

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Governance Assurance Committee held on Wednesday 19 December 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
Mr M Mawhinney, Non-Executive Director
Mr C McKenna, Chairman of Trust Board
Mr J Patton, Non-Executive Director (Lead for Safeguarding)
Mr H McCaughey, Chief Executive
Ms R Coulter, Director of Planning, Performance & Informatics
Mr N Guckian, Director of Finance and Estates
Mr C Martyn, Medical Director
Mr S McGoran, Director of Hospital Services
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
Mr B Whittle, Director of Children's Services & Executive Director of
Social Work

IN ATTENDANCE: Ms I Low, Assistant Director, Risk Management and Governance and
Board Secretary
Miss J Turner, Executive Support Services Manager
Ms A Henderson, Assistant Director, Financial Services

APOLOGIES: None

CHAIRMAN'S BUSINESS

At the outset, Dr Briscoe welcomed Ms Andrea Henderson, Assistant Director, Financial Services, to the meeting, which she was attending as part of her induction. Dr Briscoe congratulated Mr Whittle on his appointment to a new post, within the HSCB. The start date for the new post has not been confirmed. Members were informed that Miss Turner will be retiring at the end of March 2019.

Dr Briscoe advised that she had asked Ms Mongan, in advance of the meeting, for an update in respect of the Muckamore Abbey Hospital issue and that this would be addressed under Any Other Business. Mrs Weir also requested to update members under this section in respect of developments with regard to the pay award issue and this was agreed by Dr Briscoe.

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

ACTION

and the business of the meeting proceeded.

2.0 MINUTES OF THE PREVIOUS MEETING HELD

The minutes of the previous meeting held on 19 September 2018, having been previously circulated, were taken as read and agreed as a true and accurate record.

Mr Patton and Ms Coulter joined the meeting.

3.0 MATTERS ARISING FROM THE MINUTES

For action/discussion

3.1 Update – D-Nav issue

Mr Guckian updated members on the present position relating to the provision of the D-Nav service. It has been agreed by the Department of Health, that the D-Nav service will be rolled out, across the Region, up to a maximum of 700 patients. Negotiations are ongoing with the Provider on how they will support this model. The Provider has undertaken to work in conjunction with the Trust and the Department to take this forward.

Mr Guckian updated members about recent action taken by the Provider when they communicated directly with patients which resulted in the Trust reporting the incident to the Information Commissioner. Mr McKenna enquired if the Trust had communicated with the Provider regarding the inappropriateness of their action. In response, Mr Guckian outlined the communications which were made by the Trust, which culminated in a legal letter being issued. Agreement has been reached by the Solicitors for both parties that such action will not be repeated.

Mr Mawhinney enquired if there was any particular reason why the situation changed, for the better, from that reported at the last Trust Board meeting. Mr Guckian stated that funding was in place for 700 patients and so it was logical for this to be utilised. In addition, there has been interest from other Trusts in the service.

Mr Brady enquired if the Trust's position in relation to the data breach was adequately protected. In response, Mr Guckian outlined the actions taken by the Trust in respect of the data breach and noted that the outcome from an ICO perspective was still awaited. However, it was highly likely that any actions would be against the Provider as it was they who caused the breach.

It was agreed this item would be removed from the agenda and Mr Guckian would report on any further developments, as they arose.

NG

3.2 Update – Short Life Group to review and assess the effectiveness of the Trust’s governance arrangements for services commissioned from the Independent Sector Governance Review

Mr Whittle outlined the background to the establishment of the Short Life Group as detailed above.

A short life group was established in September 2018 by the Executive Management Team to undertake rapid progress to provide assurance as to the quality and safety of services commissioned from the independent sector. The group was asked to make proposals to strengthen the current governance arrangements with a focus on the quality and safety of the services commissioned from the independent sector.

The report arising from this work has previously been presented for consideration and approval by EMT. This report (copy circulated with the papers for the meeting) along with the 11 resulting recommendations was presented to the Governance Assurance Committee. The committee considered the report and accepted the 11 recommendations in full and the associated timescales.

