIs. In addition, **Mrs Walker** advised work is ongoing to support areas clear the backlog of cases in advance of the new redesign process being implemented.

Mrs Walker referred to the paper circulated regarding the current position - in particular the section highlighting those SAIs which

required submission by 9 May 2025. There are now four responses returned from that list. It will be necessary to seek an extension to the deadline from the SPPG for some cases where the information required is outside of our control. Reminders were issued to Directors on 29 April 2025 requesting the necessary information. **Mr McKinley** commended the information contained in the report.

Mrs Quirk sought clarification regarding how the Trust monitors independent provider responses to SAIs in terms of recommendations and actions and also if they are engaging in the process with lessons learned. **Mrs Walker** advised that, within the Datix system, the Trust tracks recommendations from SAIs and the relevant team provide any necessary follow up.

5.1.4 IS Quarterly Report

Members received, for discussion, (**SET/GAC/22/25**) with **Mrs Walker** updating on incidents and complaints from the IS including electives adding these are monitored via the Contracts Team. Members noted the Report highlighted a dip in Quarter 4 and an update will be provided at a future meeting.

Ms Parks noted that, under the IS section for elective care, there were six instances recorded. Members were provided with assurance that, whilst there are red flag endoscopy delays, there are no cancer diagnoses and therefore no poor patient outcomes. **Ms Parks** provided clarity for Mr McMahon regarding the reference to the Regional Day Procedure Centre (RDPC) based at Lagan Valley Hospital. **Mr McMahon** outlined there were three occasions when the IS did not undertake endoscopy. **Ms Parks** advised that the IS lease out the premises at the RDPC at the weekend and endoscopy was not undertaken with the process is that the case is reassessed again by the Trust. Should the clinician deem the procedure, a priority then it is performed by Trust staff.

5.2 Independent Inquiry Recommendations Implementation Oversight Meeting Group

Members received, for discussion, (**SET/GAC/23/25**) with **Mr Martyn** providing assurance the Trust encouraged all staff to engage in the Being Open Framework consultation process adding that, in terms of the recommendations, these had been largely implemented. **Mr Martyn** confirmed a corporate response, led by HR colleagues, had also been submitted by the required deadline.

With respect to the Neurology update, **Mr Martyn** advised there is no substantive update with another review of some additional cases seen by Dr Watt having been undertaken and the official report awaited. **Mr Martyn** confirmed that, regarding the Independent Neurology Inquiry (INI) programme, there are still a number of recommendations requiring further information and clarification from DoH. **Mr Martyn** also updated on the public consultation opened on the redesign of the current SAI procedure and closing at the end of June 2025.

WT

6.0 ITEMS FOR DECISION

6.1 Risk Registers

6.1.1 BAF Risk Document/Corporate Risk Register Q4

Members received for approval, **SET/GAC/24/25** with **Mrs Walker** advising all Quarter 4 updates had been received for both the Board Assurance Framework and the Corporate Risk Register. **Mrs Walker** updated on one risk - ***BAF03: Inability to deliver against Commissioned performance targets Trust-wide*** which had an additional gap in control added in this quarter in relation to the transition to encompass which resulted in a delay on the availability of many statutory and operational reports.

Mrs Walker confirmed that no risks were added or closed on the BAF or the Corporate Risk Register in Quarter 4 and there was no significant movement in risk scoring. Members noted there were 14 new risks added to directorate risk registers, one of which will be escalated to EMT for possible inclusion on the CRR and this relates to NIAS waiting times. There were 5 risks closed on the DRRs in Quarter 4 - details of which are outlined on Page 37 of the Report.

Mr McKinley inquired regarding the emergence of 14 new risks being added to the DRRs and the impact of that within teams charged with governance and risk mitigation. **Ms Parks** provided clarity regarding the ENT Consultant on site cover which has recently been added. There is a greater Belfast ENT on-call Consultant rota, however there are gaps in that rota and therefore concern regarding the level of cover available. The risks are being managed and work is underway in relation to operating procedures across both Trusts.

Mr Donaghy inquired if there was a way to provide a better understanding of what the risks are in terms of workforce.

Mrs Dickson noted that, in terms of workforce, all Directorates discuss the detail of the issues at Directorate meetings and a summary fed into the overall Report.

