

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Meeting held on Wednesday 16 March 2022 at 12:00 noon via Zoom

- PRESENT:** Dr M Briscoe, Non-Executive Director (Chair)
Ms N Patterson, Director of Primary Care, Older People & Executive Director of Nursing.
Mr J Patton, Chair (Acting) of Trust Board
Mr N Brady, Non-Executive Director
Mrs J O'Hagan, Non-Executive Director
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)
Ms H Moore, Assistant Director, Performance, Improvement 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)
Mrs V Walker, Head of Risk Management Advisory Services (Minutes)
Ms L Preece, Assistant Director, Disability Services (attending on behalf of Ms M O'Kane, Director of Adult Services)
Ms Catherine McKeown, Internal Audit, BSO
- APOLOGIES:** Ms N Dunbar, Interim Director of Planning, Performance & Informatics
Mr C Martyn, Medical Director
Ms M O'Kane, Director of Adult Services & Healthcare in Prison
Mr M Mawhinney, Non-Executive Director
Ms R Coulter, Chief Executive

1.0 OPENING REMARKS

Dr Briscoe welcomed everyone to the meeting.

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

No declarations were made by Members. Dr Briscoe asked it to be noted that she had worked in the Department of Health (DoH) over the period of time covered in the Muckamore Abbey Report as Director of Mental Health and Disability's Policy 2008 and later 2013/2014.

3.0 MINUTES OF THE PREVIOUS GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 15 DECEMBER 2021

The minutes of the previous meeting were taken as a true record and approved.

4.0 MATTERS ARISING FROM THE PREVIOUS MINUTES

Dr Briscoe brought to the attention of members items noted on the

ACTION

Matters Arising sheet circulated in advance of the meeting. There were no comments raised for discussion under this item.

5.0 NEW BUSINESS ITEMS

For Discussion/Approval

5.1 Risk Management & Governance Review Part 2 – Briefing Paper on the Revised Sub-committee Structures

Members received in advance of the meeting a paper detailed a revision to sub-committee structures following the Risk Management & Governance Review Part 2. Mrs McNally provided members with an update in respect of the above item. A briefing paper was circulated in advance of the meeting outlining changes to the Trust's governance structure. These changes have involved some committees merging and others have become operational groups.

A new group is to be established called the External Reports and Review Group reporting to Corporate Control Committee. This is a new and welcomed committee and a ToR is yet to be drawn up.

It was felt that there was duplication within Closing the Loop Group and the Lessons Learnt Sub Committee (LLSC). As a result the LLSC has been renamed to Corporate Governance Steering Group and Closing the Loop to Sharing the Learning and Closing the Loop Group. ToR will be reviewed for all groups.

The Protect Life Sub Committee will remain as an operational group reporting through Directorate governance arrangements to SQIIC. The Innovation Research & Development Sub Committee has merged with Research Governance Sub Committee and PPI Sub Committee has merged with User Experience Committee and renamed as Involvement Committee. Following discussion with both Chairs the Resus Committee and Deteriorating Patient Group will remain as separate operational groups reporting into SQIIC.

Ms Patterson thanked Mrs McNally for all the work undertaken to date, adding this would provide some streamlining and remove some duplication. Mrs Campbell endorsed Ms Patterson's comments and also confirmed this sits alongside the Quality 4 all Strategy.

Dr Briscoe noted that there appeared to be a lack of prison governance in this structure and asked how the various professional fora connect into this structure. Dr Briscoe also queried if learning from M&M reviews feeds into Closing the Loop and how issues are escalated.

Ms Patterson advised that each of fora inform the relevant professional Director and have a structure behind them to represent views on the professions across the Trust. Any issues

are escalated to the appropriate committee.

Mrs Campbell confirmed a report is issued to SQIIC from fora.

In respect of queries around Prisons, Dr Briscoe agreed to take this offline until next meeting.

Mrs McNally clarified that in the ToR for Sharing the Learning and Closing The Loop group reference is paid to M&M reviews and this sits in Ms Dullaghan's area of responsibility which supports this.

Mrs O'Hagan thanked Mrs McNally for all her work and commented she was glad "involvement" featured in the name of the new group. She did however ask if there was a statutory requirement to retain the term PPI. It would be important to be confident that by changing the names through merging we are not eroding any statutory requirements.

Ms Patterson advised that she chairs the User Experience Committee and is confident that the ToR includes PPI.

Mrs O'Hagan stated she felt it was very important to keep PPI and she paid reference to Internal Audit asking at what point these changes will be reviewed in relation to the management of risk to ensure we are continuing to manage appropriately.

Ms McKeown agreed to pick this up with the planning meeting for audits for the forthcoming year.

Mr Brady noted that SQIIC was moving to being chaired on rotational basis and sought clarity for this decision.

