

**Minutes of a meeting of the Governance Committee held on
Tuesday, 21st May 2019, at 9.00 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
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mrs S Rooney, Non-Executive Director

IN ATTENDANCE:

Mr S Devlin, Chief Executive
Dr T Boyce, Director of Pharmacy
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Director of Older People and Primary Care
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
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs M Marshall, Assistant Director of Nursing: Patient Safety, Quality and
Experience (*for Mrs H Trouton*)
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 noted from Mrs H McCartan, Non-Executive Director, Mrs E Gishkori, Director of Acute Services, Ms H O'Neill, Director of Finance, Procurement and

Estates and Mrs H Trouton, Interim Executive Director of Nursing and Allied Health Professions.

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

None noted.

4. MINUTES OF MEETING HELD ON 7th February 2019

The Minutes of the meeting held on 7th February 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, the Chief Executive advised that the Department of Health's public consultation 'Reshaping Stroke Care' has been extended until 19th July 2019. The Department of Health is planning a series of public engagement events in June and the Non-Executive Directors requested to be notified of those dates.

Mrs McClements spoke to the update paper and highlighted the improvement in the SSNAP audit performance. She referred to the options paper developed that will enable both acute and non-acute stroke beds to come together on the CAH site. An internal workshop is planned for 15th June 2019 to further explore with clinicians from both sites. An update will be provided at the next meeting.

Action: Mrs McClements / Mrs Gishkori

6i. CLINICAL AND SOCIAL CARE GOVERNANCE REPORT

Mrs Reid presented the above named report which provides information on SAIs, catastrophic incidents, learning on patient safety initiatives, complaints and ombudsman cases.

Mrs Reid gave an overview of adverse incidents and drew members' attention to the 7 catastrophic incidents for Q1 2019, the detail of which is included in the report. Mrs Rooney referred to one incident where securing a SAI Chair was causing the delay in the investigation. Dr O'Kane noted that sourcing Chairs to lead on SAI investigations and advised that this issue would be part of the review of the SAI reporting system. Members asked that the dates the incidents occurred are included in future reports.

Mrs Reid spoke of the top 10 incidents which showed physical abuse, assault or violence as the top incident type. Mrs Rooney noted one incident was downgraded from a moderate to a minor grading. Mrs Reid agreed to review this incident to understand the reasoning behind this.

Mrs Reid informed members since the 1st January 2019 to 31st March 2019, 21 cases have been reported to HSCB as an SAI, that are currently in progress and the detail is included within the report. The Chair enquired if the hot debriefs were working well. Dr O'Kane replied the process is bedding in and continues to be modified, however, early signs were positive.. She noted in relation to NEWS and crash calls work is progressing to identify cross learning using data from the wards but advised this will take time to conclude. Mrs Leeson noted the increased number of SAIs within the Mental Health Directorate to which Mr McNeany explained the majority of these incidents listed are in relation to suicides. Members highlighted the importance of early intervention.

Trust SAI performance against regional timescales was discussed. Mrs Magwood asked why 26 week timescale was used. Mrs Reid advised it was a historical timeframe however she is happy to discuss this with Mrs Magwood with a view to amending. Mr McDonald noted the high number of SAIs within the Acute Directorate outside the timeframe. The Chief Executive explained as the Acute Directorate

has the highest investigations to undertake this has an impact on the volume of work against the resources available and acknowledged that this is something which needs to be addressed.

Patient Safety Indicators were discussed. Mrs Reid spoke of the NEWS bundle compliance. She noted a slight increase in the compliance for quarter 3 2018/19 (Oct to Dec) to 89%. Mrs Reid informed members NEWS2 is due to be implemented and with training she envisages the compliance rate increasing. She advised although the overall bundle compliance target was not achieved, compliance with 5 out of the 6 elements of the bundle achieved 95% and explained the element which failed to achieve the target was recording of observations (recorded to frequency). Mrs Trouton stated the requirement for 12 hourly observations will be reviewed, which will improve the performance rate.

Mrs Reid spoke to the ulcer pressure bundle compliance section. She stated of the 203 ward acquired pressure ulcers reported from January 2018 to December 2018, 33 (16%) were Grade 3 or 4. Reviews conducted on these cases concluded that 8 were avoidable and learning has been identified and shared.

Service user formal complaints were discussed. For Q1 2019, (January to March) 175 complaints were received. It was highlighted that there was a 5.5% increase in the number of complaints relating to professional assessment of need. Quality and treatment of care, professional assessment of need, communication / information and staff attitude and behaviour are showing as the most common subjects of complaints for this quarter.

