

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Governance Assurance Committee held on Wednesday 20 September 2017 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
Mrs L O'Neill, Non-Executive Director
Mr J Patton, Non-Executive Director (Lead for Safeguarding)
Ms R Coulter, Director of Planning, Performance & Informatics
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
Mr B Whittle, Director of Children's Services & Executive Director of
Social Work (via video conference)
- IN ATTENDANCE:** Miss I Low, Assistant Director, Risk Management & Governance/
Board Secretary
Mrs C McKeown, Head of Internal Audit, BSO
- APOLOGIES:** Mr C McKenna, Chairman of Trust Board
Mr M Mawhinney, Non-Executive Director, Chairman of the Finance
Committee
Mr N Guckian, Director of Finance and Estates
Mr H McCaughey, Chief Executive
Mrs M Weir, Director of Human Resources & Corporate Affairs

CHAIRMAN'S BUSINESS

ACTION

Dr Briscoe congratulated Mr Whittle on his birthday and thanked him for joining the meeting by video link. She also welcomed Mrs McKeown who attends the meeting twice per year.

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 21 June 2017, having been previously circulated, were taken as read and agreed as a true and accurate record.

3.0 MATTERS ARISING FROM THE MINUTES

For Approval and/or Discussion

3.1 NIAO Good Practice Guide – Board Effectiveness

Miss Low gave a brief résumé of work undertaken over the summer period in respect of review of the above document. She reported that it was reassuring to see that the Trust complied with many of the good practice issues highlighted in the report and then outlined assessment against the seven issues listed in the annex as undernoted below:-

- Annex 1- Board Overview Matrix – noted that the Trust had undertaken a ‘skills audit’ of Board members previously. A Skills Audit is included in the current Board Development Programme. Annex 1 will be cross referenced with the current template in use and any good points included in any future revised forms.
- Annex 2 - Sample Induction Programme – The Trust has a very comprehensive Board Induction Programme and all appropriate items in Annex 2 are covered in the current programme.
- Annex 3 - Sample Board Annual Programme – Miss Low has used this annex to create a new Annual Programme of Work for the year. This will require further discussion with the Chairman.
- Annex 4 - Sample Board Agenda – The Trust’s current Board agenda is in line with the good practice guidance.
- Annex 5 - Board Paper Template - The Trust’s current Board paper template is in line with the good practice guidance.
- Annex 6 - Board Minutes Template - The Trust’s current Board minute template is in line with the good practice guidance.
- Annex 7 - Sample Board Member Peer Evaluation Form – The Peer Evaluation Form is good but following discussion with the Chairman it has been decided not to use it at this point in time.

IL

Dr Briscoe thanked Miss Low for the comprehensive overview and said it was very reassuring to see that not too many changes were required in respect of the current practice of the Board. She thanked Miss Low for her detailed and comprehensive overview. Miss Low will implement any outstanding actions following further discussion with the Chairman.

IL

3.2 Proposed Meeting with Chairs of Governance Assurance Committees

Dr Briscoe reported that she had now had an opportunity to review the Terms of Reference for Governance Assurance Committees for all HSC Trusts and the NIAS. She did not believe that a meeting of the Chairs of all committees was required but did consider there were some good paragraphs in the TORs which might be useful to include in SET's TOR.

Dr Briscoe said that she will meet with Miss Low post meeting and bring back any proposed revisions to the Committee's TOR in due course.

IL /MB

3.3 Update – Report on GMC visit (attended by Dr Briscoe)

Members received, for information, a copy of the final report and draft action plan of the GMC visit to the Trust on 20 March 2017. In presenting the report, Mr Martyn said that the Trust believed the visit was a positive experience and it was encouraging to see numerous areas of good practice highlighted in the report.

In addition, there are a small number of items requiring attention and the Trust has already commenced work with NIMDTA to develop and implement an action plan. These included items in relation to – taking of consent, timetabling of induction and learning outcomes from equality and diversity training and handover arrangements being maximised to ensure learning opportunities for doctors in training in clinical practice.

A short discussion ensued and Mr Martyn responded to members' queries. Mr Brady made reference to one of the Chairman's Awards he has recently seen in terms of a new handover arrangement for Nurses. In response to Dr Briscoe's query, Mr McCaughey clarified the arrangements for tracking and monitoring of the recommendations of the report which will be via the SQIIC and Directorate operational accountability mechanisms.

