SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Committee Meeting held on Wednesday 05 November 2025 at 11.30am via Microsoft Teams

PRESENT:	Mr N McKinley, Non-Executive Director (Chair) Mr K Donaghy, Non-Executive Director Mrs A Quirk, Non-Executive Director Mrs S Henderson, Non-Executive Director Ms S McCauley , Non-Executive Director Mr K McMahon, Non-Executive Director Mr R Havlin, Non-Executive Director Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates Mrs C Smyth, Director of People & Organisational Development Mrs Preece, Director of Children's Services & Executive Director of Social Work Mrs V Cleland, Interim Director of Primary Care & Older People's Services
IN ATTENDANCE :	Professor S Kirk, incoming Medical Director Mrs M McNally, Assistant Director, Risk Management & Governance/Trust Board Secretary Dr S McCarney, Assistant Director - Head Of Psychological Services, Mental Health - Clinical Psychology/Psychological Therapies Mrs V Walker, Head of Risk Management Advisory Services Mrs T Glover, Risk Management & Governance Adviser (minute taker)

CHAIRMAN'S OPENING REMARKS		**ACTION**
Mr McKinley welcomed everyone to the meeting and formal introductions were provided. Having covered a number of meeting etiquette matters, **Mr McKinley** welcomed **Professor Kirk** to the committee. **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), Dr Robinson (Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs, Director of Support Services) Mrs Gibbs (Director of Adult Services & Healthcare in Prisons), Ms M Parks, (Director of Surgery, Elective Care, Maternity & Paediatrics) Mr C Martyn (Medical Director), Mr Patton (Chair of Trust Board), Mr Neil (Director of Unscheduled Care, Medicine & Cancer) Mrs Moore (Director of Planning, Performance and Informatics)	
2.0	**DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**	
	None declared.	

3.0	**MINUTE OF MEETINGS HELD ON 13 August 2025**		
	Mrs McNally advised that, following circulation of the draft minutes**, Ms McCauley** had requested a minor amendment. This amendment has since been incorporated, and **Ms McCauley** confirmed that she is satisfied with the revised version. The minutes of the meetings held on 13 August 2025 were approved without further amendment.		
4.0	**MATTERS ARISING**		
	Members noted **SET/GAC/83/25** with one matter completed. **Mr McKinley** and advised that an update for the remaining three matters had been provided on the matters arising sheet.		
5.0	**ITEMS FOR DISCUSSION**		
	5.1.1	**Risk Management Quarterly Report: Q2 2025/26**	
		Members received, for discussion, **SET/GAC/84/25** with **Mrs Walker** giving a brief synopsis of key issues. **Mrs Walker** highlighted the main theme arising from complaints continues to be communication. Twenty-four SAIs were reported in Quarter 2; however, only twelve had the SAI theme box completed. Work will continue to improve completion rates to strengthen learning and analysis. There are currently three active Level 3 SAIs, all reported in Quarter 2, and all homicides. Discussions with SPPG have taken place regarding potential deferral of these cases pending police investigations. SPPG advised that, under Appendix 14 (Homicide Protocol), deferral can only be considered where the PSNI confirms that continuing the Trust's review would interfere with a criminal investigation. There were 10 new ombudsman cases in quarter two, which has also increased since the last quarter. **Mrs McNally** further advised that, in relation to Ombudsman cases, the average time for completion is approximately 52 weeks**.** She continued by highlighting the extensive quantity of work required for filling the investigation papers as the Ombudsman asks for a substantial amount of information. **Mrs McNally** emphasised the number of vacancies and staffing challenges within the teams. **Ms McCauley** queried whether any documentation could be developed to demonstrate areas of improvement, rather than relying solely on the assessment of statistical data. She highlighted that the focus should be on learnings and embedding in culturally rather than the length of time the process takes. **Ms McCauley** referred to NISRA report, noting that the Trust is the highest in Northern Ireland on complaints relative to diagnosis, operation and treatment. **Mrs McNally** advised that she will review the NISRA report in relation to this category.	**MMcN**

