

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### **Minutes of the Governance Assurance Committee Meeting held on Wednesday 21 December 2022 at 12 noon in the Board Room, Trust Headquarters, Ulster Hospital, Dundonald**

- PRESENT:** Dr M Briscoe, Non-Executive Director (Chair)
- Mrs J O'Hagan, Non-Executive Director  
Mr N Brady, Non-Executive Director
- Mr C Martyn, Medical Director  
Mrs L Preece, Director of Children's Services & Executive Director of Social Work  
Ms N Patterson, Deputy Chief Executive, Director of Primary Care, Older People & Executive Director of Nursing  
Dr D Robinson, Director of Hospital Services  
Mrs C Smyth, Interim Director of HR and Corporate Affairs  
Ms W Thompson, Director of Finance and Estates  
Mrs H Moore, Director of Planning, Performance & Informatics
- IN ATTENDANCE :** Mrs C McKeown, BSO Internal Audit (observer)  
Ms R Gibbs, Interim Assistant Director, Adult Disability Services (obo Mrs M O'Kane)  
Mr C Campbell, Senior Manager, Safe & Effective Care (SQIIC)  
Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary  
Mr S Martin, Executive Support Services Manager (minutes)

#### **OPENING REMARKS**

Dr Briscoe welcomed those present to the meeting in particular Mrs McKeown, Ms Gibbs and Mr Campbell.

#### **1.0 APOLOGIES**

Apologies were recorded for Ms Coulter (Chief Executive), Mr Mawhinney (Non-Executive Director) and Mrs O'Kane (Director of Adult Services & Prison Healthcare). Members were advised Mr Brady and Mr Martyn would join shortly.

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

There were no declarations of interest made at the meeting.

#### **3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 5 OCTOBER 2022**

The minutes of the Committee meeting held on 5 October 2022, having been previously circulated, were agreed as a true and accurate record.

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

Members noted the content of **SET/GAC/46/22 Matters Arising Sheet**.

#### **ACTION**

Dr Briscoe invited Mrs McNally to provide an update in relation to the RQIA Regional SAI Review. Mrs McNally advised there had been a recent meeting of regional leads with SPPG where they were informed a timetable would be forthcoming on a DoH/SPPG review of the SAI procedure. At Mrs McNally's suggestion, Members agree to revisit at the Committee's meeting in July 2023.

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Mrs McNally confirmed the Matter Arising relating to the Lessons Learnt section of the Risk Management Quarterly Report had been actioned and the Key Issues Arising section feedback remained work in progress. Mrs McNally further advised that the Adult Safeguarding Sub-Committee presentation had been arranged for the next Committee meeting.

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## **5.0 NEW BUSINESS ITEMS**

### **5.1 Integrated Governance & Assurance Framework Update**

Members received, for approval, **SET/GAC/47/23** Integrated Governance & Assurance Framework together with associated documents.

Dr Briscoe noted the Framework document had yet to go to the design team and it would be useful to include links from the appendices into the document perhaps including a composite page referring also to the need to demonstrate links between the Governance Assurance Committee and external aspects of governance. Mrs McNally advised previous feedback had been incorporated with an emphasis on how to make the Framework accessible to front-line staff. Ms Patterson noted the document used similar formatting to the Quality4All Plan which would in itself aid staff with its consistency.

Mrs O'Hagan commented when staff participate in SQIIC on Quality Improvement for example there was an opportunity there to introduce, engage and cascade. Mrs O'Hagan added staff need to understand what it means to them and asked if there was a checklist which requires them to link or draw in other areas. Mrs McNally replied she would explore this with her team. Dr Briscoe state the implementation phase would be crucial believing the colour coded 'Three Lines of Assurance' diagram was a really important part of the overall document. Mrs McNally suggested it might be useful to have a glossary for acronyms.

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Mrs McNally stated a proposal would be taken to Trust Board to establish a new People & Culture Committee which would link in with the recently launched People Plan. Mrs O'Hagan commented the Chairman had asked her to chair the new Committee which she felt would have an important role to play in the governance of the Trust. Mrs O'Hagan stated it would be important to determine what would be standing items for consideration by the new Committee. Mrs O'Hagan added a well-trained and supported workforce was fundamental to delivering high quality services. Dr Briscoe stated it would be important for the new Committee to have links to both the Corporate Governance Sub-Committee and the Safety Quality Innovation & Improvement Sub-Committee with escalation mechanisms built in.

