

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### **Minutes of a Governance Assurance Meeting held on Wednesday 15 December 2021 at 12:00 via Zoom**

- PRESENT:**
- Dr M Briscoe, Non-Executive Director (Chair)
  - Ms R Coulter, Chief Executive
  - Mr J Patton, Chairman (Acting)
  - Mr N Brady, Non-Executive Director
  - Mrs B Campbell, Director of Children's Services & Executive Director of Social Work (left meeting at 13:00)
  - Mr C Martyn, Medical Director (Left meeting at 13:00)
  - Mr M Mawhinney, Non-Executive Director
  - Mrs J O'Hagan, Non-Executive Director
  - Mrs M O'Kane, Director of Adult Services & Prison Healthcare
  - Dr D Robinson, Director of Hospital Services.
  - Ms C Smyth, Interim Director of HR and Corporate Affairs
  - Ms W Thompson, Director of Finance and Estates
- IN ATTENDANCE :**
- Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary
  - Mr M Cadden, Executive Support Services Manager (Acting) (Minutes)
  - Ms J Davidson, Assistant Director contrast/Social Care Procurement and Commissioning (attending on behalf of Ms N Dunbar, Interim Director of Planning, Performance & Informatics)
  - Mr Stephen McGarrigle, AHP Lead Healthcare in Prison (left at 12.15)
- APOLOGIES:**
- Ms N Patterson, Director of Primary Care, Older People & Executive Director of Nursing.
  - Ms N Dunbar, Interim Director of Planning, Performance & Informatics

#### **Governance Assurance Reporting- Quality Improvement Pilot in Prison Presentation**

Mr Stephen McGarrigle, Allied Health Lead, presented a Quality Improvement Project in relation to Governance within Healthcare in Prisons. **Dr Briscoe** enquired where the Quality Improvement Reports are feedback to staff. **Mr McGarrigle** advised members that the reports are provided to frontline staff. **Ms O'Kane** also informed Members, there are dedicated Governance Assurance meetings held monthly and any identified learning is shared with staff. **Ms Coulter** and **Ms O'Kane** informed members that they had recently visited the Prison sites and they outlined they were impressed by the continuous quality improvement work observed and the culture they had embedded within the teams.

#### **Bi-Annual Review- Independent Sector Governance**

Ms Davidson provided members with an update on the Bi-Annual Review Independent Sector Governance. Members were advised of the following updates:

- **Phase 2 Investment review and action-** All Directorates have reviewed

#### **ACTION**

the staffing linked to investment and will report post project evaluation to the monthly cross directorate governance forum.

- **Datix recording-** All Directorates have agreed that all incidents and complaints should be on Datix and work is commencing on implementation.
- **Improved closure 80% target of incidents/ complaints-** As of November 2021, 80% attained in quarter 1 and 65% attained in quarter 2.
- **Incident and complaints validation/RQIA analysis-** Strong liaison with RQIA developed from domiciliary care. Incidents and complaints and intelligence shared by the Trust and reciprocated by RQIA.
- **Medication incidents QI Project-** Project completed in relation to sharing learning from medication incidents. All medication incidents shared with IS medication safety Pharmacist and coded in relation to harm.
- **Cross Directorate operational (CDO) working group-** All operational Directorates meet monthly as part of the CDO working group which support the quarterly Assistant Director Forum. The Permanent Placement Team/Contracts Interface meetings occur weekly and Contracts attend the monthly Care Home interface meeting with Belfast Trust to discuss homes in escalation.
- **Enhance Children's Contracts reporting and analysis-** General Data Protection Regulation (GDPR) Data mapping and activity analysis has been completed for all contracts along with refreshed service specifications, scorecards and outcomes reports
- **Domiciliary care, validation programme-** Financial validation has been completed. However, Ad-hoc checking has been stood down due to pressures associated with the Covid-19 pandemic.
- **Develop 2021/22 cross Directorate governance action plan-** Action plan for the work of the operational meeting and Assistant Director forum in place.
- **Flexibility in relation to meeting any future recommendations-** Responded to pandemic requirements – PPE, Care home support, Covid-19 payments. Increased activity in relation to escalation.
- **Specialist Rates Care Homes-** There has been a focus on placements costing in excess of the regional tariff in line with previous Internal Audit recommendations, improved financial governance and assuring value for money. New contract addendum to be issued for each existing placement and process to be developed to strengthen the approval and oversight. There will be further enhancement of one to one arrangements for care homes to ensure central overview and standardisation across all Operational Directorates.