		Mrs McNally advised that work is ongoing within the Sharing the Learning group, where SAIs are being reviewed to extract further learning and identify common themes that can be developed into quality improvement projects. **Mrs Quirk** requested that additional information be provided regarding Ombudsman's complaints, including a high-level overview where possible. She noted that this would be particularly helpful in cases of a serious nature or those with potential journalistic interest, to ensure the team is informed in advance of any emerging issues. **Mrs McNally** advised that information regarding the Ombudsman's cases is currently included within the Annual Report, which provides a summary of cases, associated learning, and recommendations. She noted that she would be happy to provide this information on a quarterly basis and include a summary within the Quarterly Report. **Mr Donaghy** queried whether there was a way to obtain comparable information from other Trusts to determine whether the organisation is in line regionally or if the Trust is an outlier. **Mrs McNally** explained that this information would not routinely be shared, but that she would contact regional colleagues to see if they would provide some statistical information relating to Ombudsman cases, and update at the next meeting. A brief discussion ensued around the number of reported and closed incidents and why the figures may differ. **Mrs McNally** advised members that a monthly performance report on complaints and SAIs is tabled at EMT. She also noted that the backlog of SAIs is reviewed during the weekly governance call, enabling liaison with services to monitor progress. **Mrs McNally** continued by outlining the measures being implemented by her team to engage with directorates to help avoid SAIs becoming overdue.	**MMcN** **MMcN**
	5.1.2	**<u>Appendix – Complaints Detail</u>**	
		Members received, for discussion, (**SET/GAC/85/25)**. Members were content that all discussion points had been addressed under item 5.1.1	
	5.1.3	**<u>SAI Backlog Overview</u>**	
		Mrs McNally, advised that at the most recent bi-monthly performance meeting with SPPG, it was requested that 50% of overdue SAIs be submitted by 21 November. With 28 overdue reports at that date, the target was 14 submissions, and progress is on track to meet this. Mrs McNally also clarified that this plan represents a trajectory toward the 30% target rather than the target itself, serving as a step toward achieving the overall goal.	

	5.1.4	**<u>Sharing the Learning Report</u>**	
		Members received, for discussion, (**SET/GAC/86/25)**. **Mrs McNally** explained the current process of the Sharing the Learning group, highlighted that a triage group meets monthly to review all learning templates received, to agree content and circulation. She continued by highlighting the report and the current project being undertaken to drill down into remedial causes where 'other' has been selected. She noted that this work is important to determine whether the current categories are appropriate or whether further staff education is needed. Once completed, it will enable better interrogation of the data to identify themes, trends, and areas for improvement.	
	5.1.5/ 6	**<u>IS Quarterly Report & Briefing paper</u>**	
		Members received, for discussion, (**SET/GAC/87/25 & SET/GAC/88/25)** **Ms Thompson** advised that the report format will be revised. She continued saying that terms of reference of a new subgroup which will report through to the Corporate Governance Committee, had been agreed at EMT. The aim of the subgroup is to strengthen governance around the acute independent sector in terms of contracting, procurement, and monitoring. This subgroup will be Co-chaired by both operational and clinical staff.	
	5.1.7/ 8	**<u>NME Assurance Report Q1& Briefing paper</u>** Members received, for discussion, (**SET/GAC/89/25 & SET/GAC/90/25)** **Mr McKinley** referred to the NME Assurance report and accompanying briefing paper, noting that it will be tabled at Trust Board.	
	5.2	**<u>Independent Inquiry Recommendations Implementation Oversight Meeting Group</u>**	
		Members received, for discussion, (**SET/GAC/91/25)** **Professor Kirk** provided an update for the Being Open Framework / Duty of Candour, advising that the Minister of Health now wishes to introduce an organisational duty of candour, which would mirror the other four nations in the UK. In relation to Independent Medical Examiner Service, Prototype 4 remains in operation with the aim of identifying the implications for reviewing deaths certified in hospital out of hours and at weekends. A final prototype that focuses on reviewing deaths in the community will commence in the new year.	

