

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Governance Assurance Committee held on Wednesday 21 December 2016 at 12.00 noon in the Boardroom, Trust Headquarters, Ulster Hospital

PRESENT: Dr M Briscoe, Non-Executive Director (Chairman)
Mr C McKenna, Chairman of Trust Board
Mr N Brady, Non-Executive Director, Chairman, Audit Committee
Mr M Mawhinney, Non-Executive Director, Chairman of the Finance Committee
Mr H McCaughey, Chief Executive
Mr N Guckian, Director of Finance & Estates
Mr C Martyn, Medical Director
Mr S McGoran, Director of Hospital Services
Ms N Patterson, Director of Primary Care, Older People and 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 link)

IN ATTENDANCE: Mrs C McKeown, Head of Internal Audit, Business Services Organisation
Miss I Low, Assistant Director, Risk Management & Governance and Board Secretary
Miss J Turner, Executive Support Services Manager

APOLOGIES: Mr N Mansley, Non-Executive Director (Lead for Safeguarding)
Ms R Coulter, Director of Planning, Performance & Informatics
Ms B Mongan, Director of Adult Services & Prison Healthcare

ACTION

CHAIRMAN'S BUSINESS

As this would have been the last meeting which Mr Mansley would attend, Dr Briscoe thanked him for his contribution and wished him well for the future. Mr Mansley had also asked that his best wishes be conveyed to Dr Briscoe and all members in his absence by Miss Low.

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 September 2016,

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 Update on the Review of the Admin Structures – HSCB

Mr McCaughey informed members that a process has commenced for the implementation of the review of the admin structures and it is likely to be April 2018 before any changes are formally made in respect of the Health & Social Care Board (HSCB). The role of the HSCB is diminishing with the Department taking a clear lead in managing finances. There are also subtle changes to Performance and Commissioning work. In addition, Mrs Weir said that a Human Resources Framework has been developed with the Department regarding the movement/relocation of staff.

It was agreed that this item would be removed from the agenda as a standing item and it would be reported on, at future meetings, as and when there was information to update members.

3.2 Regional Emergency Social Work Annual Report 2015/16

In relation to an enquiry raised by a member at the previous meeting, Mr Whittle undertook to raise it at a meeting of the Management Consortium. However, Mr Whittle was on annual leave on the date of the Consortium meeting and so he will raise the issue, in relation to internal audit of this service, at the next meeting to be held on 20 February 2017.

BW

3.3 Update – Succession Planning for Non-Executive Directors – appointment of further Non-Executive Directors

Mr McKenna informed members that four new Non Executives have been appointed and accepted the posts in the Trust, with effect from 1 January 2017.

Mrs Joan O'Hagan, Ms Helen Minford, Ms Laura O'Neill and Mr Jonathan Patton will join the Trust Board. The Chairman will meet the new members early in the New Year and Miss Low will co-ordinate the Induction programme for them. They will attend the Trust Board meeting on 18 January 2017.

Mr McCaughey joined the meeting at this juncture.

3.4 Update – ICO Undertaking regarding Data Protection Training

Ms Weir briefly outlined the background to this item. An Undertaking was issued to the Trust by the Information Commissioner's Office (ICO) resulting in the Trust being asked to implement a number of actions. Members were informed that those actions have been implemented and that the ICO has confirmed that it is assured that the agreed undertaking requirements have been appropriately implemented.

The key focus of the Undertaking was around training, in particular Data Protection training. As at 7 December 2016, 98% of staff have completed training and/or received data protection awareness materials. This is a significant achievement and Mrs Weir will write to staff to thank them for their co-operation and contribution to the making this training campaign such a success.

MW

For Information/Noting

3.5 Update – Outcome of evaluation of the Induction Programme for new Non-Executive Directors

Members noted that a copy of the formal evaluation of the NED Induction Programme was circulated with the papers for the meeting, for information.

3.6 Update – Bi-annual workshop for Sub Committee Chairs

Members were advised that Miss Low and Mrs Kelly are in the process of arranging the bi-annual workshop. It is normally held in October but it likely to be later in the year due to the number of workshops/conferences already scheduled.

IL

3.7 Update – Mid-Year Assurance Statement (copy attached)

Members noted that a copy of the final version of the Mid-Year Assurance Statement 2016/17 was circulated with the papers for the meeting, for information. This was submitted to the Department by the due date of 14 October 2016.

A short discussion ensued. Dr Briscoe referred to Prison Healthcare and enquired if more detail on the issues would be included in the Year End Assurance Statement. In response, Mr McCaughey stated that Prison Healthcare is currently listed on the Corporate Risk Register and it was added as an agenda item for the Accountability meeting with the Permanent Secretary, by the Trust.

It was noted by members that Prison Healthcare issues had been included in previous year's statements and had been updated year on year depending on the situation at the time of the statement.