Mrs McNally explained that it was important to rotate operational Directors. Ms Patterson went on to say it ensured recognition of equity of lead roles. If only one area was chairing it may give rise to one seeming to be more important than another area.

Dr Briscoe advised that Ms McKeown should consider the effectiveness of a rotational chair when auditing.

Mrs McNally reassured members that PDSA cycles would be used to review the changes to SQIIC and make sure meetings are seamless.

6.0 STANDING AGENDA ITEMS

6.1 Quarter 3 Update on the Corporate Risk Register

Members received in advance of the meeting the Quarter 3 update of the Corporate Risk Register (CRR). Dr Briscoe noted this was self-explanatory and no comments were raised against this item.

This report was submitted to Corporate Control Committee in

January and updates highlighted in red. It has been brought to this meeting for noting and Quarter 4 updates have now been requested to enable close off for end of year. This year's CRR will be brought to EMT in April and the new CRR for 2022/23 presented also at this meeting. The CRR for 2022/23 will be tabled at CCC at the June meeting. Mrs McNally advised that work is in progress to move towards having the CRR on DatixWeb.

6.2 Risk Management Quarter 3 Report

Members received in advance of the meeting the Risk Management Quarterly Report which included the update for Quarter 3. Mrs Walker provided a summary of the report noting this had been amended following feedback received from the circulation of the initial report. It was noted that we are still experiencing delays in processing SAIs but it was recognised operational areas remain under extreme pressure due to Covid and Winter pressures. Meetings continue with the HSCB, which now will be with the DoH, since closure of the HSCB, to review and report on progress. Ms Patterson commented that these were indeed challenging times for all areas and this needs to be taken into account.

Mrs McNally advised she intended to present information to EMT in respect of complaints and hopes that as a result of some planned work response times may improve.

Mrs O'Hagan asked how learning could be shared quickly if one area affected. Mrs Walker explained the Sharing the Learning and Closing the loop policy was in final stages and the method had already been tested as part of a recent incident within Mental Health. This allowed learning to be shared in a timely manner both internally and externally to HSCB for wider circulation.

Mrs Walker noted she was happy to take any additional feedback and this report could be amended further as necessary.

7.0 FOR NOTING

7.1 Muckamore Abbey Hospital Inquiry

Members received a briefing paper in advance of the meeting in relation to the above item and Ms Preece provided an update on progress to date. The Muckamore Abbey Inquiry was announced by the Minister and a team is now in place to take this forward. Trusts are liaising with legal teams to ensure their obligations are met appropriately and are working together to gather records in relation to Safeguarding/Complaints/SAIs.

The scope of the inquiry covers the period between 1999-2021. This involves 265 patients and 450 admissions. It is worth noting that patients may have had multiple admissions. The Trust has been asked to have required documentation uploaded by 25 March 2022 and is felt to be a realistic request.

The Trust solicitor has asked for 4 week delay to allow for any difficulties that may occur. All Trusts have asked for additional resources to manage and quality assure documentation being released. The Trust is currently writing a business case for this and in the interim an existing member of staff (Band 7) has started reviewing records.

Currently the Trust is waiting on the database being sent from Inquiry Team and is having joint consultations with other Trusts. Belfast HSC Trust (BHSCT) sits outside this due to the large amount of information which they hold.

Mrs O'Hagan asked what approach was being taken in relation to communicating with families and sharing personal information of family members. It was important to consider the knowledge base of the individual families.

Ms Preece advised that the Inquiry has already engaged with families via the Patient and Client Council (PCC). Families have been very involved in developing the Terms of Reference. Ms Preece agreed that the Trust would be mindful and develop communications with families for those who were perhaps not involved.

Mrs O'Hagan also noted that it was important to consider that the Trust may have employees who previously worked in Muckamore Abbey Hospital.

Ms Preece confirmed that those staff will be asked to contribute to review and that communication will take place with staff as well as families. The Trust is also planning that psychological support would be offered for families affected by any incidents.

Dr Briscoe enquired if all legal representation is being provided by the Directorate of Legal Services (DLS) for Trusts and what arrangements have been considered for staff who have had involvement. She also asked if there was any potential conflict of interest.

Ms Preece confirmed that DLS are representing all Trusts. It is envisaged this will pose an immense task for them and will be closely monitored. If we determine the need to get independent legal advice we will raise this. DLS are mindful of possible conflict of interest and have brought our attention and will keep under review.

Dr Briscoe queried if BHSCT have been asked for their database from 1999-2021 and does the same apply to SET. In addition it is important to know the reporting mechanism to Senior Managers in SET on the progress of this investigation.