Mrs McKeown commented the draft Framework was very useful from her perspective as Head of Internal Audit suggesting the Assurance Mapping section could be further developed to define and highlight corporate risk appetite.

Mrs McNally referred to the recent Board Development Day focused on the '3 Lines of Assurance' and how this would link in with the draft Principal Risk Document. Dr Briscoe replied it would be worthwhile having another Workshop to consider what implementation means for the Trust. Mr Brady asked if Internal Audit were content with the document and where the Audit Committee sat within the Framework. Mrs McKeown replied she was broadly content adding the narrative on Pages 25 and 26 of the document detailing the roles of both this Committee and Audit Committee may need further refinement. Dr Briscoe highlighted Section 5.1.1 and whether it was clear that the Audit Committee was a Non-Executive Committee of Trust Board. Mr Brady considered it was sufficient. Ms Patterson referred to Pages 31 and 36 to advise she would provide further feedback.

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Dr Briscoe sought and obtained approval in principle of the tabled document subject to further revisions as discussed including an additional graphic to detail external arrangements.

***Mr Brady joined the meeting (12.11pm).***

## **5.2 Risk Management Quarterly Report: Q1 2022/23**

Members received, for discussion, **SET/GAC/48/22 Risk Management Quarterly Report (Q2 2022/23).**

Dr Briscoe commented the Report made for very sobering reading given the number of outstanding issues regarding Complaints, Incidents and SAIs. Dr Briscoe fully acknowledged the impact of Covid, ongoing Industrial Action and workforce pressures but stated there was a real need for improvements to close off what was currently outstanding. Members concurred there should be an expectation of improvement by the next Committee meeting.

EMT

Mrs McNally advised at the previous meeting it had been agreed to include more run charts and infographics which had been incorporated. Mrs McNally welcomed any feedback on how to improve further. Mrs O'Hagan referred to the use of different colour coding at Trust Board and that this document might benefit from adopting a similar approach so as to assist with identifying trends. Mrs McNally replied she would link in with the Planning and Performance Team. Mrs McNally referred to Page 3 and the Incidents by Impact/Potential Risk information which she stated she had asked her team to develop further as a means of providing further assurance going forward to Members with additional details. Mrs McNally noted Page 4 and the inclusion of a potential 'good/bad' line which would be incorporated in due course. Mrs McNally also advised Ms Coulter had requested monthly Complaints reports to be considered by EMT.

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Mrs O'Hagan asked if there was an obligation to provide independent advocacy in Level 3 SAIs and above. Mrs McNally replied this is offered in all cases. Mr Brady referred to Page 3 in terms of Catastrophic Incidents per Directorate and asked for further explanation. Mrs Preece replied there had been a number of unexpected deaths and she advised of the detail in relation to each. Mr Brady asked who was responsibility were a Trust patient is with another HSC Trust when a Catastrophic Incident arises. Ms Patterson explained how the learnings from Dunmurry Manor ensured links that meant it was not an either/or scenario. Mr Brady welcomed the clarification. Dr Briscoe invited Ms Gibbs to speak to the figures relating to the Adult Services & Prison Healthcare Directorate. Ms Gibbs explained how the Mental Health surge was linked to an increase in the number of suicides. Mr Brady raised a specific query in relation to a discrepancy between the number of stated Catastrophic Incidents (19) and 22 leading to a death. Mrs McNally undertook to clarify.

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Mr Brady felt Page 8 was too complicated and provided feedback which Mrs McNally noted. Dr Briscoe referred to Mrs O'Hagan's earlier comments on SPG approaches being useful and asked for an assurance on fluids that there were no sodium related/HRD incidents in that respect. Ms Patterson considered this was the case but requested Mrs McNally take an action to follow up.

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***Ms Patterson left the meeting at 1pm. Mr Martyn arrived at 1.02pm.***

Dr Briscoe asked what happened with the Report internally. Mrs McNally advised the Directors receive a copy for cascading to Assistant Directors and to Governance Facilitators.

### **5.3 Independent Neurology Inquiry Task & Finish Group Update**

Members received, for discussion, **SET/GAC/49/22 INI Task & Finish Group Update**

Mr Martyn advised a Terms of Reference was being devised to be tabled at SQIIC once finalised. Mr Martyn highlighted receipt of the RQIA Expert Report which was published on 29 November 2022 which was being considered with the next meeting of the Task & Finish Group scheduled for 7 February 2023. Mrs O'Hagan sought an update in relation of the ongoing Urology Public Inquiry. Mr Martyn advised that once it concludes its hearings and recommendations made the Trust would consider if any actions are required.

