

**Minutes of a meeting of the Governance Committee held on
Thursday 5th September 2019, at 9.40 am in the Boardroom,
Trust Headquarters**

PRESENT:

Ms E Mullan, Non-Executive Director (Chair)
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director

IN ATTENDANCE:

Mr S Devlin, Chief Executive
Mrs R Brownlee, Trust Chair
Mr B Beattie, Acting Director of Older People and Primary Care
Dr T Boyce, Director of Pharmacy
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services
Mr B McNeany, Director of Mental Health and Disability Services
Mr P Morgan, Director of Children and Young People's Services /
Executive Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs H Trouton, Interim Executive Director of Nursing and Allied Health
Professions
Mrs T Reid, Interim Assistant Director of Clinical and Social Care
Governance
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (Minutes)

1. WELCOME AND APOLOGIES

Ms Mullan welcomed those present. Apologies were recorded from Mr M McDonald, Non-Executive Director and Mrs E Gishkori, Director of Acute Services. The Chair welcomed Mrs Brownlee, Trust Chair

and Mr Brian Beattie to his first Governance Committee meeting in the role as Acting Director of Older People and Primary Care.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflict of interests in relation to items on the agenda. There were none noted.

3. CHAIR'S BUSINESS

The Chair spoke of the recent event she attended along with some of her Non-Executive Directors on Cyber Security training. She noted the benefits of attending the training session which provided a high level awareness and the importance of Cyber Security.

4. MINUTES OF MEETING HELD ON 21st May 2019

The Minutes of the meeting held on 21st May 2019 were agreed as an accurate record and duly signed by the Chair.

5. MATTERS ARISING FROM PREVIOUS MINUTES

Members noted the progress updates from the relevant Directors.

In relation to stroke services, Mrs McClements updated members on the multidisciplinary workshop that was held on 11th June 2019 where a range of options for a co-located stroke unit was explored, in line with the 2014 consultation outcome, patient safety, feasibility, best practice and impact on other services. She advised following further discussions with Clinicians and SMT a preferred option was agreed and a paper will be presented at a future Trust Board meeting.

Action: Mrs McClements

Dr O'Kane informed members that the presentation on Obstetrics and Gynaecology has been deferred until the December meeting as the data requires to be looked at in more detail. In response to a question from Ms Donaghy, Dr O'Kane stated that trends would be looked at in comparison to national trends.

Action: Dr O'Kane

6. LITIGATION: CLAIMS MANAGEMENT

Mrs Toal spoke to the above named report. The report provides an overview on the summary of litigation activity, claims, trends, coroner's inquests and medico-legal requests as at 30th June 2019.

Mrs Toal noted an increase in the overall number of litigation claims for this quarter rising from 503 to 513. She particularly highlighted 4 clinical and social care governance negligence claims which settled in excess of £50,000 during the quarter. Ms Donaghy asked out of the 513 litigation cases this quarter how many relate to Integrated Maternity and Women's Health. Mrs Toal agreed to include this in her next report.

Action: Mrs Toal

Medico-legal work was discussed. The compliance figures have reduced from 47% to 46% and Mrs Toal attributed this to continued staff difficulties.

Mr Wilkinson referred to the Coroner's inquests that took place in the quarter and asked for further information with regards the appointment and turnover of locum clinicians. Dr O'Kane advised the turnover of locum clinicians was high across the region and that presents challenges. Dr O'Kane stated that managing the locum workforce has been built into the Deputy Medical Director position.

In advance of the meeting, members were provided with a link to the new 'Coroners Investigations and Inquests: A guide for Southern Trust staff'. Dr O'Kane stated the purpose of the guide is to clearly explain to staff the role of the coroner, the purpose of an inquest and what is expected from staff in the process. She commended this excellent piece of work and advised that the Department of Health are keen to adopt the guide regionally.

7. MEDICINES GOVERNANCE REPORT

Dr Boyce presented the Medicines Governance report which demonstrates that during the first quarter of 2019/20 there were 418 medication incidents reported within the Southern Trust. The average

number of reported medication incidents each month was 139, representing an increase from 111 per month in the previous quarter.

Dr Boyce highlighted the increasing number reports over the last six quarters can be attributed to the introduction of new pharmacists roles to the Trust who are identifying medication incidents that may not have been previously recognised. Despite the overall increase in the number of reports, there were no trends of specific concern amongst the incident reports received.

During the quarter there were no moderate or major incidents and one catastrophic incident reported via Datix, which Dr Boyce provided background to and assured members a SAI review had commenced. In response to a question from the Chair, Dr Boyce provided assurance the family have been engaged and communicated with.

Dr Boyce informed members DATIX updated the coding system for incidents to CCS2 which was adopted across HSC from 1st April 2019. The top five medicines involved in medication incidents for this quarter was outlined in the report with Insulin being the most common medication incident.

In regards to benchmarking data for medication incidents, Dr Boyce reported the Trust 'no harm' incidence had increased to 73.2% which is above average for the Human Factors in Healthcare which recommends minimum standard of 70% of reported incidents should result in no harm to the patient as an indicator of a positive reporting culture.

