

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Committee Meeting held on Wednesday 13 August 2025 at 11.30am via Microsoft Teams

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
Mr C Martyn, Medical Director
Ms S McCauley, Non-Executive Director
Mr K McMahan, Non-Executive Director
Mr R Havlin, Non-Executive Director
Dr D Robinson, Deputy Chief Executive, Executive Director of Nursing,
Midwifery & AHPs and Director of Support Services
Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts
& Estates
Mr M Neil Director of Unscheduled Care, Medicine & Cancer
Mrs H Moore, Director of Planning, Performance and Informatics

IN ATTENDANCE : Ms C McKeown, Head of Internal Audit
Mrs M McNally, Assistant Director, Risk Management &
Governance/Trust Board Secretary
Mrs V Walker, Head of Risk Management Advisory Services
Mrs T Glover, Risk Management & Governance Adviser (minute taker)

CHAIRMAN'S OPENING REMARKS

Mr McKinley welcomed everyone to the meeting and formal introductions were provided. Having covered a number of meeting etiquette matters, **Mr McKinley** advised the meeting would conclude promptly at 1pm.

Mr McKinley, acknowledged **Ms McKeown**, from Internal Audit, who was attending in her capacity as observer.

Mr McKinley acknowledged the significant amount of work undertaken and the assurance and evidence of progress between the two committees that support this committee.

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), Ms M Parks, (Director of Surgery, Elective Care, Maternity & Paediatrics) Mrs V Cleland, (Interim Director of Primary Care & Older People's Services), Mr Patton (Chair of Trust Board), Mrs S Henderson, (Non-Executive Director)

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

None declared.

ACTION

3.0 MINUTE OF MEETINGS HELD ON 22 JANUARY 2025 and 30 April 2025

The minutes of the meetings held on 22 January 2025 and 30 April 2025 were approved without further amendment. **Mr McKinley** noted that a minor typographical error in the January minutes had been identified and subsequently corrected.

4.0 MATTERS ARISING

Members noted **SET/GAC/46/25** with all four matters completed.

Mr McKinley noted that the Trust's response to the SAI Redesign Framework Consultation had been provided within the meeting papers. **Mrs McNally** highlighted the number of queries raised by **Ms McCauley** following receipt of the previous meeting minutes and advised that an update had been provided on the matters arising sheet.

5.0 ITEMS FOR DISCUSSION

5.1.1 Risk Management Quarterly Report: Q1 2025/26

Members received, for discussion, **SET/GAC/47/25** with **Mrs Walker** giving a brief synopsis of key issues.

Mrs Walker highlighted that additional items have been included in the weekly governance call, such as recommendations from SAIs and the number of overdue incidents within each directorate. She noted that this has been beneficial, with directorates implementing strategies to address the backlog. She added that services have been working diligently, resulting in a decrease in the number of overdue recommendations from 160 to 55. These remaining recommendations will be reviewed at the SAI Recommendation Review Group with **Mrs McNally**, **Mr Martyn**, and **Mr Toner**.

5.1.2 Appendix – Complaints Detail

Members received, for discussion, (**SET/GAC/48/25**).

Mrs Walker highlighted the layout of the report, which lists complaints beyond 100 days, noting that some may appear more than once if they span multiple areas or categories. She reported that a long-standing complaint previously managed by **Mrs Preece** had now been resolved and closed.

Mr McKinley queried the difficulties in achieving timely resolution. **Mrs Preece** advised that sensitivities within her directorate, particularly regarding children's disability, often lead to multifaceted complaints that are difficult to resolve. She confirmed that a governance lead is now in post to focus on complex cases; however, high staff sickness levels have also impacted resolution times.

Mr Donaghy highlighted a recurring trend of complaints relating to staff behaviour and attitude and further emphasised the importance

of focusing on culture and communication across the health service, particularly in relation to developments within Belfast Trust.

Ms McCauley queried whether complaint numbers were increasing or decreasing annually. It would be useful to check this years, annual increase as proportional to patient numbers.

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Ms McCauley also highlighted trends relating to patient falls and incidents of aggression and challenging behaviour. She queried whether preventative measures could be implemented to address these issues before they result in complaints.

Dr Robinson advised that falls are referenced in the compliance against process measure, which forms part of the Fall Safe Bundle aimed at actively preventing falls. This is reflected in the NME Assurance report. He also highlighted the introduction of the yellow blanket, particularly in the ED unit, noting that the pilot has shown positive outcomes.

Mrs Preece highlighted that 615 compliments were received in Quarter 1, similar to Quarter 4 of the previous year, equating to a ratio of approximately two compliments for every complaint. She emphasised the importance of learning from compliments as much as from complaints.

Mrs McNally advised that her team reviews patterns and trends in complaints, incidents and SAIs to ensure that any learning is identified and shared widely across the Trust and, where appropriate, regionally.