For Information/Noting

3.4 Update – Board Effectiveness Audit

Members noted that work is in progress to address the recommendations contained in the above report. A progress report will be provided to Internal Audit, as required.

3.5 Update – Evaluation of Induction Day for new NEDs – 6/4/17

Members were advised that a short report on the evaluation of the Induction Day held on 6 April 2017 was circulated with the papers of the meeting. There was no discussion on this report.

3.6 Update – Board Governance Assessment Tool

Members noted that the completion date for the 2017/18 BGSAT is 31 March 2018. Preparation work on completion of the documentation has begun. Mrs Irene Hewitt, Associate, HSC Leadership Centre, will undertake the 2nd three year Independent Evaluation of the tool.

3.7 Draft Board Assurance Framework and Corporate Risk Register 2017/18

Members were advised that the draft Board Assurance Framework & Corporate Risk Register 2017/18 was presented to, and approved by, the Trust Board at its meeting on 22 June 2017. Miss Low is currently amending the narrative in the CRR in line with the comments made at the last meeting held on 21 June 2017. The date for the workshop in relation to CRR & DRRs is likely to be the December Trust Board workshop (13 December 2017 (to be confirmed)).

IL

3.8 Review of the MS/FM by the DOH

Members noted that the Trust has just received the final version of the new MS/FM for review and signature by Chief Executive prior to sign off by the Permanent Secretary. A copy of the final version will be circulated in due course. A copy will also be available on the Trust's website.

IL

3.9 Update on the End of Year Accountability Meeting with the DOH (19/6/17)

Members noted that the draft minute of the above minutes have been received for factual accuracy checking. The final version will be circulated on receipt.

IL

3.10 Update – Internal Audit Report on Risk Management 2016/17

Members noted that work is in progress to address the recommendations contained in the above report. A progress report will be provided to Internal Audit, as required.

3.11 Update on Cyber Security Issues

Members noted that Ms Coulter and Mr Stewart will be attending the Audit Committee meeting scheduled for 12 October 2017 to address this issue.

Ms Coulter advised members of a recent Cyber Security exercise undertaken by the WHSCT which is likely to be replicated by this and other Trusts. In response to Dr Briscoe's query, Ms Coulter said that the position in terms of Departmental lead in respect of this remained the same as previously reported. Work is primarily being led via ICT Leads (and not Emergency Planning) although there is close liaison in respect of this matter between both areas in this and other Trusts.

4.0 NEW BUSINESS ITEMS

For Approval and/or Discussion

4.1 Letter from NHS England dated 11 September 2017 – Peer Review Serious Concerns – Pulmonary Hypertension

Members received, for information, a copy of a letter dated 11 September 2017 from NHS England to Mr McCaughey in relation to Peer Review – Notification of Serious Concern with regard to Pulmonary Hypertension. Prior to discussion, Dr Briscoe sought clarity on the status of the letter and role of NHS England. Mr Martyn duly responded to this query.

Mr McGoran advised that there is no imminent risk for the Trust. This shared care centre at the Ulster Hospital has been supported by the Royal Free PHC for 14 years. Although this is a connective tissue service run in conjunction with rheumatology at the Ulster there is no formal commissioned pathway in place and is provided on a good will basis. There was concern that with the absence of a formal commissioning arrangement, it was unclear about the sustainability of the service for the future which could impact on the care of patients with Pulmonary Hypertension.

Mr McGoran said that the letter was very helpful to the Trust from a Commissioning perspective and discussions have already commenced with the HSCB in respect of this matter.

4.2 Letter from Head of Safety Strategy Unit dated 12 September 2017 – Fire Safety Assessments Following The Grenfell Tower Fire: Governance & Accountability

Members received, for information, a copy of a letter from Mr Brian Godfrey, Head of Safety Strategy Unit dated 12 September 2017 in respect of the above matter, a copy of which had been circulated with the papers for the meeting.

In presenting this matter, Ms Coulter advised that two buildings in SET estate have Aluminium Composite Material

(ACM) cladding installed and in accordance with requirements of the national response, this information has been forwarded to the Department of Communities and Local Governance (DCLG) to inform the national picture on fire safety.