Discussion then ensued and it was noted that there are contracts with multiple providers in the Independent Sector to the value of £130m. It was also noted that one of the recommendations referred to a review of the integrated governance structure and this would be done at a Workshop, before March 2019 (Mrs Weir had been tasked to take this forward). Non-Executive Directors would be invited to attend the Workshop. In relation to the Estates issue regarding fire records and inspections of Independent Sector facilities, this will be addressed, with the best way of doing so to be identified. Clarity, from across the Region, will be sought on this issue. Mr Guckian agreed to follow this up.

MW

Dr Briscoe enquired about the statement in the Report which referred to the lack of formal process for monitoring contracts, in Adult Disability Services, with independent sector providers. In response, Ms Mongan stated that spot checks of contracts were carried out and bi-annual contract meetings are held.

NG

Mr McCaughey joined the meeting.

Dr Briscoe enquired about the slippage of Care Management Reviews and requested information, broken down by Directorate/teams, across all areas. Ms Mongan stated the information could be provided, which would reflect a point in time, but events such as unexpected absence can impact on the data. Ms Patterson also stated that she would have the information for her respective programme but suggested that the slippage figure is somewhere in the region of 10-15%. Mr Whittle suggested that this information is probably contained in the Delegated Statutory Function report and undertook to respond to Dr Briscoe's query post meeting.

BW

A discussion followed on how the findings of the self-assessments will be addressed on a regional basis. It was acknowledged that the Review, being undertaken by CPEA, on behalf of the Department, has yet to report. The recommendations in the Report will be taken forward by the Trust. However, it was noted that there may be a need to revisit the recommendations, depending on the outcome/recommendations of the CPEA report.

BW

In response to an enquiry from Dr Briscoe, Mr McCaughey outlined how the recommendations for the Trust's internal report will be taken forward within the Trust. Progress against the recommendations will be managed through EMT. Report against progress will be tabled at Governance Assurance Committee and Trust Board, in due course. Mr Whittle stated the Workshop would be a valuable vehicle for identifying how to take forward the recommendations and how the governance arrangements would be developed. In addition, Ms Patterson said that it was important to recognise that this piece of work had started the Trust on an important improvement journey which had commenced pre the COPNI report and Dunmurry Manor issue.

HMCC

Dr Briscoe commended the report of the Short Life Group and it was agreed the issue will be discussed at the Committee, at an appropriate time in the future.

IL

Ms Coulter left the meeting.

For information/noting

3.3 Update – Inquiry into Hyponatraemia Related Deaths (IHRD)

Mr Martyn informed members that the Trust is represented on, and is contributing to, a number of Regional groups in respect of the above issue. The latest regional meeting was held last week. Members noted that the Trust's IHRD Oversight Group is responsible for taking forward the work

associated with the Inquiry and it receives regular detailed update reports. Further updates will be provided to this Committee, as and when required.

3.4 Update – Mid-Year Assurance Statement – October 2018

Members received, for information, a copy of the amended Mid-Year Assurance Statement which had been circulated with the papers for the meeting. In presenting the paper, Mr Guckian stated that a number of minor amendments had been made by the Department to the Trust's Mid-Year Assurance Statement post submission in October 2018. The four issues were duly considered and amendments made to the statement and resubmitted to the Department on 10 December 2018.

3.5 Update – Dunmurry Manor

Ms Patterson stated that work is ongoing in respect of the above matter, including the police investigation, into issues associated with Dunmurry Manor.

4.0 NEW BUSINESS ITEMS

For action/discussion

4.1 Update – outcome of Ground Clearing Meeting – 29 November 2018

Mr Guckian stated the Ground Clearing meeting was positive, with few issues emerging. Standing items, including Finance, will be included on the agenda for the Accountability meeting.

4.2 Mid-Year Accountability Review Meeting – DoH/SET – 20 December 2018

Members noted that the Mid-Year Accountability Review Meeting scheduled for 20 December 2018 had been postponed, by Mr Pengelly's office. It will be re-arranged in January 2019.