3.8 Update – Accountability Review Meeting – 27/7/16

Members received, for information, a copy of the minutes of the Accountability Review Meeting held on 27 July 2016. Noted that the outcome of this meeting had been discussed at the last meeting held on 21 September 2016.

4.0 NEW BUSINESS ITEMS

For Approval and/or Discussion

4.1 Lakewood Secure Care Inspection – 18/19 October 2016

Members received, for information, an update paper in respect of the above matter which was presented by Whittle. Dr Briscoe said that this was a good paper which provided a comprehensive overview of the situation. In presenting the paper, Mr Whittle informed members that following the recent inspection by RQIA, five Failure to Comply (FTC) notices were issued. Areas of concern centred around whether the care was safe, effective and compassionate. The inspectors raised concern regarding staff not being precautionary suspended, where it was deemed appropriate, the perception of the use of overly restrictive means and the high levels of sickness within the staff and management team. All of the issues contained within the FTC notices will be reviewed and remedial action will be taken to address these, prior to the next inspection.

Mr Whittle then outlined some of the proposed actions which will be implemented. More robust documentation of actions taken by staff will be undertaken. In relation to the staffing difficulties, assistance has been sought from the other Trusts, for appropriately trained staff to avail of a secondment opportunity, for up to three months, to work in Lakewood.

There is a concern regarding the mix of young people who are currently placed in Lakewood. As the only regional facility, there is currently no mechanism for the control of referrals for placements. As a short-term measure, a moratorium has been put in place, in agreement with the HSC Board, on admissions, with effect from 6 December 2016. This is reviewed on a weekly basis. In addition, other Trusts have been asked to review their current placements, with a view to possibly expediting discharge, where appropriate.

The Lakewood Improvement Board will be re-established, to focus on the issues raised in the latest inspection report. It is anticipated the new unit will open in April 2017, thereby re-configuring the model to 6, 6, 4, rather than the current model of 8 x 2.

The regional Review of Children's specialist facilities will commence in January 2017. The Chairman has been appointed and Terms of Reference agreed. The Review will include Woodlands Juvenile Justice Centre, Beechcroft, Glenmona and Lakewood.

In relation to the current staffing levels, members of NIPSA were balloted on the issue of industrial action. Meetings have been held with NIPSA, staff and Trust officers. Mr Whittle assured members of positive developments within the team at Lakewood. Psychological support has been provided by members of the Adult Services Directorate and additional funding was utilised to improve the physical environment in the building by the Estates Department.

Mr Mawhinney enquired if there was a possibility of a member of staff challenging the Trust regarding the duty of care under Health and Safety legislation, due to stress and abuse. In response, Mr Whittle stated the Trust actively tries to mitigate against the levels of stress staff encounter. The Sanctuary model is in place in Lakewood; staff have access to Care Call and Occupational Health and there is support available from Psychology staff. Mrs Weir stated engagement work and workshops are carried out with staff, to try to identify solutions to issues which cause undue stress.

In response to Mr McKenna's query about how Trust Board members can further support the staff, Mr Whittle stated that visits from Board members were valued and valuable, in letting the staff know there are plans in place to address concerns raised. In terms of the revenue costs associated with the opening and function of the new unit in April 2017, Mr Whittle stated this has been identified as a cost pressure and the Trust requested that it would be shared between the five Trusts. This cost pressure was included by the HSC Board in their bid to the Department.

Mr Brady joined the meeting at this juncture.

A short discussion then followed on how other Trusts are addressing the moratorium and how they are processing placements which would possibly have been made to Lakewood. Mr Whittle then addressed members' queries on this matter which included reference to the TOR for the

review, where children go with the closure of admissions and the review of restrictive practice which will be undertaken by the Trust.

Dr Briscoe thanked Mr Whittle for a very comprehensive overview of this matter. In terms of next steps, it was agreed that the issue will continue to be reviewed by the Executive Management Team and that Mr Whittle will bring back a report on the Quality Improvement Plan and Service Improvement Work at the next meeting on 15 March 2017.

BW

4.2 CIPFA Good Practice Guide – Board Effectiveness

Members received, for consideration, a copy of the CIPFA Good Practice Guide – Board Effectiveness. Mr McKenna stated that this was compiled with input from a wide range of organisations and individuals such as the Chairs' Forum, the Ulster University, Non Executive Directors and Permanent Secretaries. It was launched at the CIPFA Annual Conference. The Good Practice Guide was commended to all members, not just the Non Executive Directors.

Miss Low said that she had provisionally reviewed the document and there were a number of useful templates contained in the appendices which may be useful for the Trust Board. It was agreed that Miss Low would consider this matter further with Mr McKenna and report back at the next meeting.

