

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Committee Meeting held on Wednesday 21 August 2024 at 12.32pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald

- PRESENT:** Mr N McKinley, Non-Executive Director (Chair)
- Mr J Patton, Chair of Trust Board
Mr N Brady, Non-Executive Director
Mrs C-M Dickson, Director of Primary Care & Older People's Services
Mr K Donaghy, Non-Executive Director
Mr R Havlin, Non-Executive Director
Mr C Martyn, Medical Director
Mrs H Moore, Director of Planning, Performance & Informatics
Mrs J O'Hagan, Non-Executive Director
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics
Mrs L Preece, Director of Children's Services & Executive Director of Social Work
Ms W Thompson, Deputy Chief Executive, Director of Finance & Estates
- IN ATTENDANCE :** Mrs M McNally, Assistant Director, Risk Management & Governance/Trust Board Secretary
Mrs V Walker, Head of Risk Management Advisory Services
Dr S McCarney, Head of Psychological Services (obo Mrs Gibbs)
Executive Support Manager, Chief Executive's Office (minutes)

1.0 APOLOGIES

Apologies were received from Ms Coulter (Chief Executive), Mrs Quirk (Non-Executive Director), Mrs Gibbs (Director of Adult Services & Healthcare in Prison), Dr Robinson (Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Patient Experience), Mrs Minford (Non-Executive Director) and Mrs Smyth (Director of People & Organisational Development).

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 17 APRIL 2024

The minutes of the previous meeting held on 17 April 2024, having been previously circulated, were agreed as a true and accurate record.

4.0 MATTERS ARISING FROM THE PREVIOUS MINUTES

Members noted the **SET/GAC/33/24 Matters Arising Sheet** on which there were six matters – all of which completed or would be during today's meeting. Members also noted the DoH SET Partnership Agreement tabled at Trust Board on 26 June 2024 for completeness.

ACTION

5.0 ITEMS FOR DISCUSSION

5.1.1 Risk Registers: Board Assurance Framework (BAF) Risk Document/Corporate Risk Register (CRR) Q4 2023/24

Members received, for discussion, **SET/GAC/34/24 BAF Risk Document/Corporate Risk Register Q4 2023/24** and **SET/GAC/35/24 Briefing Paper – BAF CRR**.

Mrs Walker advised all Q4 updates had been received for both the BAF and CRR with the scores for two BAF risks having reduced since the previous quarter namely **BAF – 01: Inability to Achieve Recurrent Financial Stability** (from 20 to 16) and **BAF – 06: Inability to Meet Growing Demand for Domiciliary Care** (from 12 to 8) which meant the latter had now reached its target risk score and could be de-escalated to its DRR in Q1 2024/25. **Mrs Walker** advised one BAF Risk had increased in risk score namely **BAF-02: Inability to Ensure the Quality of the Aged Built Environment and Associated Infrastructure** (from 15 to 20) which had moved the risk level from high to extreme. **Mrs Walker** confirmed the remaining risks remained unchanged and no new risks had been added or closed during this quarter.

Mrs Walker advised her team were developing training in relation to Risk Registers to include Assistant Directors who act as Risk Handlers to provide guidance in completing the quarterly updates on Datix and the BAF Risk document. **Mrs Walker** asked EMT to remind staff the process for adding or closing a risk on the CRR/BAF had been agreed at EMT and her team notified to amend on Datix.

Mrs O'Hagan asked which forum should agree the overall Risk Appetite. **Mrs McNally** replied this was work in progress and would be considered by this Committee once guidance has been developed. **Mrs O'Hagan** asked if it would then go to Trust Board. **Mrs McNally** stated she envisaged this Committee could approve the final version given it consists of the full Board membership but this would be confirmed. **Mrs O'Hagan** asked how much of the Risk Appetite was self-determined and **Ms Thompson** explained there were many aspects of the Risk Appetite determined by factors external to the Trust.