**Dr Briscoe** asked for clarification in relation to monitoring of the number of service users who do not have contracts as outlined in the Corporate Risk. **Ms Davidson** informed members that the Trust is aware that there are some legacy commissions that are currently out of contract and advised that the Trust is working to resolve them.

#### **Update- Covid-19**

Members were informed that Covid-19 positive cases were increasing at a faster rate than predicted and that Omicron was expected to become the

dominant variant of the Covid-19 pandemic. **Mr Martyn** informed members that Omicron now appeared to be the dominant variant in London and that cases are growing in the ROI. Members were informed that there is evidence to suggest that Omicron is 2.5% more transmissible than the Delta variant and that its symptoms appear to be milder and less severe. **Mr Martyn** informed members that symptoms may not be milder for individuals who are unvaccinated and stressed to members the importance of promoting the Vaccination Programme. **Dr Briscoe** asked for clarification on Community Pharmacy's role in delivery the Covid-19 Vaccination. **Mr Martyn** informed members that Community GP's, and Pharmacy Teams are also assisting to deliver the Covid-19 Booster and Vaccinations.

**Ms Coulter** informed members that the Trust was preparing for the impact of the variant and the potential for another surge. Members were informed that the EMT meet daily and that a meeting has been scheduled with the NED before the Christmas period. Ms Coulter informed members that the Trust has requested for additional support through its Workforce Appeal and that there is an escalation mechanism in place for the Winter Resilience Plan. Members were informed that staff vacancy continued to remain the Trusts biggest challenge, with a large number of staff absent due to Covid-19.

#### **1.0 OPENING REMARKS**

**The Chair** welcomed everyone to the meeting and outlined a number of housekeeping items and asked that members speak clearly to ensure their points are captured and responded to directly.

#### **2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**

There were no declared potential conflicts of interests with any business items on the agenda.

#### **3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 15 SEPTEMBER 2021**

The minutes of the previous Meeting held on the 15<sup>th</sup> September 2021, were taken as read and agreed as a true and accurate record.

#### **4.0 MATTERS ARISING FROM THE PREVIOUS MINUTES**

**Dr Briscoe** noted four actions from the matters arising paper, which has been actioned and closed.

#### **5.0 FOR ACTION/DISCUSSION**

##### **5.1 Duty of Candour-IHRD**

Members were informed that there had been circa 300 responses to the IHRD Duty of Candour Public Consultation and that submissions will be independently validated and the findings will be reviewed at the Duty of Candour Workstream at the DoH. **Mr Martyn** informed members that options on how to progress the programme and implement any recommendations are still being considered in light of the on-going Covid-19 pandemic and redeployment of DoH staff.

Members were informed that quarterly reports will be provided directly to the Trusts Internal Governance Reporting of the IHRD Programme committee and that the committee will escalate any matters to Trust

Board as required.

5.2

### Update on Internal Audit 2021/2022

#### Medical Devices

**Ms Thompson** informed members that the Internal Audit 2021/2022 report had provided limited assurance in relation to Medical Devices. Members were informed that a Working Group has been established and reports directly to the Medical Devices Sub-Committee. **Ms Thompson** informed members that and that consideration was been made towards an automatic system as a solution and advised that a full action plan will be presented to the Medical Devices Sub-Committee at their next meeting in December 2021.

#### Complaints

**Ms McNally** advised that the Internal Audit of Complaints Management has been completed by Internal Audit and the Trust awaits the final report. Members were informed that the report would be presented to the Audit Committee on the 10<sup>th</sup> February 2022 and members would receive an update at the next GAC meeting.

MMN

5.3

### Corporate Risk Register- Update Report

Members noted the CRR Update Report which had been approved by the CCC on the 20<sup>th</sup> October 2021. **Ms McNally** informed members that the risk item CM1-21/22 Infusion Pumps and Associated Medical Devices had now been placed on the Directorate Local Register for monitoring and she advised that the CCC would be updated at their next meeting. **Ms McNally** informed members that all the Directorates had reviewed the Risk Register and that no common themes or issues had been identified.

**Mr Brady** queried the format of the CRR reports and. **Ms McNally** informed members that the reports are created from the Datix Rich Client and the reports can only be generated separately. Members were advised that the CRR will be moving to Datixweb, which should improve the format of the reports and will be populated into one document. This piece of work will not be completed until approximately June 2022. **Mrs O'Hagan** asked how the Trust has assurance that any gaps are been identified and addressed. **Ms McNally** informed members that the Trust monitors the number of risks on Datix and Directors are updated quarterly through risk register reports and associated monitored action plans. Members were informed that the new Datixweb system should improve the process. **Mrs O'Hagan** asked if it was appropriate that the Trust should review its Covid-19 risks in-light of the new omicron variant. **Ms McNally** informed members that she would follow up on this query off line and advised that any decision would made through the EMT.