		Professor Kirk advised that the Infected Blood Inquiry is still ongoing. In relation to Neurology, **Professor Kirk** highlighted a recent coroner's case for one of the Dr Watt patients who had been treated in our Trust. The findings identified that they did not die as a result of that treatment, and there were no areas of concern found with the care they had received in this Trust.	
	5.3	**Mental Capacity Act (NI) 2016 – Update**	
		Members received, for discussion, (**SET/GAC/92/25)** Members raised no points for discussion	
6.0	**ITEMS FOR DECISION**		
	6.1	**Risk Registers**	
	6.1.1	**BAF Risk Document/Corporate Risk Register Q2** Members received for approval, **SET/GAC/93/25** 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. The BAF template has been reformatted to include this information, and directorates will be contacted to complete this section. An Assurance Heat Map has also been introduced following a recommendation made during a recent BSO audit. **Mrs Glover** will be in contact with directorates to complete this section. In relation to the Corporate Risk Register, Mrs Glover listed two risks added during the quarter; FE7-25/26 – Medical Devices ASHIP6-25/26 - Rise in volume and complexity of Prison population, on background of undercommissioning. **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, seven new risks were added, with seven risks being closed. There are a total of 152 risks on the Directorate Risk Register. **Mr Donaghy** referred to page 41 in relation to the Trust Fire Safety Management risk, and asked if resource was required to help mitigate this risk. **Ms Thompson** explained that there is resource	**TG** **TG**

		constraints relating to this risk, as teams identify a series of remedial actions following fire risk assessments. Those are then prioritised, and backlog maintenance funding is used to try to address. **Mr McMahon** noted that narrative in the document appeared to cut off. **Mrs McNally** explained that this had been recognised and was due to detail being exported from excel; going forward this will be formatted in Word. **Mr Donaghy** asked for clarity around the gap in commissioning between capacity and demand, in relation to BAF 07 Inability to provide safe and effective emergency care at Ulster Hospital. An update will be sought and provided by **Mr Neil** at the next meeting. In relation to BAF 03 - Inability to deliver against the performance targets Trust wide, **Mr Donaghy** queried if a date had been indicated by SPPG of when the new performance metrics will be introduced. **Mrs McNally** agreed to check with PPI colleagues.	**MMcN** **NM** **MMcN**
	6.1.2	**Directorate Risk Register - Schedule**	
		Children's Services Members received, for review, **SET/GAC/94/25** **Mrs Preece** provided a summary of the current DRRs within Children's Services. **Mrs Preece** referred to the risk relating to the Backlog of UNOCINI referrals being input to UNOCINI Blue Screen system. To provide assurance **Mrs Preece** explained that significant work had been undertaken to reduce the backlog, with the aim that there will be no backlog by December and the risk can be closed. **Mrs Preece** also highlighted the risk High Risk Young Person Leaving Care. **Mrs Preece** confirmed that this risk relates to one young person (YP) aged 19, who is considered "Eligible" under the Leaving Care (NI) Act, which means the Trust has a responsibility to provide Care and support to the YP until they reach 21yrs. **Nursing, AHPs & User Experience** Members received, for review, **SET/GAC/95/25** Item deferred to the next meeting.	
	6.2	**Terms of Reference**	
		Members received, for review, **SET/GAC/96/25** **Mrs McNally** advised that the correspondence expected from the Department of Health regarding the establishment of a Patient Safety and Quality Assurance Committee was still awaited. In the interests of time, she felt it would be preferable to seek approval of the Terms of Reference based on the information she had previously received.	