Members noted from the content of Mr Godfrey's letter that the Maternity Block and the new In-patient Ward Block at the Ulster Hospital have been identified as having areas that have ACM cladding installed. Testing has been carried out by the Building Research Establishment (BRE) on a sample of the cladding from the Maternity block and it is confirmed that it is Category 3 ACM, *'the cladding has no flame retardant properties and no materials of limited combustibility'*. The area where this cladding is installed is to a corner stairwell and the Trust has recently confirmed the insulation layer to the rear of the cladding as mineral wool. The letter outlines that the fire safety risk assessment together with the NIFRS has not yet been completed.

The letter also outlines that in relation to the new Inpatient Ward Block, it has been identified that there is Category 3 ACM cladding installed at a high level as part of a decorative architectural feature. The fire safety risk assessment together with the NIFRS has not yet been completed

Ms Coulter then went on to outline the five actions required by Mr Godfrey's letter together with the Trust's proposed actions which was discussed in detail at the EMT meeting on 19 September 2017. It was noted that a report by the NI Fire & Rescue Service to the Maternity Block is awaited and on receipt of this an action plan will be developed and approved by the EMT. Trust Estate and Capital Development staff will prepare the final response letter to Mr Godfrey by the due date (13 October 2017).

A short discussion ensued. Mr Patton sought clarity on the source of funding to support any significant works if required. In response, Ms Coulter said that areas requiring attention are small and would be low cost. It is anticipated any additional funding required would be supplied by the DoH.

Dr Briscoe thanked Ms Coulter for a very comprehensive overview report.

4.3 Schedule of dates for meetings – 2018

Members received, for information, a copy of the schedule of dates for meetings in 2018. Dr Briscoe said that she had been made aware of a request for a change of time for the meeting from 12 noon to either a morning or an afternoon slot. She

sought the views of the NEDs present – one was able to be flexible, the other preferred the 12 noon start. Dr Briscoe also preferred the 12 noon start time. In the absence of other NEDs at the meeting, Dr Briscoe said that the start time would remain as is at present (ie, 12 noon) until she had an opportunity to discuss with the Chairman, Mr Mawhinney and Ms O'Neill. It was agreed that all members should update their schedules /diaries accordingly with the current schedule.

ALL

For Information/Noting

4.4 Update – Preparation of the Mid-Year Assurance Statement – 2017/18

Miss Low provided an update on the preparation work for completion of the Mid-Year Assurance Statement for 2017/18. The Finance Directorate co-ordinate the preparation of the draft statement which will be considered by members of the Audit Committee (Dr Briscoe is a member) at their meeting on 12 October 2017, prior to final sign off by the EMT and submission to the DoH by 13 October 2017.

4.5 NICON Event – Improving Governance and Leadership – NED Development Day – 31 May 2017

Members received, for information, a copy of the report on the NICON Event – Improving Governance & Leadership NED Development Day held on 31 May 2017. It was noted that there was no representation on the day by SET as it clash with Trust Board meetings which were also held on this day.

A short discussion ensued and reference was made by Dr Briscoe to the issues regarding Community Planning and links with the Voluntary and Community Sector both of which had been addressed with NEDs in various workshops/fora.

5.0 STANDING AGENDA ITEMS

5.1 Update on Corporate Risk Register (CRR) 2017/18

Miss Low advised that the CRR was currently being updated as at 30 September 2017. No new items had been added to the register since the last meeting in June 2017. In addition, Miss Low is working with the Directors to revise the wording of the register in line with the comments previously made by Mr Brady. The next formal update of the CRR will be presented to the Trust Board at its meeting on 29 November 2017.

IL

5.2 Update on the Controls Assurance Programme – 2017/18 programme

Members received, for information, two letters from the DoH in respect of the Controls Assurance Programme as follows:-

- 8/8/17 – Letter from Mr Pengelly, Permanent Secretary and HSC Chief Executive – this letter confirmed that Controls Assurance would cease with effect from 1 April 2018. Over the coming weeks and months DoH Leads will work with their colleagues in ALBs, as appropriate to ensure that suitable alternative proportionate assurance arrangements are in place for 1 April 2018. The Mid-Year Accountability process would provide an opportunity for an update on engagement with policy leads and to highlight any issues.
- 11/9/17 – Memorandum from La'Verne Montgomery, Head of Corporate Management Directorate – this memorandum confirms that the Risk Management & Governance Standards would be removed wef 1 April 2018. It also outlined other assurance mechanisms for both standards and does not preclude Mr McCaughey putting in place other arrangements that he deems necessary to provide assurance on these two standards. In relation to the future approach to Risk Management, DoH will write shortly to ALBs to provide an update on the way forward.