4.3 Draft Board Governance Self-Assessment Tool (BGSAT) and discussion on identification of Case Study

Members received, for consideration and comment the draft BGSAT and action plan for 2018/19. In presenting the papers, Miss Low advised that for ease of reference any changes made since the last return were listed as 'tracked changes'. Dr Briscoe, and members, commended Miss Low on the succinctness of the document and noted that there were no new action points since the last assessment.

Members also noted that the conclusion of the assessment was Green for all areas, subject to completion of the case study section which would not on this occasion change the RAG rating. Miss Low advised that the final document will be presented to the Trust Board for approval at its March meeting and invited any amendments or additions from members to the draft assessment by the end of January 2019. A short discussion ensued and members approved the draft document subject to inclusion of the case study section and any further amendments by members by mid January 2019.

ALL

Dr Briscoe then sought Directors' views on the way to choose the case study. Miss Low advised members how previous case studies had been chosen (ie, via EMT meetings) and reminded Dr Briscoe that she had requested the issue of the case study be discussed at the Governance Assurance Committee to ensure input from Non-Executive Directors (a case study should demonstrate how NEDs were involved in shaping the issue identified). In response, Mr McCaughey suggested that agenda items discussed at previous Confidential and Public Trust Board and the Governance Assurance Committee meetings could be reviewed from the previous 12-18 months. From this, a shortlist could be selected. In response to Dr Briscoe's query, Miss Low advised the case study needs to be completed in time for submission of the full BGSAT to the Trust Board at its meeting to be held on 20 March 2019.

Following a short discussion, it was agreed the shortlist would be compiled by Mrs Weir/Miss Low, electronically, and ratified at the meeting of the Corporate Control Committee on 16 January 2019. Following this, the case study would be submitted for approval to the Trust Board at its meeting on 20 March 2019.

IL

4.4 Update – Draft Board Assurance Framework, Risk Management Strategy and update on Governance Strategy

Members received, for consideration and approval, draft Board Assurance Framework 2018-2021 and draft Risk Management strategy 2018-2021. In presenting the papers, Miss Low outlined the background to the development of the new documents (main revisions due to replacement model for Controls Assurance and the cessation of the former AS/NZ Risk Management Standard). Members also noted that a draft Integrated Governance Strategy 2018-2021 had been prepared but was not in a format for sharing with members for approval at this stage and would be circulated when ready.

IL

Miss Low briefed members on the key changes in both documents. The main change within the Board Assurance Framework was the use of the Baker Tilly tool to assess the effectiveness of the Trust's assurance arrangements which concluded that the Trust had 'fully effective' assurance arrangements in place. The key change to the draft Risk Management Strategy was the references to the new HSC Regional Model for Risk Management. In addition, both documents had also been issued to key stakeholders internally and a number of minor amendments had been received and would be incorporated into the final version of the documents.

Following discussion, members were satisfied to approve both documents subject to inclusion of any further final internal amendments. In addition, it was noted that the draft Risk Management Strategy would be tabled at the Corporate Control Committee on 16 January 2019 for approval, and both documents would be submitted to the Trust Board in March 2019, for endorsement. Dr Briscoe commended Miss Low on the preparation of both documents which were excellent frameworks to support the governance infrastructure and system of internal control.

IL

For information/noting

There were no items listed for discussion under this section.

5.0 STANDING AGENDA ITEMS

For action/discussion

5.1 Update on the Corporate Risk Register 2018/19

Miss Low advised that the Corporate Risk Register was presented at Trust Board on 28 November 2018 – there were no changes since that date.

5.2 Update – Organisational Controls Assurance Group

Mrs Weir stated the transition from the former Controls Assurance Standards to the new model (now named Organisational Controls) was ongoing. Regular meetings of the Project Team have been held and a draft paper documenting the transitional arrangements would be tabled at the Corporate Control Committee on 16 January 2019 for approval.