5.1.3 **SAI Backlog Overview**

Members received, for discussion, (**SET/GAC/49/25**).

Mrs Walker referred to the paper included in the board papers, which highlighted the backlog of SAIs. She advised that the position has since changed, as the data is live, and noted the percentage target recently imposed by SPPG, requiring the Trust to have no more than 30% of its open SAIs overdue by 24th September 2025.

Mrs Walker further advised that a number of SAI reports are still expected to be submitted by the end of August.

5.1.4/5 **IS Quarterly Report & Briefing paper**

Members received, for discussion, (**SET/GAC/50/25 & SET/GAC/51/25**)

Ms Thompson highlighted that the main issue in the report is the backlog of historic outstanding incidents that remain unclosed. She advised that the team, together with care support teams, are working collaboratively to ensure incidents are recorded, appropriate follow-up actions are taken, and cases are subsequently closed.

5.1.6 **NME Assurance Report Q4**

Members received, for discussion, (**SET/GAC/52/25**)

Dr Robinson advised that the report provides quarterly detail, similar to the report tabled at Trust Board. He further confirmed that, as with falls, every pressure ulcer undergoes an independent review to determine whether it was avoidable, providing assurance on the management of such incidents.

Mr McMahon queried whether the introduction of Encompass had led to improvements in medication incidents, particularly errors. **Dr Robinson** advised that there had been a slight reduction in omitted critical medicines.

Mr McKinley commended **Dr Robinson** on the Yellow Blanket initiative and enquired whether it could be rolled out beyond the Trust into nursing homes. **Dr Robinson** confirmed that learning from the initiative had been shared both internally across the organisation and externally.

5.2 Independent Inquiry Recommendations Implementation Oversight Meeting Group

Members received, for discussion, (**SET/GAC/53/25**)

Mr Martyn advised that the Inquiries Implementation Programme Management Board will oversee all inquiries collectively, rather than establishing separate boards for individual inquiries. He noted that the Trust has replicated this approach through the Independent Inquiry Recommendations Implementation Oversight Group.

He reported that the current focus within IHRD includes the Being Open initiative, the Independent Medical Examiner initiative, and the SAI Redesign workstreams. An Independent Medical Examiner has been appointed, and the SAI Redesign has completed its consultation process, with the final report awaited.

Mr Martyn further advised that work is ongoing in relation to the Dr Watt Inquiry. The expert panel has completed its review of records, and the overall Phase 3 group work is expected to be completed by December this year.

Mr Martyn advised that, at a meeting with the Department of Health Inquiry Programme on 3 July 2025, it was confirmed that the Trust is compliant with all 32 recommendations relating to management, investigation, medical appraisal, and long working hours. The Trust was commended for the work it has undertaken in these areas.

5.3 Early Alert Notification - EA19.25 - HiP Prison Population – EMT Briefing paper and Directorate response

Members received, for discussion, (**SET/GAC/54/25 & SET/GAC/55/25**)

Mr McKinley thanked **Mrs Gibbs** for her detailed response to a number of questions received from **Ms Henderson**, which he believed had addressed all queries. He also expressed appreciation for the inclusion of a briefing paper that had been tabled at EMT the previous month. **Mrs Gibbs** advised that she and **Ms Coulter** had met with Tracey McCaig from SPPG and her team in relation to escalating this issue.

6.0 ITEMS FOR DECISION

6.1 Risk Registers

6.1.1 BAF Risk Document/Corporate Risk Register Q1

Members received for approval, **SET/GAC/56/25** with **Mrs Glover** providing a brief overview of the quarterly developments.

It was noted that there was no new risks added or closed on the BAF during the quarter and there has been no significant changes in the risk score, all remaining consistent with the previous quarter.

Mrs Glover advised that, during a recent BSO audit, it was recommended that directorates provide a clear rationale for retaining risks on the register that have already met their target score. This is just to ensure the BAF continues to reflect only those risks that require active strategic oversight in relation to the corporate risk register.

In relation to the Corporate Risk Register, Mrs Glover listed three risks added during the quarter;
CSSW3-25/26 - Lack of short break provision and the volume of unallocated cases.
FE5 25/26 - Non compliance with public contract regulations 2023 in relation to purchased health care
FE6 25/26 - Non compliance with public contract regulations 2023 in relation to social care contracts

Mrs Glover reported that there were no corporate risks closed in quarter, and there has been no significant changes with the risk scores, and again that all remaining consistent with the previous quarter.

In relation to the Directorate Risk Register during the quarter, a total of thirty new risks were added, with eighteen risks being closed.

Ms McCauley asked Ms Thompson if she was content with the inherent risk score for BAF – 01. Ms Thompson reported that while she is content with the score at present, she acknowledged that this may change. She explained that a formal allocation letter has now been introduced to support budget setting.