Mr Donaghy sought clarification on the forum that would approve the Risk Appetite and **Mrs McNally** replied there was no issue with the final decision being taken by Trust Board but noted all Board Members were also members of this Committee. **Mr McKinley** added it was important not to usurp the role of the Board and this could be clarified in due course. **Mr Martyn** stated a large number of the Trust's individual Risk Appetites would be low and there would be limited scope to change them without wider consultation.

MMcN

Mr McKinley asked if Members were content for BAF-06 to be de-escalated and this was agreed.

CMD/VW

5.1.2 Directorate Risk Registers (DRR): Finance & Estates Directorate & Unscheduled Care, Medicine & Cancer Directorate

Members received, for discussion, **SET/GAC/36/24 Finance & Estates DRR** and **SET/GAC/37/24 Unscheduled Care, Medicine & Cancer DRR**.

Ms Thompson provided a summary of the key risks for the Finance & Estates Directorate highlighting the risks associated with Fire Safety and Water Safety. **Ms Thompson** noted significant progress made in respect of Fire Safety following the implementation of a number of Internal Audit recommendations.

Mr Brady asked why the Fire Safety risk level remained Extreme given the mitigations taken. **Ms Thompson** replied this linked to backlog maintenance and the need to replace older estate. **Mr Brady** asked where backlog maintenance sat within the Risk Registers and **Ms Thompson** advised it was listed in the BAF with an Extreme rating with her team regularly reporting on backlog maintenance to DoH alongside the overall Property Asset Plan.

Mrs O'Hagan asked about the position regarding leased facilities and **Ms Thompson** replied SET had one of the lowest levels of lease arrangements in HSCNI. **Mrs O'Hagan** asked if our standard leases defined roles and responsibilities to ensure accountability when issues arise. **Ms Thompson** explained a number of older leases had created issues where terms were less well defined as they could have been. **Ms Thompson** explained SET had a process in place with only her and the Chief Executive authorised to sign leases with a central team managing contractual and lease arrangements having been through a DLS process to reach the completion stage. **Ms Thompson** added SET were actively working to exit such arrangements with the need for a Business Case where a service is seeking an extension. **Mr Donaghy** asked what the risk description was referring to Fire Safety being Extreme adding this was governed by specific legal Regulations so should be considered for the CRR. **Ms Thompson** stated her team would consider the position again in 2024/25.

Mr Neil then provided a summary of key risks associated with the Unscheduled Care, Medicine & Cancer Directorate highlighting those risks categorised as extreme including infection control at LVH and Unscheduled Care Pressures. **Mr Neil** also explained the current position with Medical Recruitment noting a low vacancy rate at present. **Mr Brady** sought clarification on devices used for ventilation and purification purposes at LVH and **Mr Neil** responded adding his team carefully considered patient placement across LVH to mitigate risk. **Mrs O'Hagan** asked whether issues pertaining to Medical Recruitment primarily resource or systematic related. **Mr Neil** explained the allocation process for junior doctors and **Mr Martyn** outlined a number of historic issues arising with this.

Mr McKinley asked how the interdependencies between DRRs were identified and linked to other risks. **Mr Neil** advised the risks

contained within his DRR were considered on a rotational basis at the weekly SMT meeting with Estates, Finance and Performance colleagues inputted regularly. **Ms Thompson** highlighted the important role of Board Sub-Committees within the lower level governance structure providing assurance to the Corporate Governance Sub-Committee and ultimately to this Committee. **Ms Thompson** added this involved partnership working at operational level across Directorates to provide each of those assurances.

5.2 Risk Management Quarterly Report: Q4 2023/24

Members received, for discussion, **SET/GAC/38/24 Risk Management Quarterly Report: Q4 2023/24** and **SET/GAC/39/24 Appendix: Complaints Details**.

Mrs Walker stated 145 complaints were overdue at time of reporting (a decrease from 167) with the oldest complaint open since October 2023. **Mrs Walker** stated 2786 incidents were overdue (not approved within 20 working days of reporting) and 74 open SAIs with 64 overdue awaiting final report from the service area (a decrease from 82 open and 61 overdue in Q3). **Mrs Walker** then detailed Learning Identified by Directorate, provided additional information in relation to Incidents, Complaints and SAIs.

