

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Governance Assurance Committee held on Wednesday 21 June 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 H McCaughey, Chief Executive
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
Mrs M Weir, Director of Human Resources & Corporate Affairs
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
Miss J Turner, Executive Support Services Manager
- APOLOGIES:** Mr C McKenna, Chairman of Trust Board
Mr M Mawhinney, Non-Executive Director, Chairman of the Finance
Committee
Mr J Patton, Non-Executive Director (Lead for Safeguarding)
Mr N Guckian, Director of Finance and Estates

CHAIRMAN'S BUSINESS

ACTION

Dr Briscoe referred to the Governance Statement, in which attendance levels at Trust Board and sub-committee meetings was reported. She noted that the attendance level at Governance Assurance Committee was the lowest of all Trust Board committees. In response, Miss Low stated this was probably due to the timing of the Accountability meetings with the Department, when the Chairman of the Trust, Chief Executive and EMT Directors were all required to attend. On many occasions during 2016/17 the date and time of the Accountability meetings clashed with the date of the Governance Assurance committee and this would have resulted in a large number of apologies from Executive members of the Committee. With the new format of the Accountability meetings and the change in times and dates, it is anticipated improved attendance levels will be reflected in the next Governance Statement.

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 15 March 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 Lakewood Secure Care Inspection – 18/19 October 2016

Mr Whittle referred to the detailed discussion at the previous meeting on this issue. Members were advised that staffing issues at Lakewood (which were already on the Directorate Risk Register) had been escalated for consideration to the Corporate Risk Register via discussion at the Corporate Control Committee meeting held on 19 April 2017. At this meeting, it was agreed that this issue should be added to the 2017/18 Corporate Risk Register and submitted to the June Trust Board for final approval. In addition, a detailed update report was also provided to Trust Board members on this subject matter at the Confidential Trust Board meeting held on 29 March 2017.

IL

Mr Whittle informed members that an Unannounced Inspection was carried out by RQIA on 13 June 2017. Positive feedback was received. No Failure to Comply Notices will be issued. The Chief Executive of RQIA, Ms Olive Macleod, telephoned Mr McCaughey to commend the actions taken since the previous inspection. There was evidence of better staff morale and, overall, the position was more stable. Mr Whittle stated this was well received by the staff involved. The Business Continuity arrangements continue to be implemented and it is anticipated there will be a full staffing complement in place by the end of July 2017.

A short discussion followed on whether this item should be kept on the agenda for this Committee. Members agreed that it would continue to be monitored through the usual processes; a final report would be provided to the Confidential Trust Board meeting on 22 June 2017. For these reasons, it was agreed to remove this item from the agenda of the Governance Assurance Committee.

IL

For Information/Noting

3.2 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 as at 30 September 2017 to Internal Audit.

3.3 Update – Evaluation of Induction Day for NEDs 6 April 2017

Members were advised that an evaluation pro forma was issued to all Trust Board members post the event held on 6 April 2017. Limited responses have been received to date and a reminder has been issued. Feedback to date has been very positive.

IL

3.4 NIAO Good Practice Guide – Board Effectiveness

Members noted that Miss Low is currently reviewing the templates contained in the above document and will report back on any changes to the operation of the Trust Board and sub committees in due course.

With regard to Mr Brady's query at the last meeting regarding the Trust's Auditors presenting to Trust Board once per year (as suggested at the CIPFA On Board course) it has been confirmed that the current arrangements with Internal and External Audit are in line with the Audit Committee Handbook and NIAO Audit Committee Self-Assessment Checklist.

3.5 Update – Board Governance Self-Assessment Tool 2016/17

Members were advised that the final version of the Board Governance Self-Assessment Tool 2016/17 has been completed and was approved at the Trust Board meeting on 29 March 2017.

3.6 Proposed meeting with Chairs of Governance Assurance Committees

Dr Briscoe informed members that the Terms of Reference from Governance Assurance committees in other Trusts were sourced. These will be reviewed by Dr Briscoe and Miss Low in the first instance and if need be, discussed further with Mr McKenna. While there are slight differences in membership and terms of reference details, it is not anticipated that the membership of this Committee will change. The proposed planned meeting with Chairs of all HSC Trusts is therefore not required.

IL

3.7 Annual Review of the Committee's Programme of Work and Terms of Reference

Members noted that the above documents, approved at the last Governance Assurance Committee meeting held on 15 March 2017, were endorsed by the Trust Board at its meeting held on 29 March 2017.

3.8 Draft Report on the Effectiveness of the Committee

Members were advised that the above document, approved at the last Governance Assurance Committee meeting held on 15 March 2017, was endorsed by the Trust Board at its meeting held on 29 March 2017.

3.9 Draft Annual Report of the Governance Assurance Committee

Members noted that the above document, approved at the last Governance Assurance Committee meeting held on 15 March 2017, was endorsed by the Trust Board at its meeting held on 29 March 2017.

3.10 Domiciliary Care Review

Members were advised that a detailed briefing on the above review was provided to the Audit Committee at its meeting on 4 May 2017.