Members noted the content of the Medication Safety Today newsletter issue 64. Dr Boyce added the Drugs and Therapeutic Committee met on 30th May 2019 and noted the items that were discussed and approved, as outlined in members' papers.

Mrs Rooney highlighted a discrepancy in the figures between in the report against the medication incidents included in Clinical and Social Care Governance Report. Dr Boyce explained that this discrepancy results from the screening process carried out by the medicines governance pharmacist, who go through all the reports each month and redirects those where in incident occurred outside the Trust

(community pharmacy, GP practice, etc.) and those that were adverse drug reactions, rather than medication incidents.

8i. ACTION PLAN ON INTERNAL AUDIT REPORT ON MORBIDITY AND MORTALITY

Dr O’Kane reminded members Internal Audit provided a limited assurance in respect of compliance with the Morbidity and Mortality processes. She spoke to the action plan that was included in members’ papers and provided a timeframe on the implementation of recommendations. Ms O’Neill advised the progress of the recommendations will be monitored through the Internal Audit Forum, the mid-year review by Internal Audit and subsequently Audit Committee.

8ii. ACTION PLAN ON INTERNAL AUDIT REPORT ON SPECIFIC ELEMENTS OF INFECTION, PREVENTION AND CONTROL (IPC) GOVERNANCE INCLUDING ANTI-MICROBIAL STEWARDSHIP

Dr O’Kane reminded members Internal Audit provided a satisfactory assurance in relation to specific elements of IPC and a limited assurance in relation to Anti-microbial Stewardship. She spoke to the action plan that was included in members’ papers and provided a timeframe on the implementation of recommendations. Ms O’Neill advised the progress of the recommendations will be monitored through the Internal Audit Forum, the mid-year review by Internal Audit and subsequently Audit Committee.

9. CORPORATE RISK REGISTER

The Chief Executive presented the Corporate Risk Register (CRR) and informed members there are currently 11 risks – 8 high and 3 medium level. He noted the CRR has been reviewed by SMT since the last meeting, mostly recently on 27th August 2019. The Chief Executive advised that the GP Out of Hours risk has been re-added to the CRR.

The Chief Executive highlighted the issue of the current tax charges for high earners, primarily senior doctors and GPs which has begun

to impact on service delivery as medical staff are now reducing or ceasing any additional activity beyond contracted hours. A risk assessment is currently being completed.

Mrs Magwood informed members in regards to risk 1 – BSO Shared Services, Lack of Data Processing Contract; the Memorandum of Understanding has been received into the Trust and will be reviewed for approval at a future SMT.

There was a detailed discussion on the clinical risk associated with inability to manage patient care within clinically indicated timescales. It was noted that this risk will be expanded to include other areas outside Acute services. Mrs McClements assured members of the focus on actions within Acute to reduce waiting lists including clinical validation of waiting lists and the development of a Diagnostic Improvement Plan. In discussion, it was highlighted that action was required to create a culture of bringing ideas and developing solutions across the Trust to work differently to help reduce the waiting lists.

The Chief Executive left the meeting at this point

Ms O'Neill left the meeting at this point

10i. CLINICAL AND SOCIAL CARE GOVERNANCE REPORT

Mrs Reid presented the above named report in its new format which provides information on SAls, catastrophic incidents, learning on patient safety initiatives, complaints, ombudsman cases and compliments.

Mrs Reid began by informing members incident reporting has increased by 13% since 2017/18. In this quarter April 2019 to June 2019 an increase in DATIX reporting across all directorates has contributed an overall increase of 15%. She noted there is an increase in the lower level incidents being reported.

Mrs Reid advised DATIX reporting introduced a new classification system which was adopted regionally by all HSCTs in April 2019. This has introduced changes to categorisation and also requires a log of 'who' the incident involved. She gave an overview of adverse

incidents and drew members' attention to the 13 catastrophic incidents recorded between April – June 2019. 11 of these incidents have also been notified to the HSCB as SAls. In addition a further 5 SAls were also reported to the HSCB. 2 incidents prior to April 2019 have also been reported to HSCB as SAls and details of the 19 cases are included in the report.

Mrs Reid informed members the Trust currently have 63 SAI investigations in progress, two of which have been paused due to ongoing investigations by external bodies and 26% of the investigations remain within the HSCB timescale. She noted the contributory factors which influence the compliance of SAI reports within the timescales. Mrs Reid stated a number of SAls are due to be finalised and the improved position will be included in the next report.

The top 5 incidents were discussed which showed abuse / behaviour as the top incident type.

Patient Safety Measures Data was discussed. Mrs Reid spoke of the NEWS bundle compliance and noted for Q4 2018/19 the overall bundle compliance target was not achieved and Mrs Trouton explained the reason for this.

Mrs Reid spoke to the ulcer pressure bundle compliance section. She stated of the 215 ward acquired pressure ulcers reported from April 2018 to March 2019, 38 (18%) were Grade 3 or 4. Reviews conducted on these cases concluded that 11 were avoidable and learning has been identified and shared.