Ms McCauley highlighted two issues in respect of the CRR where it may be possible for a degree of strengthening in relation to buildings given current financial constraints, fire safety and cyber security. **Ms Thompson** explained the key assurances regarding fire safety and cyber security are taken forward by the work of the Sub-Committees with year-end reports and actions plans being populated and reported quarterly. The detailed assurances in managing the risks are captured at the lower level through those reports.

6.1.2 Risk Appetite Statement and BAF Template

Members received, for approval, **SET/GAC/25/25** with **Mrs Walker** referring to the Trust Board Development Day held on 20 March 2025 to agree and approve risk categories, risk appetite and tolerance levels and to seek approval for the new BAF template.

Meetings are ongoing with Directorates to take actions forward and populate the revised template. The final draft document will be presented to Trust Board in May 2025 for approval. Directorates will be working on Quarter 1 updates going forward for the next meeting. **Mrs Quirk** sought clarity in relation to the risk around the aged environment and if there could be a point when the Trust becomes uninsurable. In response, **Mrs Thompson** advised HSC Trusts are self-insured. **Ms McCauley** commended the work being undertaken in relation to risk appetite. **Mr McKinley** then sought and obtained approval for the BAF as tabled.

Directorate Risk Register - Schedule

6.1.3 Planning Performance and Informatics

Members received, for review, **SET/GAC/26/25** with **Mrs Moore** highlighting underperformance in technical coding which has been an area of concern since encompass go-live. The regional policy for clinical coding needs to be updated and work is ongoing to resolve the issues and SET engaging with policy holders in this regard. In the interim, a remedial solution was approved at a recent EMT meeting and implemented in April 2025. The depth of quality of coding is being monitored.

Mrs Moore advised a broader cyber security risk has been added which includes use of unsupported systems. A sub-group has been established reporting to the Cyber Security Oversight Group with work ongoing with services and operational leads. There is a project to highlight any system or server that could be falling into unsupported category linked to the regional digital health agenda. SET is ensuring staff are cyber aware as part of mandatory training. With respect to workforce issues, digital system teams are difficult to recruit and retain. SET has worked hard to create clear pathways for these staff to encourage employment in the health sector. **Ms McCauley** welcomed this progress.

Primary Care & Older People's Services

Members received, for review, **SET/GAC/27/25** with **Mrs Dickson** highlighting the current finance risk which whilst common to the organisation is also specific to her Directorate due to an ageing population, domiciliary care pressures and care home level of demand. The second risk listed has moved to the CRR. Two of the risks on the DRR relate to encompass and KPI reporting. There is a regional sub-group leading on this, led by Nursing & Midwifery staff.

Mrs Dickson also updated regarding a closed risk for workforce stating that effective from today the Directorate was at 100% staffing complement and able to meet our best needs as statutory function obligations. With respect to medication administration, work is ongoing with contingencies in place.

Mr Donaghy sought clarity on an action plan required for a corporate risk relating to AHP workforce. **Mrs Dickson** advised

PHA and SPPG are leading a regional piece of work in this regard, with a meeting scheduled for the beginning of May 2025. **Mrs Dickson** highlighted there had been no funding for AHP special education need support since the end of 2024.

Surgery, Elective Care, Maternity & Pediatrics

Members received, for review, **SET/GAC28/25** with **Ms Parks** advising 37 of the 66 risks being closed off. One risk on the CRR relates to lack of Regional Medical Physics resources. Of note in regard of ENT Consultant cover risk, **Ms Parks** stated it was hoped to appoint a Consultant ENT surgeon in the near future.

7.0 ITEMS FOR NOTING

7.1 RMG Updates

7.1.1 NIPSO MCHP Model for Complaints Handling Procedure

Mrs Walker advised the Operational Network meetings are ongoing and it is expected the final MCHP will be publicised on 1 July 2025 with a period of six months to fully implement. Work is progressing with e-learning modules and some generic videos are available on NIPSO's website. Work is being progressed regionally with some designated workstreams to look at training for staff. There will be significant changes required within the Datix system going forward. The Strategic Network will be meeting in the next few weeks.

