

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Governance Assurance Committee held on Wednesday 13 March 2019 at 12.00 noon in the Boardroom, Trust Headquarters, Ulster Hospital

- PRESENT:** Dr M Briscoe, Non-Executive Director (Chairman)
Mr D Sagar, Chairman of Trust Board
Mr M Mawhinney, Non-Executive Director
Mr H McCaughey, Chief Executive
Mr N Guckian, Director of Finance & Estates
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:** Miss I Low, Assistant Director, Risk Management and Governance &
Board Secretary
Mrs A Anderson, Executive Support Services
- APOLOGIES:** Ms R Coulter, Director of Planning, Performance & Informatics
Mr S McGoran, Director of Hospital Services
Mr N Brady, Non-Executive Director, Chairman, Audit Committee
Mr J Patton, Non-Executive Director (Lead for Safeguarding)
Mr C Martyn, Medical Director
Ms C McKeown, Head of Internal Audit, BSO

ACTION

CHAIRMAN'S BUSINESS

At the outset of the meeting, Dr Briscoe welcomed Mr Deep Sagar, to his first meeting of the Committee, in his new role as Chairman of the Trust with effect from 1 March 2019. She wished him well as he embarked in his new role.

Dr Briscoe acknowledged that today's meeting had been brought forward by one week to accommodate an earlier Trust Board meeting (on 20 March 2019), therefore, some papers/reports that would normally go the March Trust Board meeting would now go to the May Trust Board meeting instead.

On behalf of members, Dr Briscoe wished to record the Committee's thanks and appreciation to members, as follows:-

- To the former Chairman, Mr Colm McKenna for his leadership during his tenure in post (last day of service – 28/2/19);
- To Mr Whittle for his invaluable contribution to the work of the Committee. Dr Briscoe wished him well in his new role in the Health and Social Care Board;

- Finally, to Mr McCaughey (who will join the meeting later today) in his new role as a National Director of Improvement for NHS England and NHS Improvement. She commended his leadership skills as Chief Executive of the Trust for over 10 years.

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 19 December 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 action/discussion

3.1 Update – on Action Plan in relation to the Review of Independent Sector Governance arrangements for services commissioned from the Independent Sector Governance Review

Members received, for information, a copy of the updated action plan in respect of the above item, which had been circulated with the papers for the meeting. As Mrs Weir had to leave the meeting early today, Dr Briscoe invited her to update members with regard to the specific action point with regard to the proposed governance workshop. In response, Mrs Weir briefed members accordingly.

She said that this item had been previously discussed at the Governance Assurance meeting on 19 December 2018 when it was noted that a workshop with relevant parties including Non-Executive Directors would be held to discuss and agree the way forward. This was further discussed at Corporate Control Committee at its meeting on 16 January 2019 where it was noted that given the workload of NEDs, at present, it would be better if Mrs Weir would convene a smaller workshop with key Directors/Assistant Directors. Mrs Weir was pleased to report that Dr Briscoe had agreed to be the Non-Executive Director representative at this meeting. Arrangements are currently in hand to progress the workshop.

Mr Whittle then updated members on remainder of the plan and highlighted key actions accordingly together with the

MW/IL

arrangements for the provision of assurance to members in terms of completion and implementation of the recommendations.

A discussion ensued. With regard to Dr Briscoe's query at the last meeting about slippage in Care Management Reviews and if the figures could be broken down across all areas, Mr Whittle confirmed that this data is not currently collected. He had originally thought the information was collected in the Delegated Statutory Functions report. However, whilst the narrative section deals with the general issue of pressure on teams resulting in reviews not being done on an annual basis it is not broken down further.

In respect of action point 2 (regarding caseload sizes in Older Peoples and Adult Services), Ms Patterson reported that from an Older People's programme perspective a first draft of this work has commenced in terms of scoping complexity and size along with skill mix and management structure in order to manage the mix of health and social care. She said that this was quite a complex piece of work and there would be slippage in the timescale for completion.

With regard to Adult Disability Services, Ms Mongan said that her teams were working closely with the Older People's Directorate. They have reviewed the skill mix within community teams. Numbers on caseloads have been confirmed and work is ongoing to identify recommended caseload size to ensure the required care management functions (including reviews) are undertaken in a timely manner.