The Chief Executive returned to the meeting at this point

10ii. INTERIM SAFETY AND RISK MANAGEMENT STRATEGY 2019 – 2022

Mrs Reid spoke to the Interim Safety and Risk Management Strategy 2019 – 2022. She stated that the strategy is based on best practice, statutory requirements and national guidance. It provides the tools to make the Trust's risk management systems robust and systematic.

Dr O’Kane reminded members the strategy is interim and will be finalised following the outcome of the Clinical and Social Care Governance review.

Mrs McCartan asked how this will be disseminated to staff. Mrs Reid advised Assistant Directors, Heads of Service will ensure the strategy is shared with relevant staff and a training programme will be developed.

In relation to the risk appetite of the Trust Board, the Chief Executive suggested this as a topic of a future Directors’ Workshop.

Action: Chief Executive

Members approved the Interim Safety and Risk Management Strategy 2019 – 2022

10iii. MANAGEMENT OF TRUST STANDARDS AND GUIDELINES

Dr O’Kane presented the report on the Management of Trust Standards and Guidelines. She advised the report sets out the compliance and risk rating position for those Standards and Guidelines received into the Trust up to 30th June 2019.

Dr O’Kane noted from 1st April 2018 to 30th June 2019, 269 Standards and Guidelines have been received from external agencies. She advised following the Internal Audit report in November 2018 where a limited assurance was received and recommendations were advised, it is proposed the Standards and Guidelines Committee will be re-established. Dr O’Kane stated work continues with the Trusts IT team to identify workable solutions for replacing the current excel spreadsheet with a more suitable and fit for purpose system.

10iv. CLINICAL AND SOCIAL CARE GOVERNANCE REVIEW

Dr O’Kane provided a verbal update on the progress of the Clinical and Social Care Governance Review undertaken by Ms June

Champion, HSC Leadership Centre. She advised that she has received the first iteration of the report for accuracy checking.

Mrs McCartan asked about the timeframe to which the Chief Executive advised that the report will be discussed at the next Governance Committee meeting on 5th December 2019.

Action: Chief Executive / Dr O’Kane

11i. CYBER SECURITY: PROGRESS UPDATE

Mrs Magwood spoke to the above named paper which demonstrates the Trust’s position in relation to managing cyber security risks. She noted good cyber security governance is in place in the Trust, reporting to the Regional Cyber Security Programme Board and Governance Committee, however cyber continues to be a high risk and remains on the Corporate Risk Register.

Mrs Magwood discussed patching. She informed members the Trust is achieving the regional recommendations in relation to desktop patching, which was recurrently resourced regionally, however due to staffing levels the Trust is patching servers approximately every 90 days rather than every 30 days which is the regional recommendation. To achieve this 2 WTE staff are required. This issue is being raised via the Regional Cyber Security Programme Board.

11ii. FREEDOM OF INFORMATION, ENVIRONMENTAL INFORMATION AND SUBJECT ACCESS REQUESTS: 1ST APRIL 2019 – 30TH JUNE 2019

Mrs Magwood presented the summary report for the period 1st April 2019 – 30th June 2019. In relation to Freedom of Information (FOI) and Information Regulation (EIR) requests, a total of 83 requests were received and responded to in this period. Of these, 67 were processed within the 20 day deadline. Mrs Magwood reported the compliance with the 20 day deadline has significantly increased to 82% compared to 62.5% in the previous quarter. Members noted that the majority of requests were received from the public, businesses

and the media. Details of the individual requests for information are included within the report.

Members noted 161 Subject Access Requests (SAR) were received during the period and of these, 140 responses were processed within the 30 day deadline. Mrs Magwood reported the compliance with the 30 day deadline has significantly increased to 87% compared to 71% in the previous quarter. The majority of Data Protection Act information requests were received from the public, insurance companies and family members.

The Chair welcomed the improved position and commended all staff involved in achieving this.

12. UPDATE ON LESSONS LEARNED FORUM

Dr O’Kane spoke to the update report on the Lessons Learned Forum. She referred to the meeting of the Forum which took place in May 2019 and stated that this meeting undertook a different format to trial an approach where learning was shared by clinical teams presenting an incident and how learning was identified and implemented. Dr O’Kane advised work continues to improve the format of the meeting and increase the attendance.

The Chair asked about connectivity with the Patient and Client Experience Committee to which Dr O’Kane agreed to consider.

13. MINUTES OF SHSCT 2018/19 END YEAR GROUND CLEARING MEETING HELD ON 5TH JUNE 2019

Members noted the minutes of the End Year Ground Clearing meeting for their information. The Chief Executive pointed out a workshop on the new NI Code of Good Practice is planned with the Department and ALBs in the autumn and asked that the dates are shared with members at the earliest convenience.

14. PROPOSED MEETING DATES FOR 2020

The proposed dates for 2020 were approved.

15. **ANY OTHER BUSINESS**

Mrs Rooney reminded members it was Organ Donation week and encouraged members to raise this important message with staff, family and friends to join the NHS register.

The meeting concluded at 12.45 p.m.

Signed _____ **Dated** _____