7.1.2 SAI Redesign Framework for Learning and Improvements from Patient Safety Incidents

Noted (**SET/GAC/29/25**) with **Mrs Walker** confirming the SAI Redesign Framework Consultation was open and available on the DoH website. A Trust group has been established and scheduled to meet on 12 May 2025 to look at a composite response from the Trust.

Mr McKinley inquired as to how NEDs could feed into or have sight of the output of that working group and if the response would be shared with Trust Board. **Mrs Walker** will liaise with **Mrs McNally** and provide an update for **Mr McKinley**.

VW

7.1.3 Internal Audit Update

Risk Management

Mrs Walker noted SET has received a satisfactory outcome.

Complaints

Mrs Walker advised this Audit had initially received limited assurance and a further piece of work had to been undertaken so the outcome amended to satisfactory. **Ms McCauley** commended the work undertaken to achieve these outcomes. **Mrs Walker** added SET was working through the recommendations with action plans in place.

Litigation

Ms McAree confirmed the Claims Process Audit has commenced.

Mrs Henderson conveyed her thanks to the teams for these audit outcomes and acknowledged the significant work involved.

7.2 Learning from Medication Incidents

Noted (SET/GAC/30/25).

7.3 ALB Covid-19 Inquiry Update

Mrs Walker advised SET had completed a questionnaire in respect of Module 7 of the Inquiry and returned to DLS.

8.0 SUB-COMMITTEE BUSINESS

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

Noted (SET/GAC/31/25).

8.2 Approved Minutes: Corporate Governance Sub-Committee – 15 January 2025

Noted (SET/GAC/32/25).

Mr Martyn advised there is significant work being progressed through the Sub-Committees with opportunity to escalate where necessary. **Mr McKinley** added he had been impressed with the level of detail across the various workstreams and the progress made. **Mr McKinley** also congratulated the Radiology team on their PFI Award.

8.3 Corporate Governance Sub-Committee Action Plan Updates Q4 2024/25

Noted (SET/GAC/33/25) with **Mrs Walker** highlighting the Risk Management Strategy was under review and would be brought to the Committee in due course.

VW

8.4 Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q4 2024/25

Noted (SET/GAC/34/25).

8.5 Corporate Governance Sub-Committee Action Plan Draft 2025/26

Noted (SET/GAC/35/25).

8.6 Safety, Quality Improvement & Innovation Committee Report on New Sub-Committee Action Plans 2025/26

Noted (SET/GAC/36/25).

8.7 Corporate Governance Sub-Committee Reports

8.7.1 Position Report (as at end year 31 March 2025)

Noted (SET/GAC/37/25).

8.7.2 Assurance Composite Report Summary 2024-25

Noted (SET/GAC/38/25).

8.7.3 Programme of Work Position Paper

Noted (SET/GAC/39/25).

8.7.4 Action Plan Position Report as at 31 March 2025

Noted (SET/GAC/40/25).

8.8 Draft Review of Effectiveness of Corporate Governance Sub Committee 2024/25

Noted (SET/GAC/41/25) as approved.

8.9 Organisational Controls Assurance (End Year Position)

Noted (SET/GAC/42/25).

8.10 Issues for Consideration from Sub-Committees

8.10.1 Medical Devices Sub Committee

Noted (SET/GAC/43/25) with **Ms Thompson** updating both she and **Ms Parks** co-chair this Sub Committee as issues were cross-Directorate in nature as identified via an internal audit particularly in relation to the lifecycle of medical devices with a number of recommendations being worked through and a policy being finalised. Progress will be monitored through a number of fronts. **Ms McCauley** welcomed this work on this topical subject.

8.10.2 Safety, Quality and Innovation Sub-Committee

Noted (SET/GAC/44/25) with **Dr Robinson** explaining the key issues regarding pressure ulcers and efforts to address them.

9.0 ITEMS FOR ESCALATION TO TRUST BOARD

None.

10.0 ANY OTHER BUSINESS

10.1 Updated Meeting Schedule

Noted (SET/GAC/45/25) with **Mrs Walker** confirming the start time for future meetings would be 2pm. Members noted that, due to diary constraints, Mr Donaghy would join virtually when required.

11.0 DATE AND VENUE OF NEXT MEETING

Mr McKinley confirmed the next meeting would be held on Wednesday 30 July 2025 at 2pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald and declared the meeting closed at 3.15pm.