### **5.4 Corporate Risk Register Q2 2022/23**

Members received, for discussion, **SET/GAC/50/22 Corporate Risk Register Q2 2022/23** together with a draft template for the Principal Risk Document.

Mrs McNally highlighted Mr Mawhinney's feedback from the previous meeting had either been incorporated or were advanced in terms of work in progress. Dr Briscoe asked how actions arising from the last Trust Board meeting in respect to Maternity Services would be taken

forward. Dr Robinson provided an update on the position since then and how the Oversight Group would be taking forward its work including giving due consideration as to whether aspects should be recommended for inclusion on the Corporate Risk Register. Dr Briscoe thanked Dr Robinson and asked for a note to be taken for a further update to be sought at the next Committee meeting.

**DR**

Mrs O'Hagan asked what benchmarking had been undertaken to make a determination in this respect. Dr Robinson replied it would be in the context of GAIN and regional developments. Mrs O'Hagan stated she would be looking assurance that this would be considered in an objective way. Dr Robinson replied the decision on GAIN highlighted some decisions would be made outwith the Trust which would impact and there was a need for consistency with other HSC Trusts with alongside MLUs.

Mr Brady asked for an update on the Encompass programme given it was listed as an extreme risk and sought further information particularly around recruitment.

Mrs Moore stated in recent weeks her team had undertaken a complete overhaul of the risk review of the entire programme. Mrs Moore explained how an addendum to the business case to support the recruitment of a significant number of additional staff had been progressed and was due for decision. Mrs McNally supported the risk rating as being prudent. Ms Thompson added it was on target once the agreed control measures were fully implemented.

Dr Briscoe asked if the impact of on-going Industrial Action necessitated an update in respect of risks relating to Unscheduled Care. Mrs Moore replied this would be taken account of in the Service Delivery Plan reporting. Mrs McNally noted the CRR Report before Members related to the period up until the end of Q2 2022/23 so Industrial Action would be more apparent in the next Report. Dr Briscoe asked for an update on the Laundry Service's target date of April 2023. Ms Thompson replied the risk was being managed and any delay hopefully would be brief in duration.

Dr Briscoe also asked for an update in relation to a risk associated with Medical Physics. Mr Martyn replied progress was being made and the External Reviewer had reporting being very pleased with what has been achieved to date. Mr Martyn concluded there is an ongoing Programme of Work. Dr Briscoe asked if RQIA were content. Mr Martyn replied they had been involved and were also content with progress made. Mrs O'Hagan asked if staff were also doing training. Mr Martyn replied there was no option to do so but the team were checking to deliver the examination and the process being followed.

Mrs McNally highlighted the draft Principal Risk Document template stating the intention was to develop further with EMT before taking to the next Board Development Day. Mrs McNally referred to Mrs McKeown's comments on Assurance Mapping as this being very much part of that initiative.

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## 6.0 ITEMS FOR APPROVAL

### 6.1 Information Governance Annual Report 2021/22

Members received, for approval, **SET/GAC/51/22 Information Governance Annual Report 2021/22.**

Mrs Smyth provided a summary overview of the Report which she noted was in a new layout to provide information in a more accessible way. Mrs Smyth stated the Report detailed activity and compliance during 2021/22 in respect of Requests for Information (Subject Access Requests and Freedom of Information Requests), engagement with the Information Commissioner's Office, Information Governance Incidents & Reporting, training, Organisational Controls Assurance, Information Quality as well as ICT and Cyber Security.

Dr Briscoe referred to figures which demonstrated non-compliance with statutory timeframes and the need to consider the impact of both the pandemic and the HSC Rebuild Programme on capacity.

Mrs O'Hagan stated the opening page contained a Key Facts section which stated 72% of requests had been processed in the timeframe but it did not the total number of requests received. Mrs McNally stated she would review. Mrs O'Hagan also asked about the number of Data Access Agreements approved and sought further information on the need to be approved. Mrs McNally stated she would check with the Head of Information Governance though it was her understanding all such Agreements had been made and she would add in another column so it is highlighted. Mrs O'Hagan asked if the figures for training was positive. Mrs McNally replied she would ask her team to include additional narrative. Mr Brady noted a number of typographical errors in the briefing paper which Mrs McNally undertook to amend.

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Dr Briscoe asked if a run chart could be incorporated in the same style of the Quality4All and Risk Management Quarterly Report formats. Mrs McNally agreed to do so.