Mrs McNally highlighted that this was the first BAF presented in the new template and format, and required the aspect within the board response around the 4Ts category to be populated. Mr. McKinley

suggested that each Director, in consultation with the Chief Executive, determine the appropriate treatment or 4T category, then bring this to the full Board for approval.

Following agreement, Mrs. McNally confirmed that she will present the BAF document once completed to Trust Board for approval.

6.1.2 **Directorate Risk Register - Schedule**

Finance & Estates

Members received, for review, **SET/GAC/57/25**

Ms Thompson provided a summary of the key risks for the Finance & Estates Directorate highlighting two extreme risks. **Ms. Thompson** flagged *FIN/EST/15 Risks associated with the Management of medical devices throughout the Trust*, noting that progress is being made, but is slower than desired due to resource constraints and a slowdown in recruitment caused by the current financial position. She confirmed that the final draft of the policy is currently with her, emphasizing that approval of the policy is an important step to support the ongoing work.

Ms. Thompson also referenced *FIN/FS/ Risk that SEHSCT will not be ready to implement the replacement HR, Payroll, Finance and Procurement system*. Although it is still at an early stage and has already experienced delays, it represents a significant risk to the organization. **Mr Donaghy** sought clarification regarding the new finance system, asking whether it is a bespoke model or off-the-shelf. Ms Thompson confirmed that it is an off-the-shelf system, and that the contract has been signed with the supplier, Oracle.

Unscheduled Care, Medicine & Cancer

Members received, for review, **SET/GAC/58/25**

Mr Neil provided a summary of the key risks for the Unscheduled Care, Medicine & Cancer Directorate, highlighting the challenges around *HS/USC/09 ED Mental Health risk, HS/USC/08 Recruitment UHD ED (medical), HS/MED/09 Infection control risk - LVH wards and HS/USC/02 Ligature Risk*.

6.2

Compliments and Complaints Annual Report

Members received, for review, **SET/GAC/59/25**

Mrs Walker referred back to the comparison between complaints and compliments. She reported that compliments have increased by 500 this year, while complaints have risen by only 40. Mrs Walker advised that complaints have now transferred to the Datix web system, and added that the main focus for the coming year will be the planning for the introduction and roll out of the new Complaints Handling Procedure. This is based on NIPSO's Model Complaints Handling Procedure for health and will have major implications for

- 6.3 the organisation. Further information will be provided in due course. Mr McKinley then sought and obtained approval for **SET/GAC/59/25** as tabled.

Claims and Coronial Investigations Annual Report

Members received, for review, **SET/GAC/60/25**.

Mrs McNally explained that this year's report had been developed in a different format, with the aim of extracting learning to prevent recurrence. Mr. McKinley commended the quality of the graphics and the clarity of the report.

Mr McMahon requested further detail around the significant increase in claims paid. Mr Martyn explained this could be attributed to a small number of high value cases. Ms Thompson confirmed that it was one maternity related case that settled for an extremely high amount.

- 6.4 Mr McKinley then sought and obtained approval for **SET/GAC/60/25** as tabled.

Health and Safety Annual report

Members received, for review, **SET/GAC/61/25**.

Mrs McNally advised that this report had been approved by the Health and Safety Committee.

Mr Donaghy sought clarification around the increase in RIDDOR incidents. Mrs Walker noted that the increase could be due to various factors and confirmed that she would review the position and provide an update on any emerging themes. She also provided assurance that incidents are triaged daily. She explained that the Health and Safety Committee regularly reviews statistical information, and where an incident appears to be repeated or may meet the threshold, the Health and Safety Team will follow up directly with the relevant service.

- 6.5 Mr McKinley then sought and obtained approval for **SET/GAC/61/25** as tabled

Information Governance Annual Report

Members received, for review, **SET/GAC/62/25**

- 6.6 Mr McKinley then sought and obtained approval for **SET/GAC/62/25** as tabled.

Risk Management & Governance Annual Report

Members received, for review, SET/GAC/63/25

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6.7 Mr McKinley then sought and obtained approval for **SET/GAC/63/25** as tabled.

Terms of Reference & Briefing paper

Members received, for review, **SET/GAC/64/25 & SET/GAC/65/25**
Mrs McNally reported that she had been informed the Trust would shortly receive a letter from the Department requiring the establishment of a Patient Safety and Quality Committee. She advised that she had begun drafting Terms of Reference for members' consideration, emphasising the need to be clear on the evidence to be provided. As the letter has not yet been received, she invited members' comments on the draft Terms of Reference, to be returned by 27 August 2025.