4.0 NEW BUSINESS ITEMS

For Approval and/or Discussion

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

Members received, for consideration and approval, a copy of the Draft Board Assurance Framework and Corporate Risk Register 2017/18. In presenting the draft report, Miss Low informed members that the Corporate Risk Register was discussed by the Executive Management Team (EMT) on 21 February 2017. At the meeting, the 2016/17 Corporate Risk Register pro formas were discussed in detail and the action plans were duly updated and closed off, as appropriate. Agreement was also reached on which items should be carried forward into 2017/18 and any new items for inclusion in the register. Following the conclusion of the meeting, it was agreed that:-

- 14 of the existing 16 [previously 17 – one item closed mid year] Corporate Risk Register (2016/17) topics should be carried forward into the 2017/2018 Corporate Risk Register with new action plans developed, as appropriate;
- 2 items were closed and remitted to management at Directorate Risk Register level:-
 - ID1896 – Delayed Discharges;
 - ID1883 – Risk Management.

Following the meeting, 2 items were subsequently added to the register:-

- ID2141 – Lakewood – escalated from the Corporate Control meeting on the 19/4/17; and
- ID2252 – Cyber security issues – item escalated following discussion with Chair of the Audit Committee on 4/5/17 and via the IGSC 14/6/17.

A total of 16 items are now on the Corporate Risk Register for 2017/18. Miss Low also advised that a Trust Board workshop on the management of the Corporate Risk Register is planned for Autumn 2017.

IL/MW

A discussion ensued and Miss Low /relevant Directors responded to the various queries raised in relation to the content of the draft report. Dr Briscoe enquired about the position in relation to GP Out of Hours service. In response, Ms Patterson stated it was challenging to provide services across three sites and that, on occasions, services have been consolidated and provided on two sites. It is anticipated this action will have to be taken on future occasions, if staffing levels are not sufficient to provide the service on three sites.

In response to an enquiry from Dr Briscoe regarding the current position with the reconfiguration of Mental Health in-patient services, Ms Mongan stated the Business Case was revised and submitted to the Department of Health. Work continues by the Estates and Capital Development teams to address issues in the current environment.

Mrs O'Neill enquired about the item concerning the drainage pipe. Mr McCaughey stated this related to the old Ulster Hospital building and the position of the water table. Much work has been carried out to mitigate risks associated with this. The risk will be further reduced as wards and departments transfer to the new In Patient Ward block and Phase C.

In response to an enquiry regarding the numbering system on the register, Miss Low outlined how this is created by the Datix system. Mr Brady then enquired about the inclusion of Lakewood on the 2017/18 Register, but not on the 2016/17 Register. In response, Mr Whittle stated that a number of issues relating to the staffing position in Lakewood were reviewed on the Directorate Risk Register in December 2016 and subsequently escalated to the Corporate Risk Register (April 2017) and as a result of the timing, it was included in the 2017/18 Register as the 2016/17 register was under review and ready for closure.

A discussion then followed on the titles and descriptions of risks on the register as raised by Mr Brady. Members agreed that, in some cases, the service was described, as opposed to the risk. However, members were assured that the content and assessment of the risk was appropriate. It was agreed that the titles would be reviewed and updated accordingly for inclusion in future versions of the register.

IL

Following discussion, it was agreed that the draft report on the Board Assurance Framework /Corporate Risk Register 2017/18 should be submitted to the Trust Board meeting on 22 June 2017, for approval.

IL

4.2 Review of the Management Statement/Financial Memorandum by the Department of Health

Miss Low advised that the Department had issued a new draft Management Statement/Financial Memorandum (with tracked changes) on 24 April 2017 to the Trust for comment on or before 12 May 2017. A copy had been circulated to all Trust Board members and Miss Low collated any comments received for onward transmission to the Department. On review the new draft was satisfactory and no major changes were requested; only minor typographical changes and references were noted. The Department acknowledged the Trust's response on 23 May 2017 and has included all relevant changes in the final document. The Department will issue the new statement in final form, when approved. Members noted that the statement is presented, to the Trust Board in August each year.

4.3 Update on the Year End Accountability meeting with the Department of Health (19 June 2017)

Mr McCaughey summarised the discussion at the Year End Accountability meeting, which he and Mr McKenna attended on 19 June 2017. He outlined the process whereby performance issues are discussed in detail at a ground clearing meeting, which is held prior to the Accountability meeting. For this reason, the agenda for the Accountability meeting is shorter than in previous years. There were three main items on the agenda:

- Performance;
- Finance; and
- Cardiology.

Mr McCaughey briefly outlined the discussion around each item. Overall, there were no areas of concern surrounding performance. There was a discussion, at the meeting, around the significant risks associated with the financial position in 2017/18.

As there is currently no Executive in place, no budgets have been allocated and so all projected figures are indicative. It was acknowledged that Trusts will be required to meet very challenging savings plans, most of which will be non-recurring. The financial position will be discussed in detail at the forthcoming Finance Committee meeting.

