



Annual Report of the Governance Assurance Committee: 1 April 2021 to 31 March 2022

1.0 Introduction

- 1.1 This is the twelfth formal Annual Report of the Governance Assurance Committee (the Committee) since its inception in 2010 to the Board of the South Eastern Health & Social Care Trust (the Trust) and relates to the year ended 31 March 2022. The Annual Report's purpose is to provide information on the Committee, its main objectives and work undertaken in discharge of its oversight responsibilities to Trust Board.
- 1.2 This Annual Report has been prepared in line with good practice as referenced in the former Governance Controls Assurance Standard and the Department of Health (DoH) HSC Board Member Handbook (May 2021). The content is also complementary to the Audit Committee's Annual Report which is also presented to Trust Board in compliance with the Good Practice Principle 5 (Communication) of the Audit Committee Handbook issued by HM Treasury.

2.0 Chairman's Foreword

- 2.1 I would first and foremost wish to commend the dedication of Trust staff to their individual and collective contributions to healthcare delivery over the course of yet another challenging year due to the impact of the Covid-19 pandemic.
- 2.2 As Chair of the Trust's Governance Assurance Committee, I would also record my thanks to Committee Members and staff colleagues who contributed to our important work during 2021/22. I am satisfied that the Committee has discharged its duties in line with its agreed Terms of Reference and Programme of Work.
- 2.3 In line with best practice, the Committee will continue to closely review and refine its Programme of Work to ensure that the Committee is in a position to provide robust assurances to both Trust Board and the Accounting Officer that a sound system of internal control is in place within the Trust.

3.0 Governance Assurance Committee

3.1 The work of the Committee

- 3.1.1 The Committee's primary responsibility is to keep under review the Trust's system of integrated governance and internal control across all activities so assurance can be provided that the arrangements in place effectively supports the achievement of the organisation's objectives.

3.1.2 In addition, the Committee will also:

- Review the effectiveness of the management of principal risks and the appropriateness of the Trust's principal governance and risk management disclosure statements.
- Review the adequacy of existing control and assurance mechanisms in place and action taken to address emerging assurance issues.
- Review relevant Trust policies for ensuring compliance with regulatory, legal and code of conduct requirements.
- Review the adequacy of the Trust's Integrated Governance strategies including risk management.
- Review the annual work plans of both the Corporate Control and Safety and Quality Sub-Committees which report through to the Governance Assurance Committee.
- Receive reports including recommendations for action where there has been an internal failing identified in governance or risk management systems which do not fall ordinarily within the remit of the Audit Committee.

3.1.3 In carrying out its work, the Committee utilises the work of Internal Audit concentrating on the overarching systems of integrated governance, risk management and internal control reviewing indicators of effectiveness. The Committee also seeks and receives input from relevant Trust personnel and from other Trust Committees as necessary.

3.2 Terms of Reference of the Committee

3.2.1 The Committee's Terms of Reference and Programme of Work were both last reviewed at its 15 December 2021 meeting. In general terms, comments received confirmed the Committee was operating effectively, that its Terms of Reference were appropriate and meetings were focused on the key areas as per the agreed Programme of Work. Minor changes were made to the Terms of Reference and these were duly agreed.

3.3 Membership of the Committee

3.3.1 The membership of the Committee during 2021/22 comprised of the following persons:-

- Non-Executive Directors (x 6)
 - **Dr Maura Briscoe**, Chair of Governance Assurance Committee
 - **Mr Jonathan Patton**, Chairman (Acting) of Trust Board
 - **Mrs Joan O'Hagan**
 - **Mr Noel Brady**, Chair of Audit Committee
 - **Mr Maynard Mawhinney**, Chair of Finance & Performance Committee
 - Vacant Post, Non-Executive Director