ALL

It was agreed that the draft would be brought back for discussion at the Governance Assurance Meeting in October, before being presented to the Trust Board for ratification

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7.0 ITEMS FOR NOTING

7.1 RMG Updates

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

Mrs McNally reported that the Department of Health is currently reviewing the responses received following the consultation, and that they are in the process of considering these. It was noted that a further meeting will be scheduled in due course. No additional information was available at this time.

7.1.2 Communication regarding interim arrangements

Noted (**SET/GAC/66/25**) with Mrs Walker confirming that while Level 1 SAIs continue to be notified, the Level 1 report is no longer submitted. Where regional learning is identified, a learning template is provided to SPPG. Interface incidents are now sent directly, with advice to engage with the other organisation while copying SPPG. **Mrs Walker** noted that a key challenge will be the debate between organisations regarding which should take the lead in reviews.

7.1.3 MCHP briefing paper

Noted (**SET/GAC/67/25**). **Mrs. Walker** referred to the briefing paper and provided an overview of the new process. She advised that the new MCHP must be implemented by 1 January 2026, but confirmed that the aim is to have it fully in place within the Trust ahead of that date in order to address any issues prior to the formal implementation deadline.

NIPSO MCHP Model for Complaints Handling Procedure

7.1.4 Noted (**SET/GAC/68/25**) **Mrs Walker** confirmed that NIPSO have a series of videos up on their website for how to resolve complaints at

Stage 1, they are currently working on their e-learning for Stage 2 complaints and hope that some of those modules will be available in the autumn.

NIPSO Bulletin

7.1.5 Noted (SET/GAC/69/25)

DoH News Release - Complaints and Compliments Received by HSC Trusts In Northern Ireland (2024/25)

7.1.6

Noted (SET/GAC/70/25)

7.2 Learning from Medication Incidents

Noted (SET/GAC/71/25).

7.3 SW Assurance Newsletter

Noted (SET/GAC/72/25). Mrs Preece advised this information is to provide assurance to Trust Board in regard to statutory functions and also to demonstrate good practice within the service.

Report on Sealed Documents

Noted (SET/GAC/73/25). Mrs McNally explained that the Report on Sealed Documents is currently listed in the GAC Programme of Work, but expressed the view that going forward it should be tabled directly at Trust Board.

Members were in agreement with this approach.

Risk Management Strategy

Approved (SET/GAC/74/25). Mrs Walker advised that the Risk Management Strategy remains in place until next year and therefore a full review has not yet been undertaken. She advised the document has been updated with revisions in sections on risk tolerance and risk appetite, and the addition of the Risk Appetite Statement.

Board Governance Self-Assessment Tool

Noted (SET/GAC/75/25).

8.0 SUB-COMMITTEE BUSINESS

8.1 **Approved Minutes: Safety, Quality Improvement & Innovation Sub-Committee -28 March 2025**

Noted (SET/GAC/76/25).

8.2 **Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q1 2025/26**

Noted (SET/GAC/77/25).

8.3 SQIIC Action Plan position report as at 30 June 2025

Noted (SET/GAC/78/25)

8.4 Approved Minutes: Corporate Governance Sub-Committee of 16 April 2025

Noted (SET/GAC/79/25).

8.5 CGC Sub-Committee Action Plan Updates Q1 2025/26

Noted (SET/GAC/80/25).

8.6 Action Plan position report as at 30 June 2025

Noted (SET/GAC/81/25).

8.7 Issues for Consideration from Sub Committees

8.7.1 DHIG - Progress of NIS Regulations recommendations

Noted (SET/GAC/82/25).

Mrs Moore referred to the escalation paper from the Digital Health and Information Governance Subcommittee regarding progress on the NIS Regulation recommendations. She advised that the Trust had received 44 recommendations from the NIS Competent Authority in September 2024. There is a risk that the Trust will achieve limited assurance in the planned audit in 2026 if attention including financial investment is not given to the remaining recommendations.

Mrs Moore noted that the owners of the recommendations face competing priorities, with many staff engaged in management and administrative roles. She emphasised the need to balance implementation of the audit recommendations with maintaining business continuity. A business case is being developed to support all Trusts in identifying additional resource to assist with this work, and papers have been submitted to EMT. All Directors have identified representatives, and a Task and Finish Group will be established.

Mrs Moore also referred to the recent cyber exercise earlier in the year, which had helped re-engage services in considering what constitutes an essential service.

9.0 ITEMS FOR ESCALATION TO TRUST BOARD

None.

10.0 ANY OTHER BUSINESS

None.

11.0 DATE AND VENUE OF NEXT MEETING

Mr. McKinley thanked members and extended his appreciation to their teams for the wealth and detail of information provided to support the meeting.

Mr McKinley confirmed that the next meeting will be held on **Wednesday, 29 October 2025** at **2.00pm** in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald, with the option for members to join via MS Teams. The meeting was declared closed at 1.00pm.