Mrs Reid discussed the HCAT (Healthcare Complaint Analysis Tool) which was used to analyse 10% of the complaints received in Q4, findings of which is detailed in the report. The Chief Executive agreed that a trend analysis will be provided in future reporting which members welcomed.

Action: Dr O'Kane / Mrs Reid

6ii. 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 from 1st September 2016 to 31st March 2019. It provides information on different workstreams and barriers which effects implementation. Dr O’Kane noted for the time period, 547 Standards and Guidelines have been received from external agencies. A discussion ensued on the significant barriers in implementing guidelines due to operational capacity. Dr Boyce explained within the Acute Directorate, there is one co-ordinator who is responsible for monitoring the implementation of the standards and guidelines and members recognised this is a vulnerable post. Mrs Rooney pointed out for the Acute Directorate there are 175 standards and guidelines were compliance is being reviewed. Members requested that future reports should include the detail on how long the standard and guideline has been under review.

Action: Dr O’Kane / Mrs Reid

7. ANNUAL MORTALITY REVIEW: JANUARY 2018 TO DECEMBER 2018

Dr O’Kane presented the Annual Mortality Review paper and explained the Trust RAMI (Risk Adjusted Mortality Index) for the period January 2018 to December 2018 is 83.64 which falls into the mid-range of the peer based on the case mix.

Dr O’Kane drew members’ attention to the graph on page 9 which demonstrates the Trust position in relation to individual UK peer sites which compares well to other peer hospitals.

The Chair requested item 15i be taken at this point in conjunction with the above named report.

15i. INTERNAL AUDIT REPORT ON MORBIDITY & MORTALITY AND SUPPORTING LEARNING FROM MORBIDITY AND MORTALITY REVIEW

Dr O’Kane spoke to the Internal Audit Report on Morbidity and Mortality which received a limited assurance and was discussed at the Audit Committee on 11th April 2019. Dr O’Kane advised the action plan from the Internal Audit report will be tabled at the next meeting for further assurance. She informed members Ms June Champion is undertaking a review of clinical and social care governance within the Trust and the outcome will be discussed at the next meeting in September 2019.

Ms Donaghy highlighted the findings of the report stated there is limited learning generated from M&M meetings and asked for further information on this and who signs off the learning. Dr O’Kane advised the majority of those cases that were audited 99% were graded at a level 1 with only 2 deaths graded as level 2 (suggested learning). She added the Chair of each M&M meeting is responsible for signing off the learning, which is a clinician. The Chief Executive added the Trust is on a journey with identifying driving learning throughout the teams and commented the lessons learned committee is an excellent avenue to achieve this; however he noted this will take time to implement.

Action: Dr O’Kane

8. MEDICINES GOVERNANCE REPORT

Dr Boyce presented the Medicines Governance report which demonstrates that during the final quarter of 2018/19 there were 332 medication incidents reported within the Southern Trust. The average number of reported medication incidents each month was 111, representing an increase from 106 per month in the previous quarter. Members noted that there were no trends of specific concern amongst the reports. During the quarter there were 7 moderate incidents and no major / catastrophic incidents reported via Datix.

In a response to a question asked by Mrs Rooney in relation to insulin, Dr Boyce advised through Quality Improvement the Trust is

launching a diabetic safety week to focus and raise awareness which members welcomed.

In regards to benchmarking data for medication incidents, Dr Boyce reported the Trust has a 61.1% 'no harm' incidence which is below the Human Factors in Healthcare recommended minimum standard of 70% should result in no harm. She advised a piece of work will be undertaken to establish the reasoning behind this and highlighted the importance of staff reporting 'no harm' incidents.

Dr Boyce reminded members of the process for supply and administration of homecare remedies for patients in Trust residential care following discussions with RQIA. She confirmed the community Pharmacists cover most of the Trust area as a result of a commitment to a newly funded process.

Members noted the content of the Medication Safety Today newsletter issue 63. Dr Boyce added the Drugs and Therapeutic Committee met on 21st February 2019 and noted the items that were discussed and approved as outlined in members' papers.

9i. 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. The update is a summary of work being led by a multi-disciplinary Cyber Security Task and Finish Group which has representation from all Directorates and feeds into the Regional Cyber Security Programme Board.

Mrs Magwood advised an action plan has been produced which is regularly updated to reflect audit / review recommendations as well as emerging actions required from further monitoring processes. She informed members the Trust is legally required to complete a self-assessment against the Network Information System (NIS) Directive and noted the challenges associated with meeting this directive and potential funding requirements anticipated to respond to both audit recommendations and NIS Directive. Mrs Magwood commented there is lack of clarity on exactly what has to be submitted in the self-

assessment as there has been no guidance issued from the Competent Authority. She advised all Trusts have completed an initial draft assessment and met to review same.