A lengthy discussion ensued on this matter. Miss Low said that work for 2017/18 is in progress and it is likely that Mrs Weir (lead Director for Controls Assurance) will keep the Controls Assurance Project Team in place post 31 March 2018. A meeting of the Team is scheduled for October 2017 to discuss the above letters, alternative arrangements for seeking assurance for each standard and the way forward for 2018/19. It was acknowledged that not all Trusts would take the same approach as this Trust.

Mr McCaughey said the Trust will require some form of assurance for each of the 22 standards and it would be best if this was done on a regional basis although this may not happen. Mr Brady said it would be helpful if the Project Team could produce some sort of high level matrix of the standards viz-a-viz current assurance levels together with any gaps in assurance. In response, Miss Low said that this is already in hand by the Project Team who will discuss in more detail at their next meeting in October 2017. It was agreed that a further update should be provided at the next meeting.

IL

For Information/Noting

5.3 Minutes of Corporate Control (19 July 2017) and Safety & Quality (7 June 2017) Committees

Members received, for information, the minutes of the Corporate Control Committee, held on 19 July 2017 and the Safety, Quality Improvement and Innovation Committee held on 7 June 2017, a copy of which had been circulated with the papers for the meeting.

With regard to item 2.2 (Process for Child Deaths) in the Corporate Control minutes, Dr Briscoe sought clarity on the new system and how and when NEDs are notified. In response, Miss Low clarified the recent change to the process and confirmed that normally NEDs would be notified as and when a child death met the criteria for a SAI (similar to current notifications for SAIs and Case Management Reviews). It was agreed that Miss Low would raise this issue with Dr Hamilton in their next revision to the draft Child Health policy.

IL

In terms of item 3.2 – Annual Reports on Incidents, Litigation and Complaints (Corporate Control Minutes), Dr Briscoe asked NEDs present if they considered that they received adequate information in relation to these 3 areas. In response, Mr McCaughey outlined how this information is shared and discussed at sub committee level (ie Lessons Learnt Sub Committee who report to Corporate Control), linkages with this Committee and ultimately the Board. In conclusion, NEDs present were satisfied with current arrangements and assurance mechanisms in place. Miss Low agreed to send Dr Briscoe copies of the reports discussed at the Corporate Control Committee on 19 July 2017, for her information.

IL

5.4 Action plans for Corporate Control and Safety & Quality – 2017/18 with current status report

Members received, for information, the action plans for the Corporate Control and Safety, Quality Improvement and Innovation Committees for 2016/17 (with current status reports as at 30 June 2017), which were circulated with the papers for the meeting. There were no significant issues for discussion.

6.0 ANY OTHER BUSINESS

6.1 Comments by Head of Internal Audit

Dr Briscoe invited comments from Mrs McKeown who confirmed that she has no issues to bring to the attention of the Committee.

At this point, Mr Brady wished to highlight to members the issue of TOLL Fraud which was emerging in other industries. This is where somebody dials into your switchboard, gets you to ring them back and they are able to keep the line open and sell the line use for international calls to 3rd parties. A number of GP surgeries have been hit by this issue. Ms Coulter said that she was not aware of this issue within the Trust however she would pass on this information to Mr Stewart who manages Switchboard Services to highlight to his counterparts in other Trusts and BSO.

RC

6.2 Mass Casualty Workshop – 19 September 2017

In response to Mr Patton's query, Mr Martyn outlined the programme for the Mass Casualty Workshop held on Tuesday 19 September 2017. Attendance was good, despite staff being busy with normal day to day work and arrangements confirmed and agreed for the development of the Casualty Capability Charts, the first draft of which is required for submission to HSCB on 9 October 2017. In addition changes will be required to our current Major Incident Plan/s. We will also participate in Regional Mass Casualty Table Top Exercise on Wednesday 6 December 2017.

7.0 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting of the Committee should be held on **Wednesday 20 December 2017 at 12 noon, in the Board Room, Trust Headquarters, Ulster Hospital.**

IL