IL/CMcK

4.3 Update on the Mid-Year Accountability meeting – 14/12/16

Mr McCaughey stated that the Mid Year-Accountability meeting was a short meeting. The main areas of discussion were around performance, finance, governance and Prison Healthcare. Staffing issues in the Downe Hospital, and the continued sustainability of services, was highlighted. The financial position for 2017/18, faced by all Trusts was highlighted by Mr McKenna, and in particular, the revenue consequences of Phase B. The minutes of the meeting will be circulated to Board members once they are received.

IL

4.4 1st draft revisions to Board Assurance Framework, Risk Management and Governance Strategies

Members received, for consideration, tracked changes to the following three documents:-

- Board Assurance Framework 2014-2017;
- Risk Management Strategy 2014-2017; and
- Governance Strategy 2012-2015

In presenting the papers, Miss Low said that the first two documents are an annual review and the last document has been amended to bring it into line with the other two documents and align its 3-year review with the other documents. A short discussion ensued and Miss Low responded to members' queries which were points of clarification. Members stated that all three documents were well written and very comprehensive. Miss Low said that she was happy to receive any comments/amendments from members, via email, within the next two weeks.

Following discussion, Dr Briscoe sought, and received approval to, the three documents subject to inclusion of any further comments sent to Miss Low by members. Miss Low will then amend the documents accordingly. It was noted that as the changes to the documents were annual revisions there was no requirement to submit to the Trust Board.

For Information/Noting

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

Miss Low reported that the Board Governance Self-Assessment Tool 2016/17 will be tabled at the Trust Board workshop in February 2017 and the Trust Board meeting in March 2017. The self-assessment status is unlikely to change from that presented at the Trust Board workshop on 2 December 2016. The case study will be completed by Prison Healthcare Directorate.

4.6 Update on Progress with Board Effectiveness Audit

Miss Low gave a brief résumé of progress with the Board Effectiveness Audit to date. She requested that members who had not yet completed the survey to do so as soon as possible. The outcome of the audit will be reported at the next meeting of the Committee on 15 March 2017.

5.0 STANDING AGENDA ITEMS

5.1 Update on Corporate Risk Register 2016/17

Miss Low gave a brief overview of the current position on the Corporate Risk Register as at 31 November 2016. She reminded members that an update report had been presented to the Trust Board at its meeting on 30 November 2016 - no additional items had been added to the Register since June 2016 and one item had been closed and remitted to the Directorate Risk Register (ie, ID 1893 – Allegations of abuse pertaining to Rathgael Training School).

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

Miss Low gave a verbal progress report in respect of the Controls Assurance programme for 2016/17 following the last Project Team meeting held on 24 November 2016. It is anticipated 21 of the 22 standards will achieve substantial compliance. One standard, Medical Devices, is currently being reviewed by the relevant lead Directors, and due to recruitment and other issues may not meet the required level of compliance (ie, substantive). However, all efforts are being made to try and achieve this by the Directors and their senior staff.

For Information/Noting

5.3 Minutes of Corporate Control (12 October 2016) and Safety & Quality (2 September 2016) Committees

Members received, for information, the minutes of the Corporate Control meeting which was held on 12 October 2016 and the Safety, Quality, Improvement and Innovation Committee which was held on 2 September 2016.

Members noted that there were no issues of concern escalated by either Committee requiring the attention of this Committee. Mr McCaughey stated that presentations are made at the Safety, Quality, Improvement and Innovation Committee, on individual issues, which were very useful. He said it would be useful to share these with members of this Committee and Miss Low undertook to circulate post meeting.

IL

5.4 Action plans for Corporate Control and Safety & Quality – 2016/17 with current status report

Members received, for information, the Action Plans, as at 31 December 2016, for the Corporate Control and Safety, Quality Improvement & Innovation Committees. There were no areas of concern requiring the attention of this Committee.

Dr Briscoe enquired about the introduction of Never Events via the recent Department circular. Miss Low responded to Dr Briscoe and explained the linkages between Never Events and the SAI Procedure which had recently been issued by the HSCB in November 2016.

6.0 ANY OTHER BUSINESS

6.1 Proposed meeting with Chairs of Governance Assurance Committees

Dr Briscoe informed members that she has asked Miss Low to

obtain the Terms of Reference from other Trusts for their Governance Assurance Committees to compare with this Committee's Terms of Reference. In addition, she had also asked Miss Low to arrange a meeting with the Chairs of the other Governance Assurance committees, to share good practice. The outcome of this meeting will be reported back in due course.

IL

6.2 Regional Learning System (RLS)

Dr Briscoe asked about progress with the implementation of the report into the Regional Learning System which had been issued in August 2015. In response, Miss Low confirmed that a baseline assessment of the recommendations had been completed and an action plan developed which the Department, PHA and Trusts are collaboratively working on.

6.3 Compliments of the Season

Dr Briscoe concluded the meeting by wishing everyone a Merry Christmas and a prosperous New Year.

7.0 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting of the Committee should be held on **Wednesday 15 March 2017 at 12 noon, in the Board Room, Trust Headquarters, Ulster Hospital**

IL