

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 McMahon, 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 McMahon, 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.