The position around the provision of Cardiology services in the Downe Hospital was raised at the Accountability meeting. The Trust tried to recruit to a vacancy in October 2016 but was not permitted to by the Royal College of Surgeons.

Contingency arrangements have been put in place, however, the position is not sustainable. Alternative options are being examined by the Trust in conjunction with the PHA and the HSC Board. A regional approach to this issue would be desirable. This issue is on the Hospital Services Directorate Risk Register. It was agreed that a copy of the minutes of the Accountability Meeting would be circulated to members, on receipt.

Mr Whittle left the meeting at this juncture

IL

4.4 Update on Cyber Security Issues

Ms Coulter briefly outlined the cyber attack which occurred on 12 May 2017. A number of NHS Trusts in England were affected but, on this occasion, Trusts in Northern Ireland were not. It was acknowledged, by the Region, that a cyber attack will likely occur at some stage and Ms Coulter outlined the approach being taken by the Region and by the Trust. Much work has been carried out by the ICT Department. Following a detailed assessment, it was confirmed by ICT that the Trust systems are fully patched and up-to-date. An all users e-mail was issued reminding staff of their responsibility in relation to cyber security.

There have been meetings at which the Department of Health, HSCB, BSO and Trusts have been represented. A Programme Mandate has been compiled and BSO are taking the lead in the Region on the proposal. The Mandate has identified that revenue investment in the region of £17m would be required over the next five years.

It is acknowledged that action is required, under the auspices of Emergency Planning, but it has not been agreed who will take the Regional lead. Mr Brady enquired about the software which may be procured and informed members that alternative options were available. In response, Ms Coulter stated that plans were at an early stage and that no final decisions on the actual software had been taken. This would be procured on a regional basis and not individually by Trusts.

Business Continuity arrangements and Major Incident processes will be reviewed, including how they are initiated and handled. It has been agreed that Cyber Security will be placed on the Corporate Risk Registers of all Trusts for 2017/18 (is included in draft report on Corporate Risk Register to Trust Board on 22 June 2017).

In response to an enquiry from Dr Briscoe, Ms Coulter stated that a Business Continuity exercise is likely to be taken forward to test arrangements. Mrs Weir also informed members of a new system which will be introduced, for forwarding spam e-mails. A number of short videos regarding cyber security precautions to be taken by staff will also be made available. Members will be kept updated on this issue.

Mr McCaughey left the meeting at this juncture.

For Information/Noting

4.5 Annual Report on Risk Management 2016/17

Members received, for information, the Annual Report on Risk Management 2016/17. Miss Low advised that the draft report normally is presented to this Committee prior to presentation to the Trust Board. However, it was finished earlier than previous years and was tabled, for information, at the Trust Board meeting held on 31 May 2017.

4.6 Internal Audit Report on Risk Management 2016/17

Members were informed that the above report had been discussed at other Committees, including the Audit Committee. A level of satisfactory assurance was given and any recommendations made are being actioned.

Dr Briscoe enquired about the recommendation that all 3rd party reports would be brought into one system and said that given the volume of reports received each year, this could be very challenging. In response, Miss Low stated this recommendation appears in all HSC Trusts' reports. Mrs Weir stated that consideration is being given to the practical implementation of this recommendation and a pragmatic solution is being sought on how the Trust would be able to demonstrate that all such reports are available within the Trust (e.g. Bengoa, Donaldson Reports).

5.0 STANDING AGENDA ITEMS

5.1 Update on Corporate Risk Register (CRR) 2016/17

This item was included in the discussion under item 4.1 above.

5.2 Update on the Controls Assurance Programme – 2016/17 programme and 2017/18 programme

Miss Low reported that 21/22 controls assurance baseline assessments were received by the due date of 1 March 2017. The scores received informed the Trust's response to the Department which was submitted on 8 May 2017. Twenty one (out of twenty two) standards achieved substantive compliance; medical devices achieved moderate compliance. Brief reference was made to the proposed changes to the Controls Assurance Programme by the Department however, no final decision has been made in this regard.

For Information/Noting

5.3 Minutes of Corporate Control (19 April 2017) and Safety Quality Improvement and Innovation (24 March 2017) Committees

Members received, for information, the minutes of the Corporate Control Committee, held on 19 April 2017 and the Safety, Quality Improvement and Innovation Committee held on 24 March 2017, a copy of which had been circulated with the papers for the meeting. There were no significant issues for discussion.

5.4 Action plans for Corporate Control and Safety Quality Improvement and Innovation committees – 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 Report on GMC visit – Non-Executive Director representative: Dr Briscoe

Dr Briscoe asked if the above report had been received and sought assurance that it would be tabled at a future Trust Board meeting. In response, Mr Martyn said that the final report had not yet been issued and advised that he would ensure a copy is provided to Trust Board members.

7.0 DATE AND VENUE OF NEXT MEETING

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

IL

Minutes – Gov Assurance – 21 June 2017