Dr Briscoe said that the action plan was very comprehensive and recognised that the implementation of the recommendations would not be cost neutral, particularly in respect of contract and care management arrangements. This was a significant piece of work and she welcomed the further strengthening of governance arrangements for our ISP services.

It was agreed that members would be updated on a regular basis with regard to progress on the implementation of the recommendations outlined in the action plan.

BM

3.2 Update – D-Nav issue

For the benefit of Mr Sagar, Mr Guckian provided a brief overview on the background of the D-Nav model to date and how it became an integral part of the delivery of enhanced Titration Services for Diabetics within the Trust. Spearheaded by Dr Roy Harper, there are currently 400-500 patients

successfully using the service and there has been ongoing negotiation with the company on the best way forward. The latest proposal was rejected by the Trust and a revised proposal presented which came closer to the original ideal. The proposal has been returned to clinical and operational staff who are keen to sustain the service.

Originally two risks were concerning – media and clinical. In terms of the clinical element, patients receive much better education on the use of insulin and clinical risks are much less a cause for concern for Trust clinicians. The Trust currently has funding for this service. While the Department of Health are keen for this service to be rolled out regionally, a view has been sought from Dr Harper (lead clinician, SET) in this regard.

In response to Mr Mawhinney's query, Mr Guckian said that formal communication with patients will be made once the final decision on the service has been agreed with the provider. Reference was also made by Mr Guckian to an IG breach by the provider involving patient's data which was reported to the Information Commissioner's Office and is now resolved. A legal agreement has now been put in place with the provider to prevent a further IG breach in the future.

Dr Briscoe thanked Mr Guckian for his very comprehensive reply and noted that this item could now be removed from the agenda.

For information/noting

3.3 Mid-Year Accountability Review Meeting – DoH/SET – 15/3/19

Members noted that the rescheduled Mid-Year Accountability Review meeting would be held on 15 March 2019. Mr McCaughey and Mr Sagar will be attending and an update will be provided at the next meeting. Mr McCaughey said that a ground clearing meeting had been held in advance of this meeting and all key issues had been addressed.

DS

3.4 Board Governance Self-Assessment – discussion on identification of Case Study

Members noted that at an EMT meeting held on 15 January 2019, members had agreed Lakewood as an appropriate subject for the 2018/19 case study. Post meeting this was changed to Prison Healthcare service. Miss Low confirmed that the completed case study has been received and duly incorporated into the final BGSAT document for approval by Trust Board at its meeting on 20 March 2019.

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

Members were advised that the final versions of the Board Assurance Framework and the Risk Management Strategy (2018/2021) were presented to, and endorsed by, the Trust Board at its meeting on 11 February 2019. The draft Integrated Governance Strategy for 2018/21 is currently under development and will be presented to members for consideration in due course.

IL

3.6 Update – RQIA IHRD SAI review

Members noted that Miss Low had attended a meeting with RQIA in respect of the IHRD work with regard to Serious Adverse Incidents. Communication with regard to identified cases is ongoing.

3.7 Update – Muckamore Abbey

Members were advised that a comprehensive update in respect of the above item was provided to members at the last meeting of the Confidential Trust Board meeting held on 11/2/19. There was nothing further to add at this juncture. Members will continue to be kept apprised of emerging pertinent issues, as appropriate.

3.8 Update – Pay Award

Members noted that a comprehensive update in respect of the above item was provided to members at the last meeting of the Confidential Trust Board meeting held on 11/2/19.

Mrs Weir advised that press enquiries in respect of this matter are being dealt with through the Department of Health on a regional basis. In terms of preparation work, Trust staff worked closely with Unions to ensure that staff were aware of the processes and potential outcomes of the problems associated with the pay award for payment in February 2019. A further issue had recently emerged through BSO affecting 370 staff within the Trust.

BSO are working to resolve the issues. Mr Guckian confirmed that he had written to the Head of Shared Services in BSO acknowledging the good team work being undertaken in terms of rolling out the pay award and resolving any emergent issues. The matter was also raised at the Business Systems Forum chaired by Mr Guckian and attended by all HSC Trusts.

4.0 **NEW BUSINESS ITEMS**

For action/discussion

4.1 **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 said that a lot of work had been completed last year to inform the review of the documents and therefore there were very few amendments in the papers presented today. Miss Low highlighted one item in relation to the identification of the case study for the BGSAT which should have been added to the programme of work document (September). This was duly noted and agreed.