Mr McKinley asked for feedback on Complaints over 100 days. **Mrs Walker** noted Q1 2024/25 demonstrated a slightly improved position with **McNally** advising her team were working on realigning the reporting periods. **Mr Brady** suggested consideration be given to a chart showing Complaints between 0-25, 26-50 and 51-75 days to enable comparison. **Mr Donaghy** asked what the key trends appeared to be arising from Complaints and **Mrs Walker** advised the top three themes had remained static. **Mr Donaghy** asked if there was an Action Plan for each and **Mrs McNally** replied there was. **Mr McKinley** stated there would hopefully be evidence of additional improvement at the next meeting.

5.3 Maternity Services Oversight Group

Members received, for discussion, **SET/GAC/40/24 Maternity Services Oversight Group Update**.

Ms Parks explained the next meeting was scheduled for mid-September 2024 and Sub-Groups continued to work diligently towards completing actions or moving towards 'business as usual.' **Ms Parks** advised a new Assistant Director for Maternity, Gynaecology and Head of Midwifery would take up post in early November 2024.

Mrs O'Hagan referred to previous discussion on the possibility of an external facilitator to assist with team working and asked for an update. **Mrs O'Hagan** also asked for information on the discussions to develop a QI business partner for Maternity. **Ms Parks** confirmed an external facilitator was in place and further explained how QI methodology might assist with a number of key tasks.

Mrs O'Hagan asked if there was any barriers or obstacles impeding progress and **Ms Parks** replied that staff time to close off agreed tasks remained a constant given the important day-to-day work they already have responsibility for in discharging.

5.4 IHRD Recommendations Implementation Oversight Group

Members noted **SET/GAC/41/24 IHRD Oversight Group Update**.

5.5 Neurology Recommendations Implementation (INI) Oversight Group

Members noted **SET/GAC/42/24 INI Oversight Group Update**.

Mr Martyn advised a new Inquiry Recommendation Implementation Oversight Group would be established into which both this and the IHRD Group would be merged. **Mrs O'Hagan** asked if the Group would report to SQIIC and **Mr Martyn** confirmed this was the case. **Mr Brady** asked if any matters had arising from the Urology Public Inquiry and **Mr Martyn** advised this was ongoing though any recommendations would be taken to the new Group.

6.0 ITEMS FOR DECISION

6.1 Committee Annual Report & Review of Effectiveness 2023/24

Members received, for decision, **SET/GAC/43/24 Committee Annual Report & Review of Effectiveness 2023/24**. Following discussion, **Mr McKinley** sought and obtained approval adding it would be tabled at Trust Board for noting.

MMcN

6.2 Compliments and Complaints Annual Report 2023/24

Members received, for decision, **SET/GAC/44/24 Compliments and Complaints Annual Report 2023/24**.

Mrs Walker advised 3,394 compliments and 1,056 complaints had been received during 2023/24 with 96% of complaints acknowledged within 2 working days and 36% responded to within 20 working days. **Mrs Walker** explained the top three reasons for complaints were Quality of Treatment and Care, Staff Attitude/Behaviour and Communication issues. **Mrs Walker** advised 16 complainants approached NIPSO for investigation of their complaint (a decrease from 26 during 2022/23).

Mr Brady asked why two themes – Quality of Treatment and Care as well as Communication – were consistent across Hospital Services. **Mr Neil** replied many issues arise when a patient is delayed accessing care as opposed to issues of clinical diagnosis. **Mr Brady** asked if these could be separated as the data could be construed unfairly. **Mrs McNally** stated the categories were set by DoH but she would feed back to SPPG. Following discussion, **Mr McKinley** sought and obtained approval noting it would be tabled at Trust Board for approval.