Mrs Magwood spoke of the number of audits that are being carried out and in particular the regional and local audits for infrastructure. She noted currently there is no regional funding source for infrastructure, however, assured members that the Trust has taken action using Trusts Capital funding to progress and this funding is being highlighted to the regional Cyber Programme Board

9ii. FREEDOM OF INFORMATION, ENVIRONMENTAL INFORMATION AND SUBJECT ACCESS REQUESTS: 1ST JANUARY 2019 – 31ST MARCH 2019

Mrs Magwood presented the summary report for the period 1st January 2019 – 31st March 2019. In relation to Freedom of Information (FOI) and Information Regulation (EIR) requests, a total of 104 requests were received and responded to in this period. Of these, 65 were processed within the 20 day deadline. 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 158 Subject Access Requests (SAR) were received during the period and of these, 117 responses were processed within the 30 day deadline. The majority of Data Protection Act information requests were received from the public, insurance companies and family members.

Members acknowledged the time and effort that is required for staff to respond to these requests.

At this point in the meeting, the Chair thanked Mrs Marshall for her contribution to the Governance Committee and members wished her well for her retirement.

Mrs Marshall left the meeting at this point

10. CORPORATE RISK REGISTER

The Chief Executive presented the Corporate Risk Register (CRR) and informed members there are currently 10 risks – 7 high and 3 medium level. He noted the CRR has been reviewed by SMT on 2 occasions since the last meeting, mostly recently on 7th May 2019. The Chief Executive advised no new risks have been added or removed.

The Chief Executive stated SMT have reviewed the risk on a No Deal EU Exit and given the constantly changing environment, it was not possible to complete an appropriate risk assessment to inform decision making about escalation to the CRR. Plans are in place and the situation is closely monitored.

Members discussed the medical workforce risk in detail. Dr O’Kane spoke of the Locum staffing arrangements and advised she is leading a piece of work on the use of locums. This will be further discussed under the confidential section of Trust Board in May 2019. Dr O’Kane updated members on the medical workforce position in each of the specialties.

A discussion ensued on the trainee distribution throughout the region which is causing concern as majority of trainees are recruited to the Belfast Trust. Dr O’Kane stated the Trust is embracing innovative and alternative measures to attract future employees.

Dr O’Kane advised the Trust is participating in a summer scheme where 10 junior doctors will undertake audit projects, one being how to improve the attractiveness of positions in the Trust. The Chair asked if the Trust collects feedback from junior doctors. Dr O’Kane replied and said NIMDTA and the GMC undertake a survey to obtain their views and opinions. She noted that she will meet with those Consultants who leave to seek their views on how the Trust can improve in this area. Mrs Toal commented that 2 ADEPT Fellows will commence in August 2019 and will be focusing on the health and wellbeing of Junior Doctors.

The Chief Executive added conversations continue to take place with NIMDTA in regards to allocation of doctors. As the profile of services

change within the Trust there is a need to increase the pool of doctors. Mrs Toal advised this issue has been highlighted through the DHH Pathfinder Project and the need to invest in additional doctors in the Trust. Mrs Magwood informed members of a meeting scheduled to take place in September with the Director of Hospital Services Reform at the Department of Health along with Trust Directors of Planning where she will raise this issue.

11. DRAFT GOVERNANCE STATEMENT 2018/19

The Chief Executive presented the Trust's draft Governance Statement for members' consideration. The Chair confirmed that this document had been reviewed separately by the Audit Committee on 9th May 2019 and will be presented to Trust Board on 12th June 2019 for approval, prior to submission with the Trust Accounts.

Members were content with the draft Governance Statement.

12. CONTROLS ASSURANCE REPORT 2018/19

The Chief Executive presented the report on compliance against the Controls Assurance Standards for 2018/19. He reminded members the Department of Health ceased the Controls Assurance Standards from 1st April 2018; however an internal Controls Assurance Group was established in June 2018 to ensure there was an internal mechanism of assurance.

The Chief Executive informed members lead assessors completed the self-assessment which demonstrated that 17 areas achieved a green rating and 5 achieved an amber rating. He assured members action plans are in place to address areas of control divergence.

The Chief Executive advised Internal Audit carried out a review of the assurance arrangements post Controls Assurance Standards in March 2019. He confirmed the process demonstrates there are appropriate assurances internally in the Trust. The Chief Executive informed members Ms Helen O'Neill will chair the Controls Assurance Group for 2019/20.