A short discussion ensued and members agreed to the proposed tracked changes (and one additional item to the Programme of Work) in both documents which will now be submitted to the Trust Board, for approval, at its meeting on 29 May 2019 (timing too tight for turnaround for the March Board meeting).

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4.2 **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 2018/19, 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 1/4/18 to 31/3/19*". It was noted that amendments to the Programme of Work and Terms of Reference (item 4.1 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 previously addressed this issue and was satisfied with the explanation provided in the report.

Following discussion, members approved the draft report subject to completion of Table 1. It was agreed that a copy of the report should be submitted to the Trust Board, for approval, at its meeting on 29 May 2019 (timing too tight for turnaround for the March Board meeting).

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4.3 Draft Annual Governance Report

Members received, for consideration and approval, a copy of the draft Annual Report of the Committee for 2018/19. In presenting the paper, Miss Low said that it was compiled in a similar format to previous reports.

A discussion ensued and members requested further information be added to section 3.5 in terms of illustrating the good work undertaken during the year with regard to items (d) and (e) and a short paragraph to be added in relation to outcome of the work to assess the effectiveness of the Trust's governance arrangements for services commissioned from the Independent Sector at item (j). Following discussion, members approved the draft report, subject to the inclusion of the above information, for submission to the Trust Board at its meeting on 29 May 2019, for endorsement.

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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.

4.4 Approval of Corporate Control and Safety, Quality Improvement & Innovation Committee action plans for 2019/20

Members received, for endorsement, the action plan for the Corporate Control Committee for 2019/20 which had been circulated with the papers for the meeting. A short discussion ensued and this was paper duly endorsed.

IL

Miss Low advised that the SQIIC had been postponed from 22 March 2019 to 15 April 2019 and therefore this action plan would be submitted for endorsement at the next meeting.

IL

4.5 Observations/comments from Internal Audit

Members noted that a representative from Internal Audit ordinarily attends the Governance Assurance Meetings twice yearly (March and September). Unfortunately, due to the change of date for today's meeting the representative was not available on this occasion and had tendered their apologies.

For information/noting

4.6 RQIA Governance review of Out-patient Departments – Early findings with regard to Safeguarding

Members received, for information, a letter dated 5 February 2019 from the DoH (three professional officers) in relation to

RQIA Review of Governance of Outpatient Services – Early Findings on Safeguarding across Adults and Children’s services. The letter was shared with both the Adults and Children’s Safeguarding Committees at their meetings on 1 March 2019.

In addressing this communication, Mr Whittle said that the Trust is required to undertake a significant piece of work in outpatient departments/services to establish if there is a level of risk and return conclusions to the DoH in a report to Trust Board at the end of May 2019.

To this end, it was agreed that Adults and Children’s Services would set up a short task and finish group led by Ms Julia Lewis, Assistant Director, who will meet with relevant Assistant Directors to address the issues outlined the DoH letter, taking that work forward and returning conclusions back to the Safeguarding Committee/s and then to Trust Board at its meeting on 29 May 2019.

BM

4.7 Circular OSS/02/18 – Delegation Framework

The above paper was withdrawn prior to the meeting and the agenda amended accordingly.

4.8 Review 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 document was substantially amended in January 2016 (and updated again in August 2017) there were no further amendments submitted to Miss Low for consideration that would require further revisions to the document. This item be kept under review, in the usual manner.

4.9 Presentation by the Chairpersons of Corporate Control and Safety, Quality Improvement and Innovation Committees

Members noted that due to the change in date of today’s meeting the annual presentations by the chairs of the Corporate Control and SQIIC had been deferred to the June meeting (19/6/19).

Mr McCaughey said the focus of the presentations would be on the objectives for last year, how these were delivered and how governance within the organisation is stronger as a result of the work undertaken.

5.0 **STANDING AGENDA ITEMS**

For action/discussion

5.1 **Update on the Corporate Risk Register 2018/19**

Miss Low reported that she had attended the EMT meeting on 26 February 2019 to discuss the closure of the 2018/19 CRR and the formulation of the 2019/20 register. A short summary of the outcome of the meeting was provided, for information – 15 items were carried forward into 2019/20 with new action plans and two new items added in relation to EU Exit and ISP governance arrangements. Miss Low confirmed that members will receive the draft CRR 2019/20 at its June meeting (19/6/19) for approval prior to submission to the Trust Board at its meeting on 26 June 2019, for endorsement.