		Mrs McNally asked members whether they were content with the proposed renaming of the committee, pending receipt of the correspondence from the Department of Health. **Mr McKinley** queried, from an assurance perspective, how the committee could be confident that the proposed renaming was fully in line with the Department of Health's expectations in the absence of the official correspondence. **Mrs McNally** advised that she had received information on the anticipated content of the forthcoming communication and offered to provide an extract of this information to circulate to members. **Mr Donaghy** sought clarification regarding the BAF and Risk Appetite. He queried whether the committee's role was to hold oversight rather than approval authority in this context. **Mr Donaghy** further questioned whether the Risk Management Strategy, should also be subject to Board approval. **Mrs McNally** reminded members that it had been previously agreed that the BAF and CRR would be presented to the Trust Board in November and, thereafter, twice yearly. **Mrs McNally** referred back to the workshop held in March to agree the Risk Appetite. Following the workshop the Risk Management Strategy was subsequently updated at that time to reflect the agreed position. **Mr Donaghy** asked that his concerns be formally noted regarding the committee assuming responsibility for approving such an important document. **Mr McKinley** advised that he felt the matter required further exploration and suggested that an offline discussion would be appropriate. He noted that, at this stage, the committee was neither approving nor rejecting the proposal. **Ms McCauley** agreed with **Mr Donaghy's** comments, expressing the view that a matter as significant as the determination of the Risk Appetite should have full endorsement by the Trust Board. **Mr McKinley** stated that this was an important point of principle and emphasised the need for clarity regarding the committee's accountabilities and delegated responsibilities. **Mr McKinley** to follow up with **Mr Donaghy.**	**MMcN**
	6.3	**<u>RMG Updates</u>**	
		(i) NIPSO MCHP – Update Members received, for review, **SET/GAC/97/25** **Mrs Walker** provided an overview of the current position regarding the implementation process and the go live date of 01 January 2026.	

		Mrs Walker explained that the MCHP is a two-stage process, and provided detail around Stage One regional training, which has been approved and is live on the platform. The Leadership centre is currently digitalising Stage Two training presentation. The work streams have been continuing to meet regularly, and a Task and Finish group has been set up, which meets fortnightly. **Mrs Walker** stressed the challenges around the lack of additional funding or resources to assist with the implementation and rollout of the MCHP, and adapting the framework to align to an HSC environment.	
7.0	**ITEMS FOR NOTING**		
	7.1	**NIPSO Bulletin** Noted **(SET/GAC/98/25)**	
	7.2	**Learning from Medication Incidents**	
		Noted **(SET/GAC/99/25)**.	
	7.3	**Being Human - a Framework for Safety Culture within HSC in NI**	
		Noted **(SET/GAC/100/25)**. **Mrs McNally** advised there is work ongoing in relation to reviewing and comparing similarities within this framework, the Being Open framework and the McBride/Hill report with the view to having one work plan crossing all documents rather than having separate projects.	
	7.4	**Commissioning ALB Mid-Year Assurance Statement**	
		Noted **(SET/GAC/101/25)**.	
	7.5	**Meeting schedule for 2026/27**	
		Noted **(SET/GAC/102/25)**.	
	7.6	**PHA – Learning from Falls**	
		Noted **(SET/GAC/103/25)**.	
	7.7	**PHA Safety and Quality Update - OCTOBER 2025**	
		Noted.	
8.0	**SUB-COMMITTEE BUSINESS**		
	8.1	**Approved Minutes: Safety, Quality Improvement & Innovation Sub-Committee – 27 June 2025**	
		Noted (**SET/GAC/104/25**).	

	8.2	**Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q2 2025/26** Noted (**SET/GAC/105/25**).	
	8.3	**SQIIC Action Plan position report as at 05 September 2025**	
		Noted **(SET/GAC/106/25)**	
	8.4	**Approved Minutes: Corporate Governance Sub-Committee of 06 August 2025**	
		Noted **(SET/GAC/107/25)**.	
	8.5	**CGC Sub-Committee Action Plan Updates Q2 2025/26**	
		Noted **(SET/GAC/108/25)**.	
	8.6	**Action Plan position report as at 30 September 2025**	
		Noted **(SET/GAC/109/25)**.	
	8.7	**Issues for Consideration from Sub Committees**	
		None.	
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, 21 January 2026** 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 3.10pm.		