MMcN

6.3 Risk Management Annual Report 2023/24

Members received, for decision, **SET/GAC/45/24 Risk Management Annual Report 2023/24.**

Mrs Walker provided a summary highlighting the Shared Learning and Key Lessons Learned sections. **Mr Donaghy** asked how SAI feedback was captured and lessons learned communicated with **Mrs Walker** explaining the process. **Mrs O'Hagan** highlighted some delays in reporting SAI notifications. It was agreed Mrs McNally would follow this up with directorates to improve reporting times and reduce delays. Following discussion, **Mr McKinley** sought and obtained approval for the Annual Report.

MMcN

6.4 Information Governance Annual Report 2023/24

Members received, for decision, **SET/GAC/46/24 Information Governance Annual Report 2023/24.**

Mrs McNally provided a summary noting 6,416 SARs had been received with 88% processed within 30 calendar days for standard requests and 90 calendar days for complex requests. **Mrs McNally** added 521 FOI requests had been received with 58% processed within 20 working days.

Members were advised 255 Form 81 requests had been received with 91% processed within 40 working days and noted 71% of staff had completed their mandatory data protection training with 5 cases had been referred from the ICO in respect of service user concerns regarding delay in processing their application for records. Following discussion, **Mr McKinley** sought and obtained approval for the Annual Report.

6.5 Claims and Coronial Annual Report 2023/24

Members received, for decision, **SET/GAC/47/24 Claims and Coronial Annual Report 2023/24.**

Mrs McNally provided a summary covering Professional Negligence, Employers and Occupiers Liability as well as Coroners Cases/Inquests. Following discussion, **Mr McKinley** sought and obtained approval for the Annual Report.

7.0 ITEMS FOR NOTING

7.1 Revised Committee Meeting Schedule 2024/25

Members noted **SET/GAC/48/24 Revised Committee Meeting Schedule 2024/25.**

7.2 Complaints Module on Datixweb

Mrs Walker provided a verbal update on the launch of the new Datix Complaints Module and undertook to update at the next meeting.

VW

7.3 Board Governance Self-Assessment Tool (BGSAT)

Mrs McNally confirmed the final version had been completed.

7.4 Governance Statement 2023/24

Members noted **SET/GAC/49/24 Governance Statement 2023/24**.

8.0 SUB-COMMITTEE BUSINESS

8.1 Approved Minutes: Safety, Quality Improvement & Innovation Sub-Committee – 29 March 2024

Members noted the aforementioned minutes (**SET/GAC/50/24**).

8.2 Approved Minutes: Corporate Governance Sub-Committee – 6 March 2024

Members noted the aforementioned minutes (**SET/GAC/51/24**).

8.3 Corporate Governance Sub-Committee Action Plan Updates Q4 2023/24

Members noted **SET/GAC/52/24 Corporate Governance Sub-Committee Action Plan Updates Q4 2023/24**.

8.4 Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q4 2023/24

Members noted **SET/GAC/53/24 SQIIC Action Plan Updates Q4 2023/24**.

8.5 Sub-Committee Annual Work Plans 2024/25

Members noted **SET/GAC/54/24 SQIIC Sub-Committees PoW Position Report** and **SET/GAC/55/24 CGC Sub-Committees PoW Position Report 2024/25**.

Mr McKinley asked why there was a negative response listed in the summary return for Adult Safeguarding. **Mrs O’Hagan** noted a lack of detail within the action plans of some of the Sub-Committees highlighting where there had been a note of actions but a lack of narrative to explain progress made and the context.

Mrs McNally will feed back to the relevant sub-committee chairs.

MMcN

8.6 Sub-Committee Year-End Position Reports 2023/24

Members noted **SET/GAC/56/24 SQIIC Year-End Position Report** and **SET/GAC/57/24 CGC Year-End Position Report 2023/24**.

9.0 ITEMS FOR ESCALATION

There were no items for escalation.

10.0 ANY OTHER BUSINESS

There were no further items of business.

11.0 DATE AND VENUE OF NEXT MEETING

Mr McKinley confirmed the next meeting would be held on Wednesday 30 October 2024 at 1pm in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald.

Mr McKinley thanked everyone for their participation and declared the meeting closed at 3.13pm.