- Interim Chief Executive **Mr Seamus McGoran** (until 26/06/2021)
- Chief Executive **Ms Roisin Coulter** (from 26/06/2021)
- Deputy Chief Executive, Director of Primary Care, Older People and Executive Director of Nursing **Ms Nicki Patterson**
- Interim Director of Human Resources & Corporate Affairs **Mrs Claire Smyth**
- Medical Director **Mr Charlie Martyn**
- Director of Hospital Services **Dr David Robinson**
- Director of Children's Services & Executive Director of Social Work **Mrs Barbara Campbell**
- Director of Adult Services & Prison Healthcare **Mrs Margaret O'Kane**
- Director of Planning, Performance and Informatics **Ms Roisin Coulter** (until 01/06/2021) subsequently **Ms Naomi Dunbar** as Interim Director
- Director of Finance and Estates **Ms Wendy Thompson**

In attendance:

- Trust Board Secretary **Mrs Martine McNally**
- Head of Internal Audit (or nominee) (twice per year).

3.3.2 The Trust Board Secretary is the Secretary to the Committee and provides appropriate support to the Chair and Committee members in discharging their responsibilities.

3.3.3 The Head of Internal Audit (or their nominee) is invited to attend at least two meetings per year (March and September) as an observer. Mrs Catherine McKeown attended the Committee at its 16 March 2022 meeting.

3.4 Meetings of the Committee

3.4.1 The Committee is required to meet on a quarterly basis. During the year, the Committee met on the following occasions availing of the hybrid meeting model reflecting the extant Covid-19 guidance in effect at the date of the meeting:

- 16 June 2021
- 15 September 2021
- 15 December 2021
- 16 March 2022

3.4.2 Formal minutes are recorded at each meeting reflecting the discussions held, any actions agreed and detailing attendance including apologies tendered by those unable to attend. Once approved, the minute is reported to Trust Board circulated with Board papers ensuring all Board Members have visibility.

3.5 The Committee's Programme of Work

3.5.1 The Committee operates a Programme of Work (POW) agreed for the year 2021/22 at its 10 March 2021 meeting effective from 1 April 2021.

3.5.2 The POW outlines the key standing agenda items for discussion at each meeting. A copy of the Programme of Work for 2021/22 is attached at Appendix 1. A short synopsis of the key issues discussed at meetings during the year is listed below:-

(a) Board Assurance/Corporate Risk Register Report 2021/22

The Committee received the Corporate Risk Registers Reports for review at each of its meetings during the year. Following the Risk Management and Governance Review initiated by the Trust Board Secretary, it was recommended that the Trust's Integrated Governance Strategy and the Board Assurance Framework (BAF) be incorporated into one document going forward. The Committee notes that this is due to be completed by September 2022.

(b) Report of the Inquiry into Hypernatremia-Related Deaths (IHRD Report)

A key development in-year has been DOH's publication of the HSC Board Member Handbook in May 2021. The Committee has highlighted the importance of the Handbook to all Trust Board Members as it has been developed by the IHRD Programme produced for, and with the involvement of, Non-Executive Directors to prepare and support Board members in their important leadership roles to scrutinise the safety and quality of services, with a strong focus on quality improvement, learning from error and ensuring that service users and staff have a voice. Three of the Trust's Non-Executive Directors (Mr Patton, Mrs O'Hagan and Mrs Minford) are members of the Trust's Oversight Committee and attend regular DoH IHRD related meetings and workshops. The Committee considered an update report at its 15 September 2021 meeting and a verbal update at its 15 December 2021 meeting - both of which primarily focused on the public consultation relating to the proposed Duty of Candour.

(c) Organisational Controls Assurance Programme

The Committee notes that the Trust continues to use the robust arrangements arising from the former Controls Assurance Programme and adapted these for use in its Organisational Controls Assurance Group Programme (OCAG). OCAG update reports are provided to the Committee regularly as a further means of evidencing assurance.

Unlike the previous programme when all standards had to submit the level of compliance to DoH, only five of the nineteen standards now require a return to the relevant DoH Policy Lead. This is in the form of an assurance statement via the Chief Executive's office – details as listed below:-

- Food Hygiene;
- Environmental Cleanliness;
- Emergency Planning;
- Medicines Management;
- Information Governance.

It should be noted that all standards have a documented action plan to address any areas of non-compliance and an assurance statement providing assurance to the Trust Directors for their respective areas.