Ms Preece confirmed that clarification is still needed from the Inquiry team and currently we are supplying information on safeguarding / complaints / SAIs. Reporting and updates will be

via our existing governance structures direct to Senior Managers and through to EMT.

Following this discussion it was agreed to bring this matter back at the September meeting to allow sufficient time for some progress to be made.

7.2 Review of Services for Vulnerable Persons Detained in Prisons

7.3 Review into the Operation of Care & Supervision Units (CSU) in the NI Prison Service

Members received in advance of the meeting the above reports reviewing aspects of services provided within the Prison environment. Mr McGarrigle provided an update into both items 7.2 and 7.3 indicating they were both interlinked. Both reports have been reviewed recently at NI Assembly. Both reports relate to Mental Health problems in prisons and Mr McGarrigle summarised the main points and recommendations from both papers.

There has been a significant improvement in the health of those residing in prisons. Positive relations have been identified as key. The report into the operation of CSUs indicates that agreed pathways should be defined. Everyone admitted to prison is assessed by the primary care nurse and Mental Health (MH) Team if required, although not all people in CSU require MH input. The Step care model is in place which makes the best use of resources.

RQIA noted positive relationships and have requested additional resource to be considered. Services were noted to be under pressure and waiting times too long. An out of hours service is currently not commissioned and while a 7 day working arrangement has been piloted it presented some challenges.

Six Task & Finish groups have been established to report to Improving Health and Criminal Justice Team. There has been very positive work undertaken across GP Federations/ areas/HSCB involving Paul Turley/Siobhan Donald.

Ms Patterson noted that those acutely unwell are being cared for in prisons who should be receiving inpatient treatment.

Mr McGarrigle confirmed that those needing transfer has increased by 58% in last 2 years and clarified this as 1 or 2 cases in a 12 month period. These prisoners should have gone directly from court appearance to an acute hospital environment. It is hoped the Commissioner would provide more acute beds to assist with this.

Mr Brady commented this number appeared low over the year and enquired why this has been noted as a problem. Mr McGarrigle stated that the system sees Prison as a safe environment and work is being undertaken regionally with

partners to do what we can to fast track those who need a bed.

Mr McGarrigle provided reassurance that it is hoped all Trusts would treat everyone equal based on need. A Psychiatrist comes in from Shannon Clinic and uses the *Dundrum scale* – a recognised tool to triage and assess prisoners to enable them to be allocated to the appropriate therapeutic environment. They are strong advocates for patient.

Mr Brady asked if we should benchmark with the system in UK? Mr McGarrigle confirmed that some work has started in relation to this and NHS benchmarking services have been consulted with signposting to a prison in North East of England.

Mrs O'Hagan enquired if the same definitions will be applied and also asked what financial uplift was required, how this will be prioritised and if the HSCB being decommissioned will influence this. Mr McGarrigle advised 4 million pounds would be needed to bring services up to and equal with England/Wales. This does not take into account under-representation for situation in NI. All additional money will be used to keep people safe. Many people come in with complex needs. MH services are reaching out into other conditions such as dementia/learning disability. Mr McGarrigle advised that there has been no discussion in relation to the decommissioning of the HSCB and until otherwise advised work will continue under existing arrangements.

Mr McGarrigle commented on the great team of staff who are very innovative in their approach.

Dr Briscoe noted that 4 million pounds appears to be a very low amount. Given health needs and crossover to other conditions it will take a lot. Personality disorder conditions require support and grossly underfunded. Do you think willingness for commissioner to support?

Mr McGarrigle confirmed that in terms of moving forward he was hopeful this would be taken into consideration and prison is an opportunity to engage in healthcare

Dr Briscoe noted that Shannon is medium secure unit and asked if this is part of the discharge pathway to allow patients to come in and if Shannon is admitting acute forensic patients or are we still transferring high end forensic patients to England? Mr McGarrigle confirmed that there had been a huge shift in our relationship with Shannon and they have been very helpful working with us. There has been a reduction in patients going to Shannon and PICU due to their involvement.

Dr Briscoe noted recommendation regarding use of SPAR and asked what this entailed.

Mr McGarrigle explained that SPAR (Supporting Prisoner at Risk) was a NI Prison mechanism to address concerns re Physical/mental health needs of an individual. SPAR evolution is

the new revised version.

A collaborative meeting is arranged to include; NIPS/ prisoner/health representation to look at ways to keep the prisoner safe/why have they presented as a MH crisis. They may need a transfer out or to a lower level to address need.

Dr Briscoe enquired for an update in relation to the recent Covid outbreak?

Mr McGarrigle advised that cases had been identified in both Maghaberry and Magilligan. Currently HiP staff are working with PHA to manage this. These have been our first transmissions compared to the situation in the UK. Surveillance swabbing is ongoing and can be challenging with existing resources. This involves 170 individuals on daily basis. We are working collaboratively with NIPS and have had no one requiring hospitalisation. Prisoners have been isolated/and bubbled.