A short discussion ensued with regard to the addition of EU Exit item and Mr Guckian responded to members' queries in this regard. He confirmed that the issue of EU Exit has been discussed at various levels in the context of equipment, medicines management and radiotherapy. There are regional contingency plans in place.

Mr Mawhinney asked if it would be useful for the new Chair or Chief Executive to write to the Department of Health highlighting again what the risks are for the Trust. In response, Miss Low confirmed that the CRR is submitted to our sponsor branch twice per year. Mr Guckian noted that at Ground Clearing meetings the Trust discuss the CRR and those issues that cannot be resolved are escalated accordingly. Mr McCaughey updated members on his attendance at the recent Transformation Implementation Group meeting earlier today.

5.2 **Update – Organisational Controls Assurance Group**

Members received, for information, a Position Paper on the replacement model for the former Controls Assurance Standards, which had been circulated with papers for the meeting. In presenting the paper, Miss Low briefly outlined the background to the development of the paper which had been approved by Corporate Control at its meeting on 16 January 2019 and then submitted, for information, to the Public Trust Board meeting held on 11 February 2019. A short discussion ensued.

Miss Low highlighted the main change in the programme which was the provision of a documented assurance statement which will provide more robust assurances by Directors to assist the Chief Executive, Mr McCaughey in signing off the end of year Governance Statement.

Miss Low confirmed that all year-end returns had been duly submitted and a high-level report will be submitted to the Committee and Trust Board in due course.

Dr Briscoe commended Miss Low and her team on the production of this paper but especially the implementation of the new arrangements.

For information/noting

5.3 Minutes of the Corporate Control (16 January 2019) and Safety, Quality & Innovation Committee (7 December 2019)

Members received, for information, the minutes of the Corporate Control meeting held on 16 January 2019 and the Safety, Quality Improvement & Innovation Committee held on 7 December 2018 which had been circulated with the papers for the meeting. There were no issues of concern highlighted for members' attention.

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

Members received, for information the action plans for Corporate Control and Safety, Quality Improvement & Innovation Committees – 2018/19 including status report as at March 2019 which were circulated with the papers for the meeting. With regard to Corporate Control, 11 out of 12 objectives were completed (the outstanding item related to the development of a new Governance Strategy and a working draft had been prepared. With regard to SQIIC all four objectives had been achieved. There were no queries raised in relation to both papers.

6.0 ANY OTHER BUSINESS

6.1 Update on the IHRD report

Members received, for information, a paper entitled Hyponatraemia Recommendations Implementation which was circulated with the papers for the meeting. In the absence of Mr Martyn at the meeting, the paper was presented by Ms Patterson. Ms Patterson said that the paper provided an update to the Trust on work being undertaken, both locally and regionally, in relation to the recommendations of the Inquiry into Hyponatraemia Related Deaths (IHRD). The Department of Health (DoH) have estimated that 80% of the recommendations will be implemented by summer 2020. The majority of recommendations require only operational changes, although some areas, such as a Duty of Candour

Act, cannot be implemented until the return of an Executive and Assembly.

Members noted that the paper is listed for information at the Public Trust Board meeting to be held on 20 March 2019. In addition, members also noted that a regional workshop will take place on 28 May 2019 to bring together an update on all work across the region.

In relation to Management of Inpatient Children, Dr Briscoe asked how that works in the context of the different aspects of care. In response, Ms Patterson reported that it is working very well. An Age Appropriate Nurse has been appointed to provide support on the wards and has been working to support children and staff over the past three months, the main benefit of which is apparent for those children who are placed outside of the paediatric environment. Support is provided to staff and the actual number of occasions when children are placed in adult wards has been reduced. Feedback has been very positive and a reduction has also been seen in the length of stay. While the definition is currently age 16 for a child, the Trust are working to reduce that to age 14.

7.0 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting of the Committee should be held on **Wednesday 19 June 2019 at 12 noon, in the Board Room, Trust Headquarters, Ulster Hospital.**

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