

Governance Committee

Committee Chair Report for Board Meeting on 30th January 2020

The Governance Committee ('the Committee') met on 5th December 2019. The following is a summary of the areas considered at the meeting to update the Board. The formal record of the meeting remains the approved minutes.

Summary of areas considered

1. Obstetrics and Gynaecology Presentation re CHKS Audit / Mortality and Morbidity process

- i. C-sections and Post-Partum Haemorrhage identified as issues. Complaints up in Daisy Hill Hospital. Dr O'Kane noted that 10% of c-sections were happening out of hours and expected this to be higher. C-Section rates are being looked at to see if there are any trends emerging.
- ii. A confidential whistleblowing letter relating to obstetrics is being managed under the whistleblowing policy. Processes are underway in response to concerns raised by Doctors in Training to NIMDTA.
- iii. Discussion re complaints, staff attitudes, behaviour treatment and care issues and communication in top 3. Concern that Compliments information was not available from BSO. Mrs Magwood to take forward with BSO.
- iv. Chair posed a question re possible correlation between increased induction, increased instrumental births and increase in emergency C-sections, Dr O'Kane agreed to explore this further.

2. Matters arising

- Update on Stroke Services – update to be provided to Trust Board in January 2020.
- Risk Appetite will be discussed at Board workshop in April 2020
- Review of C&SCG - report shared with members for information

3. Clinical and Social Care Governance.

- **C&SCG report**

- Incidents - 6% increase in incident reporting. 22% incidents uncategorised. Committee noted urgent need for upgrade of Datix. Serious Adverse Incidents - 72 SAI investigations in progress. Current focus in Acute to complete longstanding ones.

- **Standards and Guidelines**

- Complexity and capacity to meet demand highlighted. Committee raised concern at backlog. Draft work plan in place to address this area.

- **National Audit Assurance Report**

- Recommendations 10 and 11 in relation to non-invasive ventilation, Chair raised concern at comment regarding 7 day cover. Dr O’Kane to explore further in relation to 7 day cover.
- Discussion took place with regard to the high amount of clinical information presented in reports to the Committee. Chief Executive agreed to consider establishment of a Clinical Audit Sub Committee with remit to review reports information, highlight areas of concern and provide assurance to governance committee.

- **Trust Mortality Report April 2018 – March 2019**

- Assurance was provided that the RAMI score was 17.2% which was less deaths than were expected and the Trust is performing well against its peers. Previous Limited Internal Audit assurance report in this area was raised and assurance provided that Trust Internal Audit Forum continue to monitor progress against recommendations.

- **Review of Clinical and Social Care Governance**

- Chief Executive informed members report remains in draft and in the spirit of openness was being shared with members at this juncture for information. More detailed discussion is required at SMT. Report will be brought to Board Workshop in February 2020. Chair queried the statement on page 3 ‘role of the Medical Director had been in a period of flux since 2011’ and raised the omission as regards the importance of the E&G Committee as sub

Committee of Trust Board under 4.1.3 – 4.1.7. Chair also commented that whilst report was entitled C&SCG, content would be more suggestive of a corporate governance review. Mr McDonald expressed view that report had a huge focus on Board committees and appeared broader than clinical and social care governance.

4. Corporate Risk Register

- 1 risk added – high volume of locum engagements and 1 risk removed – lack of Data Controller / Data Processor Agreement as this is now in place.
- Chief Executive advised that SMT had discussed industrial action and whether to include same on the Register. They acknowledged that industrial action is a corporate issue which is being managed daily with appropriate mitigations.
- Compliance and implementation of the Mental Capacity Act Phase 1 to be included as a corporate risk.

The Committee spent time undergoing a deep dive into Urgent Out of Hours risk. Mr Beattie, Acting Director of OPPC, highlighted challenges to service delivery in light of reduced GP participation and spoke of actions taken to support continued service delivery. Key points:

- Proposals made to the HSCB as the Commissioners of the Urgent OOHs Service, in respect of requesting regional support to help address these pressures.
- Service improvements included introduction of Skill Mix initiatives - Implementing Nurse Triage shifts to provide clinical cover. Also, inclusion of Pharmacists.
- Need for the introduction of further service changes was discussed. At the request of the Committee, the Chief Executive with Mr Beattie agreed to write letter and escalate regionally to highlight the need for a radical review and proposed regional approach to this issue.

5. Litigation: Claims Management

Detailed information re Obstetrics cases and relevance / read across to Obstetrics and Gynaecology presentation. Re pending cases in excess of £250,000, the timescale for closure of some claims was raised in which the Chair referred to. Mrs Toal to further explore.

6. Update on See something say something

Key discussions from review workshop held in June 2019 were noted. Three C's highlighted:

- Culture – progression of raising concerns work needs to dovetail with the 'Being Open' conversations and embedding Trust value of openness
- Capacity – to provide training and awareness for managers and staff and the capacity to manage cases expeditiously.
- Communication – strategy is critical to secure continued buy in from staff

7. Medicines Governance

No catastrophic medication incidents during the quarter. Continued increase in reporting which was welcomed. Dr Boyce agreed to share Medical Representative Guidance with members.

8. Health and Safety

Where gaps have been identified, assurance provided that action plans are in place and progressing. Training still an issue.

9. Information Governance

○ **Cyber Security**

Recognition of good governance in place, however, understanding that cyber-attack remains a high risk. Final Audit underway. Dependence on the region highlighted. Chief Executive highlighted importance of including cyber security at Trust Board level and recording dependence on regional approach

○ **FoI**

Quarterly response statistics for Freedom of Information, Environmental Information and Data Protection Requests received for information. Appendix 1 – Nature of requests welcomed and members and will be included in future reports.

○ **Senior Information Risk Owner Report**

Annual report received for assurance.

10. Leadership Walks

Summary Report for 6 month period was noted by members.

11. NED Visits to Children's Homes

11 Children's Home visits were undertaken during April – September 2019. Committee was advised that situation in Carrickore was now stable and Oaklands was fully operational again.

12. Draft Schedule of Reporting 2020

The Chair raised Organ Donation Annual Report and made the point that this is a regional service with activities overseen by Organ Donation Committee in each Trust. To give this service the strategic perspective required, NHSBT requested a number of years ago that Trust NED chair this Committee and that annual Organ Donation Reports are presented to Trust Board. To be further discussed with the Chief Executive outside the meeting.

Action(s) requested / required of Trust Board

- Note the areas considered
- Approval of previous minutes 5th December 2019
- Approval of Committee Work Plan 2020

Mrs Siobhan Rooney
Non-Executive Director – Acting Committee Chair
On behalf of the Governance Committee
January 2020