(d) Year End and Mid-Year Accountability Review Meetings

As a consequence of the Covid-19 pandemic, DoH Sponsorship Branch had advised all HSC Trusts of a pause in their Accountability Review Meetings. The Committee reviewed a number of items of DoH correspondence throughout the year providing updates on their position and noted the position set out by the Permanent Secretary in correspondence dated 4 March 2022 that for 2021/22, End Year Accountability meetings would not proceed but for 2022/23 normal ALB Sponsorship and Governance arrangements would be reinstated with effect from the commencement of the new financial year.

(e) Annual Work Programmes from Sub-Committees – Corporate Control (CCC) & Safety, Quality Improvement & Innovation (SQIIC)

The Committee has been supported in its work by two sub-committees – the **Corporate Control Committee** and the **Safety, Quality Improvement & Innovation Committee**. Both sub-committees have their own Programmes of Work (reviewed by the Committee on an annual basis) detailing key areas for completion. In addition, the Committee received detailed updates on the work of each sub-committee at its meetings throughout 2021/22.

(f) Board Governance Self-Assessment Tool (BGSAT)

The Board Governance Self-Assessment Tool (BGSAT) is a self-assessment tool intended to help Arm's Length Bodies (ALBs) improve their Board effectiveness and provide Board members with assurance that business is being conducted in accordance with best practice.

The Trust's BGSAT for 2021/22 was presented to the Committee's meetings on 15 December 2021 and 15 March 2022 providing the basis for a Trust Board Development Day workshop on 28 March 2022 after which the BGSAT was submission for independent verification.

(g) Governance Updates in respect of key reports/cases

The Committee sought and received regular updates to allow for consideration of key HSC-wide and Trust-specific governance issues during 2021/22 including but not limited to the following topics:-

- The Trust's Risk Management and Governance Review (Part 1 & 2)
- Internal and external development within the field of cyber-security
- The Trust's Corporate Risk Register, Organisational Controls Assurance and Third Party Report Register.
- The Trust's Annual Reports on Information Governance, Claims & Coronial Investigations and Complaints & Compliments.
- The Trust's Review of Board Standing Orders and Standing Financial Instructions
- The Trust's Complaints Management Action Plan
- Independent Sector Governance and Accountability arrangements
- Impacts arising from the implementation of the HSC Rebuild Programme

- Northern Ireland's Regional Covid-19 Vaccination Programme and the Trust's key role in the delivery of the SSE Regional Vaccination Centre
- The Regional IHRD Programme including DoH's publication of the HSC Board Member Handbook and the Duty of Candour public consultation exercise.
- HSC Key Learning Reports such as the Review of Leadership and Governance at Muckamore Abbey Hospital.
- DoH updates in relation to ALB Governance and Sponsorship Activities
- DoH Look Back Reviews
- Governance Assurance Reporting – Quality Improvement Pilot within Prison Healthcare
- External Reports such as the Criminal Justice Inspection's Review into the Operation of Care and Supervision in the NI Prison Service (published February 2022) and the Regulation and Quality Improvement Authority's Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons (published October 2021)

4.0 Governance Statement and Mid-Year Assurance Statement

- 4.1 The Governance Statement forms part of the Accountability Report section of the Trust's overall Annual Report and Accounts. The Statement includes information on the Governance Framework, detailed narrative in relation to business planning, risk management, information risk, cyber-security and fraud, anti-bribery & whistleblowing. The Statement highlights the Head of Internal Audit's overall opinion on the adequacy and effectiveness of the Trust's framework of governance, risk management & control as well as any internal governance divergences.
- 4.2 The preparation of the Governance Statement is co-ordinated by the Trust's Finance Directorate in conjunction with both the Risk Management & Governance and Safe & Effective Care Directorates. The Trust's Audit Committee considered the draft Mid-Year Assurance Statement from Internal Audit at their 7 October 2020 meeting and the Governance Statement for 2021/22 (May 2022) as part of their consideration of the draft Annual Report and Accounts. The formal sign off of the draft Statements is within the remit of the Audit (as opposed to the Governance Assurance) Committee. However, Dr Briscoe is also a member of this Committee and inputs to the draft statements during preparation.