MMN

**Dr Briscoe** asked for clarification regarding the Trusts contingency plan in the event compliance cannot be assured for risk item MOK3-21/22; the Trusts requirement to deliver phase 1 of the MCA 2016. **Ms O'Kane** informed members that the Trust has already completed all necessary requirements apart from Medical Assessments. Members were informed that there had been extensive regional negotiations between the five Trusts and the DoH. **Ms O'Kane** informed that the Trust had

assurances to continue to use the emergency provision while the Trust waits for the checklist to come into place.

#### 5.4

##### **Risk Management Governance (RMG) Review Part 2**

Members received RMG Review Part 2 Briefing paper SET/GAC/03/2021 A&B for noting. Members were informed the RMG Review Part 2 had been presented to EMT in November 2021 for approval. **Ms McNally** informed members that the RMG Review Part 2 provides a number of key recommendations to be taken forward and she highlighted the revised Integrated Governance and Assurance Organogram has been streamlined. Members were informed that the 36 Committees had been distilled down to 25 Committees. **Ms McNally** informed members that the PPI and User Experience Committees had been merged in agreement with Ms Patterson, Director of Nursing and that there is a mechanism to feedback and escalate any issues or concerns in place. **Dr Briscoe** commented, from a governance assurance point of view, that it would be helpful if the RMG review report provided a list and rationale for the distilled Committees and Subcommittee. **Ms McNally** agreed bring a briefing paper to the next meeting.

MMN

**Mrs O'Hagan** asked if the RMG should also look at internal and external relationships to the structures with regards to subcommittees, for example the pathway of RQIA reports. **Ms Thompson** echoed Mrs O'Hagan and added that there appeared to be some duplication or cross over with regards to the Internal Audit Report between Governance Assurance and the Audit Committee. **Ms McNally** informed members that the remit of Subcommittees is encapsulated by their Terms of References. **Mr Brady** raised a query if it was appropriate for the Chair of the Audit Committee to sit on the Finance and Performance Committee and asked if the Board would have a workshop on this. **Ms McNally** thanked Mr Brady for question and agreed to follow up with him outside of the meeting. **Dr Briscoe** informed members that she welcomed the feedback from the RMG review and outlined that the review provides a great opportunity to improve integrated governance assurances. **Ms Coulter** welcomed the discussion and outlined that the RMG Review should be brought back to the Governance Assurance Committee meeting after the report has been circulated to all Board members. **Ms McNally** thanked Ms Coulter and agreed to take this action forward.

MMN

MMN

#### 5.5

##### **Programme of Work for Governance Assurance Committee 2022**

Members were informed members that the programme work for GAC is progressing for 21/22. Members were advised that the Board Assurance Framework (BAF) and Integrated Governance are in the process of being merged and that the integrated Governance and Assurance Framework will link with the Trusts Quality 4 All Strategy, the People Plan, and the Trust's Corporate Plan. A further progress update will be provided at the next meeting.

#### 5.6

##### **Draft Revised Terms of Reference for Governance Assurance Committee 2021**

The draft revised Terms of Reference for GAC was presented to Trust Board for approval which had been circulated and taken as read. **Dr Briscoe** sought and obtained approval.

## 5.7

### **Third Party Register Report as at 03<sup>rd</sup> December 2021**

Members noted the Third Party Report Register and members were informed that the RQIA Review of Vulnerable Persons Detained in NI Prisons Report was received in October 2021. Ms McNally also advised members that as part of the RMG Review of the Trust subcommittees structure, a proposal to create an additional new group has been included and will be named the External Report Review Group (ERRG). Members were informed the establishment of this group would feedback to the GAC and that the Third Party Register Report would form part of the groups remit. Ms Coulter asked if the ERRG would include learning from enquiries such as Urology, Muckamore. Ms O’Kane informed members that she welcomed the establishment of ERRG, outlining that the group would provide corporate overview and assurance of RQIA activities and other external reviews. Mrs O’ Hagan asked if there were any additional requirements in order to establish the ERRG. Mrs McNally advised that she plans to set up a meeting with Operational Directors to map out the current RQIA processes across the Trust and this will assist with the development of the Terms of Reference for the group. At this stage she felt that there were no additional requirements needed. Dr Briscoe thanked Ms McNally for her hard work, commenting that the proposed changes represented the biggest change to the Trusts Governance arrangements in 10 years.