13. DRAFT ANNUAL REPORT OF THE GOVERNANCE COMMITTEE 2018/19

The Chair presented the Governance Committee Annual Report for 2018/19. She stated that its purpose was to report on the work of the Committee for the financial year under review. Following Governance Committee endorsement, the report will be brought to Trust Board for approval. The Chair recorded thanks to the Board Assurance Manager for producing this informative report.

14. LEADERSHIP WALK AROUNDS: SUMMARY REPORT

Members noted the above named report. During this timeframe October 2018 – March 2019, a total of 8 Leadership Walk arounds were undertaken by Non-Executive Directors.

Mrs Rooney referred to page 5 of the report and requested further discussions with the Director on the written response.

Dr O’Kane noted the valuable information collated while undertaking the walks and raised how best to feed this into the governance system

A discussion took place on whether a Director should be present at the Leadership Walk. It was agreed the current process would continue.

15. FEEDBACK FROM AUDIT COMMITTEE

ii. Internal Audit Report on Specific Elements of Infection Prevention & Control (IPC) Governance including Anti-Microbial Stewardship (AMS)

Dr O’Kane reported a limited assurance was received in terms of Anti-microbial Stewardship which was previously discussed at the Audit Committee on 11th April 2019. She assured members the Trust have taken a collective leadership approach to the issues raised. Dr O’Kane advised Dr Damani will be undertaking a piece of work to deliver the IPC Strategy. He will work with two students and the

Infection Control team over summer 2019 with a view to improve the Anti-microbial Stewardship.

Dr O’Kane added the action plan from the Internal Audit report will be tabled at the next meeting in September 2019.

16. 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 31st March 2019.

Mrs Toal noted an increase in the overall number of litigation claims for this quarter rising from 489 to 503. The rise in claims alongside the re-calculation of claims for end of year reporting means the total FRS12 figure has increased by £725,500 this quarter.

Mrs Toal stated the number of requests received by the Medico-legal department have remained relatively the same as the last quarter; however compliance figures have reduced significantly from 70% to 47% and attributed this to staff difficulties.

Mrs Toal referred to the litigation themes and trends, in particular failure to diagnose / delayed diagnosis which was requested by members at the previous meeting. A high level review was carried out to determine if the claims are linked to lengthy waiting lists. She reported a total of 2 claims have been directly identified and the detail was included within the report. Mrs Toal further advised discussions with DLS have not highlighted any trends in this area. She noted the report also includes a high level analysis of the high costs claims in relation to obstetrics. Ms Donaghy thanked Mrs Toal and her team for the extensive work undertaken. Mrs Magwood highlighted the benefit of discussing this topic at this committee as it highlights how long waiting lists affects patients.

Mrs Toal spoke of the high value claims in regards to Integrated Maternity and Women’s Health. She stated DLS have advised that regionally IMWH services generally cost Trusts more in damages and settlements as the high costs relate to birth injuries and special

damages i.e. cost of care over the life-time of the plaintiff. Mrs Toal commented that the most recent information from CHKS shows that the birth injury rate to neo-nates is favourable with the peer group.

Coroner's Inquests were discussed. Mr McNeany commented relevant lessons learned from these cases will be further discussed within his Directorate to ensure learning will be embedded.

17. UPDATE ON 'SEE SOMETHING, SAY SOMETHING'

Mrs Toal spoke to the above named report. She advised the report details the work undertaken by the Trust in the first year since the launch of the Regional HSC Framework 'Your Right to Raise a Concern at Work – Whistleblowing' along with the Trust's policy and procedure.

Mrs Toal noted 23 concerns have been raised in 2018/19, representing a significant increase from 9 in the previous year. She discussed how concerns have been raised with 'anonymous' being the highest category. Mrs Toal highlighted that those concerns which are raised confidentially and open are slowly increasing, which she welcomed.

Mrs Toal advised the Trust has trained a number of managers to undertake investigations. She explained the investigations will consist of a manager from a different area and a Human Resources representative.

Mr Wilkinson, as the Lead Non-Executive Director for Raising Concerns spoke of the importance of supporting staff throughout the process. Mrs Rooney asked if staff are supported following the completion of the investigation. Mr Morgan assured members that staff that have been through the process are followed up with accordingly.

Members discussed the case study that was included in the report. Mrs Toal advised she plans to include a case study in future reports.

18. ANY OTHER BUSINESS

None noted.

The meeting concluded at 12.30 p.m.

Signed _____

Dated _____