5.0 Linkages with the Audit Committee

- 5.1 In line with the Report of the Governance & Risk Management Infrastructure (March 2010), the Chair of the Trust's Audit Committee is a member of the Governance Assurance Committee and the Chair of the Governance Assurance Committee is also a member of the Audit Committee. In terms of attendance, Dr Briscoe attended 4 out of 5 Audit Committee meetings and Mr Brady attended all 4 of the Governance Assurance Committee meetings during 2021/22.

6.0 Reports to Trust Board

- 6.1 The Committee submits approved minutes of each meeting for consideration by Trust Board. The Chair of the Committee brings forward each set of minutes to the Board and highlights any items requiring attention or escalation to Board Members.

7.0 Conclusion

- 7.1 The Committee is satisfied in respect of the reliability and integrity of the assurances provided and of their comprehensiveness in meeting the needs of both Trust Board and the Accounting Officer. Furthermore, the Committee is of the opinion that the assurances available are sufficient to support Trust Board and the Accounting Officer in the decisions taken by them and in their accountability obligations that a sound system of Internal Control is in place.
- 7.2 The Committee, at its meeting on 22 June 2022, approved the draft Annual Report to be submitted to Trust Board for consideration at its scheduled meeting on 29 June 2022 subject to approval of final amendments by the Chair of the Committee.

Dr Maura Briscoe
Non-Executive Director
Chair of the Governance Assurance Committee

14 June 2022

Updated post meeting held on 22 June 2022

Governance Assurance Committee: Programme of Work 2021/22

Month	Governance Assurance Meeting	Governance Committee Work – outside of meeting
April 2021		Consideration of Internal Audit Plan (in terms of Governance & Risk Management issues) with Internal Audit
May 2021		Comment and input to the draft Governance Statement Approved Minutes to Trust Board
June 2021	<p>Corporate Risk Register – end of year position and preparation for incoming year</p> <p>Corporate Risk Register- Update Quarter 1</p> <p>Risk Management Report- Update Quarter 4</p> <p>Draft Annual Report of the work of the Governance Assurance Committee for the year 2020/21</p> <p>Approval of the incoming annual work plans for both Sub-Committees - Corporate Control Committee and Safety, Quality Improvement & Innovation Committee</p> <p>Consider the Committee's own effectiveness in its work</p> <p>Draft of Annual Governance Assurance Committee Report</p> <p>Report on Organisational Controls Assurance</p> <p>Review of the Committee's Terms of Reference for 2021/22</p> <p>Review of the Committee's Programme of Work for 2021/2022</p> <p>Annual Report on Risk Management</p> <p>Annual Review – Board Assurance Framework Programme – end of year position</p> <p>Presentation/Report by Chairpersons of Corporate Control and Safety , Quality Improvement & Innovation Committees – end of year position (including outcomes)</p>	Approved Minutes to Trust Board
July 2021		

Month	Governance Assurance Meeting	Governance Committee Work – outside of meeting
August 2021		
September 2021	<p>Corporate Risk Register – Update report</p> <p>Update on Organisational Controls Assurance Programme (for Mid-Year Assurance Statement)</p> <p>Discuss Board Governance Self-Assessment Tool</p>	<p>Comment and input to the Mid-Year Assurance Statement</p> <p><i>Internal Audit to attend meeting</i></p> <p>Approved Minutes to Trust Board</p>
October 2021		
November 2021		
December 2021	<p>Corporate Risk Register – Update report</p> <p>Annual Review – Board Assurance Framework</p> <p>Risk Management and Integrated Governance Strategies</p> <p>Independent Sector Governance Review – Presentation</p>	Approved Minutes to Trust Board
January 2022		
February 2022		
March 2022	<p>Corporate Risk Register – Update Quarter 3</p> <p>Risk Management Report – Update Quarter 3</p> <p>Organisational Controls Assurance Programme Update for 2021/22</p> <p>Review of Standing Orders & SFIs</p>	<p>Internal Audit to attend meeting</p> <p>Approved Minutes to Trust Board (GAC March meeting 15.12.2022)</p>