## 5.8

### **Risk Management and Governance Quarterly Reports Q1 & Q2:**

**Mr Patton** and **Mr Mawhinney** welcomed the first RMG quarterly reports and informed members that they felt it was a step in the right direction. **Mr Mawhinney** informed members that he felt bottom up approach to communication could be improved and he would be keen to see a communication strategy developed to address this. **Ms Coulter** thanked Mr Mawhinney for reaching out on this important subject matter and advised members that this is part of a bigger piece of work that will be taken forward in the future and she would be keen to involve Mr Mawhinney. **Dr Briscoe** informed members that the Keeping Everyone in the Loop sessions have helped to bridge this gap. **Ms Smyth** informed members that the Trust has undertaken a lot of work on internal and external communication. Members were informed that shared learning is cascaded to all staff and the Trust continues to engage with its staff through the Trust announcements, the Staff App and Keeping Everyone in the Loop sessions. **Mrs O’Hagan** informed members that she enjoyed the Keeping Everyone in the Loop sessions and that she had found them to be beneficial.

CS

**Dr Briscoe** welcomed the report and outlined it will be beneficial to triangulate the data and assist with shared learning. **Ms Davidson** asked if the report data could include the Independent Sector. **Ms McNally** welcomed the feedback and agreed to follow up with Ms Davidson to discuss offline. **Mr Brady** asked how the report relates the risks grading in terms of the risk management. **Ms McNally** informed members that the report looks at all the areas including incidents, complaints and claims and these are graded using the 5x5 Risk Matrix and therefore this will allow the identification of any trends or themes. **Ms McNally** informed members that this is the first report of this nature and more work is needed to refine it. **Ms Campbell** informed members that it was important to move to a whole system quality approach.

5.9

**Letter to HSC/HSCB Migration Update**

Letter to HSC/HSCB on Migration update was noted by members. Members were informed that the Letter to HSC/HSCB Migration Update went to CCC in October 2021 and was been brought today for noting.

5.10

**Letter to ALB Chairs and ALB Chief Executives: Further Pause of Sponsorship and Governance Activities 2021/2022**

Letter to ALB Chairs and ALB Chief Executives on Further Pause of Sponsorship and Governance Activities 2021/2022 was noted by members.

5.11

**Letter from DoH: Look Back Review and Policy Guidance**

Letter from DoH on Look Back Review and Policy Guidance was noted by members.

5.12

**Claims and Coronial Investigations Annual Report 2020-2021**

**Ms McNally** informed members that the Trust had received new guidance on Claims and Coronial Investigations and that the Trust will update the Trusts Policy to reflect this guidance. Claims and Coronial Investigations Annual Report 2020-2021 was noted by members.

5.13

**Sub-Committee Action Plan as at 30 September 2021**

Sub-Committee Action Plan as at 30<sup>th</sup> September 2021 was noted by members.

5.14

**Approved minutes of the Corporate Control Committee held on 21 July 2021**

Approved minutes of the CCC held on 21<sup>st</sup> July 2021 was noted by members.

5.15

**Approved minutes of the Safety, Quality and Innovation Committee held on 03<sup>rd</sup> September 2021**

Approved minutes of the SQIC held on 03<sup>rd</sup> September 2021 was noted by members.

5.16

5.17

**Items for Escalation**

**To Trust Board from the Governance Assurance Committee.**

There were no items raised.

**8.0 ANY OTHER BUSINESS**

Ms Coulter advised members that the Trust had been asked to take the lead on the setting up a new Regional Vaccination Centre.

**9.0 DATE AND VENUE OF NEXT MEETING**

Wednesday 16 March 2022 at 12:00 via Zoom from Trust Headquarters, Ulster Hospital, Dundonald.

## **Glossary of Terms:**

**ASB-** Acute Services Block

**BSO-** Business Services Organisation

**CCC-** Corporate Control Committee

**CRR-** Corporate Risk Register

**DoH-** Department of Health

**EMT-** Executive Management Team

**ERRG-** External Report Review Group

**GAC-** Governance Assurance Committee

**HSCB-** Health & Social Care Board

**MCA-** Mental Capacity Act

**NED-** Non-Executive Directors

**ROI-** Republic of Ireland

**RMG-** Risk Management Governance

**RQIA-** Regulation & Quality Improvement Authority.

**SET** South Eastern Trust

**SQIC** Safety Quality and Innovation Committee