Dr Briscoe thanked Mr McGarrigle for attending the meeting and providing a very comprehensive update on both papers. It was agreed this item would be brought back to the committee with a progress report in 6 months.

7.4 SET Complaints Management Action plan 21/22 following receipt of IA Report

Members received the Complaints Action Plan following the Internal Audit carried out in 2021/22 in advance of the meeting. Mrs Smyth summarised the main points in the Action Plan and noted it was very clear with identified timescales. The report is being tabled today to provide assurance that we are working through the actions and this will continue to be monitored through Audit Committee.

Dr Briscoe commented that it was important to avoid duplication of work and sought approval from members and from Ms McKeown that updates would be provided through the Audit Committee

Ms McKeown queried if the Non-Executive Members felt they were receiving enough information in relation to complaints or if there is any additional required. Is there something about if NEDs should receive more?

Dr Briscoe advised that the Trust receives a huge amount of formal complaints. Mr Brady agreed and commented that the detail around every complaint may not be required.

Ms McKeown agreed to pick up as part of follow up to the Action Plan.

Mrs O'Hagan stated she felt that the nature of complaints/attitudes needed more discussion. She also stated that although notified about SAs, on occasions when feedback

on the outcome was requested she had not had a response. Mrs Walker provided reassurance that she would relay this to her team to ensure a response provided.

7.5 Programme of Work for 2021/22

Members received the Programme of Work (PoW) for the committee for 2021/22 for noting. The PoW for 2022/23 which is in progress and will be tabled at the next meeting. Dr Briscoe noted that the June meeting appeared busy with a large amount of business identified. She advised that she would like to devote time to reviewing the outcomes of sub-committees from CCC/SQIC and also the updated Corporate Risk Register.

7.6 Update – Organisational Controls Assurance Group 2021/22

Mrs Smyth provided a verbal update on the progress of the Organisational Controls Assurance Group. The group met in February 2022 and all the Action Plans are on track with only a few outstanding. A report will be provided for the meeting of the committee in June.

7.7 Board Governance Self-Assessment Tool

Mrs McNally provided members with a verbal update on the above item. She advised she is currently working through this and it will be independently verified by the Leadership Centre. It will be further discussed at the Trust Board workshop on 28 March 2022 and tabled for noting at Trust Board on 30 March 2022.

7.8 Review of Standing Orders & SFIs

Mrs McNally advised members that Standing Orders and Standing Financial Instructions had been reviewed in conjunction with Ms L Campbell. An update will be provided at the next meeting. Ms Campbell has separated Standing Orders from Standing Financial Instructions.

Mrs Thompson confirmed that Standing Financial Instructions were subject to an internal review process and involved areas such as Pharmacy and Procurement.

7.9 Letter to All ALBs – Further Extension of Pause on Sponsorship and Gov Activities Yr. 202122

Letter to ALBs – 2021/22 End Year Governance & Accountability Arrangements and Restart of ALB Sponsorship/Governance Activities from 2022/23

Members received in advance of the meeting the above communications which Dr Briscoe advised were self-explanatory and for noting.

7.10 Approved minutes of the Corporate Control Committee held on 20 October 2021

Members received in advance of the meeting the minutes of the last meeting of the CCC held on 20 October 2021. No issues were raised and these were taken as approved.

7.11 Approved minutes of the Safety, Quality & Innovation Committee held on 3 December 2021

Members received in advance of the meeting the minutes of the last meeting of SQIIC held on 3 December 2021. No issues were raised and these were taken as approved. The next meeting of this committee is next Friday, 25 March 2022.

7.12 Cyber position as a result of Ukraine Situation

Members received in advance of the meeting a paper outlining increased risk of Cyber Attacks as a result of the ongoing conflict in Ukraine. Mrs Moore provided an update on the situation. It has been advised that tight vigilance should be kept around email communication. All user email has been issued to highlight this to staff with use of screenshots to promote vigilance and actions have already been put in place in BSO. The staff app will also be used to share information and awareness raised through the next "Keep in Loop" session.

Mr Brady noted that through his work in another organisation it was noted phishing emails using Netflix seemed prevalent, highlighting services regularly used were being used as target. Mrs Moore agreed to bring to Mr Henderson's attention.

8.0 ITEMS FOR ESCALATION

Mrs McNally advised there were no items raised from sub-committees and nothing to escalate to Trust Board.

9.0 ANY OTHER BUSINESS

No items were raised under this item.

10.0 DATE AND VENUE OF NEXT MEETING

Wednesday 22nd June 2022 at 12:00 noon via Zoom hosted in the Board Room, Trust Headquarters, Dundonald