MW/IL

Mr McKenna left the meeting.

For information/noting

5.3 Minutes of the Corporate Control (17 October 2018) and Safety, Quality & Innovation (7 September 2018) Committees

Members received, for information, the minutes of the Corporate Control Committee (held on 17 October 2018) and Safety, Quality Improvement & Innovation Committee (held on 7 September 2018), for information.

In response to Dr Briscoe's query in relation to the work being undertaken by RQIA into SAIs, Miss Low provided an overview of the proposed work. A meeting with RQIA in respect of this work is scheduled for 8 January 2019. An update will be provided at the next meeting.

IL

5.4 Action plans for Corporate Control and Safety, Quality Improvement & Innovation Committees – 2018/19

Members received, for information, copies of the action plans of the Corporate Control and SQII Committees for 2018/19 (including status update as at 31 December 2018). There were no areas of concern noted and members noted that the majority of items were on target for completion.

6.0 ANY OTHER BUSINESS

6.1 Update on Muckamore Abbey

Ms Mongan updated members on the ongoing investigation, which relates mainly to one ward in Muckamore Abbey Hospital. A report was compiled by the Independent Chair, Dr Margaret Flynn. The Report was not published, but was shared with family members of those included in the remit of the investigation. The Permanent Secretary has also met with family members and has given an undertaking that all long stay residents will be re-accommodated by the end of 2019.

There are currently 15 staff suspended by the Belfast Trust. To date, no South Eastern Trust resident or patient has been identified on CCTV footage, which continues to be examined for evidence of abuse. The Trust continues to engage with all families, to give them the opportunity to report any concerns: to date, nothing has been raised. Two of the members of Belfast Trust staff, who were identified on the CCTV footage now work in the Trust. No concerns regarding their performance, while employed by the Trust, have been raised and they continue to work in Muckamore Abbey.

Focus will continue on making arrangements to resettle the remaining three Trust residents. This will be a challenge, given the complex needs of the individuals and the type and level of care required.

Work continues on trying to find suitable alternative accommodation for the five delayed discharge patients.

Dr Briscoe enquired if there was any slippage in the Care Management Reviews for those whom the Trust had responsibility for in the Psychiatric Intensive Care Unit (PICU). Ms Mongan stated there was no slippage: Trust staff are directly involved for the Care Management in the Unit and for planning for discharge. Staff engage with all parents/carers.

Dr Briscoe enquired about the role and responsibility of RQIA on this issue, given the demise of the Mental Health Commission. In response, Ms Mongan said the Level 3 investigation raised issues regarding the function of RQIA, relating to the regularity of inspections. There may be further focus on this issue in the near future.

6.2 Update on Pay Award

Mrs Weir stated the Trusts worked closely with the Department and Trade Unions on the negotiations for a pay award for 2018/19. Discussions concluded on 17 December 2018 and it was recorded that no formal agreement was reached. However, the Department of Health will proceed towards implementation of the proposal set out, by them, earlier in the month. The Trade Unions have indicated they will not invoke industrial action.

Negotiations will commence in January 2019 for Years 2 and 3 of the proposed pay award plan. The new pay scales have been shared with staff.

6.3 Update re Fire Safety issue in the In Patient Ward Block

Mr Patton enquired about the progress with the issues associated with Fire Safety in the In Patient Ward Block. In response, Mr Guckian stated the remedial work on the horizontal fire barriers was well advanced. The cost of this work will be met by the contractor and it is anticipated it will be completed by 29 March 2019.

There remained issues to be resolved in relation to the vertical barriers and it is anticipated there will be legal proceedings in relation to the issues raised.

Mr Guckian assured members the core issue of risk is being addressed by the remedial work to the horizontal barriers. Much work has been carried out on Fire Safety in the In Patient Ward Block.

7.0 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting of the Committee should be held on **Wednesday 13 March 2019 at 12 noon, in the Board Room, Trust Headquarters, Ulster Hospital.**

IL