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Following discussion, Dr Briscoe sought and obtained approval for the Information Governance Annual Report 2021/22 subject to the amendments discussed.

### 6.2 Claims and Coronial Investigations Annual Report 2021/22

Members received, for approval, **SET/GAC/52/22 Claims and Coronial Investigations Annual Report 2021/22.**

Mrs Smyth provided a summary of the Report which outlined the Trust's activity in this area including Professional Negligence, Employer & Occupier Liability and Coroner Investigations.

Mr Brady remarked the Report was very clear and easy to read. Mrs O'Hagan asked about the increase in the number of Coroners Investigations noted within the Report. Mr Martyn replied it was difficult to establish a pattern since all deaths within Prisons or that of a child

would be Coroner cases. Dr Robinson added such cases can take a considerable period of time to move through the process so making comparison year on year challenging.

Following discussion, Dr Briscoe sought and obtained approval for the Claims and Coronial Investigations Annual Report 2021/22 as tabled.

## **7.0 ITEMS FOR NOTING**

### **7.1 Third Party Report Register**

Members received, for noting, **SET/GAC/53/22 Third Party Report Register**. Mrs McNally confirmed the Ockenden Report had been added since the last meeting.

### **7.2 Risk Management Strategy Update**

Members received a verbal update from Mrs McNally on **the Risk Management Strategy** in which it was noted that in light of the emerging Integrated Governance & Assurance Framework this was being aligned with associated key strategic documents. Mrs McNally stated there would hopefully be a final version available for the next Committee meeting.

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### **7.3 Update from Sub-Committee Chairs Workshop**

Members received, for noting, **SET/GAC/55/22 Update from Sub-Committee Chairs Workshop** together with final draft Escalation Pro-Forma. Mrs McNally provided a summary of the Workshop's key actions to take forward which had been facilitated by the HSC Leadership Centre.

### **7.4 IHRD Oversight Group Update**

Members received, for noting, **SET/GAC/56/22 IHRD Oversight Group Update**. Mr Martyn advised there had been no regional progression since the last update though Mr Peter McBride on behalf of DoH was taking forward a piece of work which would likely step up activity in the coming months.

### **7.5 UK Covid-19 Inquiry Update**

Members received, for noting, **SET/GAC/57/22 UK Covid-19 Inquiry Update**. Mr Martyn confirmed the Trust had not applied for Core Participant status for Module 3 of the Inquiry.

Mrs O'Hagan asked at what stage of the process would a decision need to be taken to consider a framework to respond to such requests if and when made within what appeared to be a very tight turnaround time.

Mrs McNally explained the pre-emptive work that had been already carried out and she would be monitoring any potential for requests closely to ensure sufficient resources are pooled to respond appropriately and in a timely manner.

## **7.6 NIPSO Quarterly Report – September 2022**

Members noted **SET/GAC/58/22 NIPSO Quarterly Report.**

## **7.7 Learning from Stroke – July 2022**

Members noted **SET/GAC/59/22 Learning from Stroke.**

## **7.8 Learning from Falls – September 2022**

Members noted **SET/GAC/60/22 Learning from Falls.** Dr Briscoe highlighted the work being undertaken in this area by the Trust. Dr Robinson commended the work of Ms Patterson's team with their outreach with care homes.

## **7.10 Minutes of the Corporate Governance Sub-Committee held on 1 September 2022**

Members noted **SET/GAC/61/22 Approved Minutes of the Corporate Governance Sub-Committee** held on 1 September 2022.

## **7.11 Minutes of the Safety, Quality & Innovation Sub-Committee held on 2 September 2022**

Members noted **SET/GAC/62/22 Approved Minutes of the Safety, Quality and Innovation Sub-Committee** held on 2 September 2022.

## **8.0 ITEMS FOR ESCALATION**

### **8.1 Escalation from Sub-Committees**

There were no matters raised. received.

### **8.2 Items from Committee to Trust Board**

There were no matters raised.

## **9.0 ANY OTHER BUSINESS**

There were no additional matters raised.

## **10.0 DATE AND VENUE OF NEXT MEETING**

Dr Briscoe confirmed the next meeting would be on Wednesday 15 March 2022 at 12 noon in the Board Room, Trust Headquarters, Ulster Hospital, Dundonald.

Dr Briscoe thanked everyone for their participation and wished everyone a Merry Christmas. Dr Briscoe declared the meeting closed at 1.40pm.