

# **GOVERNANCE COMMITTEE**

## **ANNUAL REPORT 2022/23**

## 1. **Purpose of Report**

It is the delegated responsibility of the Governance Committee to oversee the development and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities that supports the achievement of the organisation's objectives. This Annual Report of the Governance Committee to the Trust Board for the financial year ended 31 March 2023 reports on the work of the Committee for the year under review in its discharge of its oversight responsibilities to the Board.

This report is complementary to the Annual Report of the Audit Committee which is also presented to the Board in compliance with the Good Practice Principle 6 (Communication and reporting) of the Department of Finance Audit and Risk Assurance Committee Handbook NI (April 2018).

## 2. **Chair's Foreword**

In presenting this Annual Report of the Governance Committee of the Trust, I would like to thank all my Non-Executive Director colleagues for their support and effective contribution to the successful operation of the Governance Committee. On behalf of the Committee, I wish to express appreciation to the Chief Executive, Directors and the Head of Pharmacy and Medicines Management for their attendance and contribution, as well as the Board Assurance Manager and the Committee Secretary for their work during the year.

I also wish to place on record my thanks to my predecessor, Ms E Mullan, who chaired the Committee until September 2022.

I am satisfied that the Committee has discharged its duties in line with its agreed Terms of Reference and Schedule of Reporting for the year.

## 3. **The work of the Committee**

The remit of the Committee is to ensure: -

- There are effective structures and systems in place to support the implementation and continued development of integrated governance across the Trust;

- Assessment of arrangements for effective risk management;
- Principal risks, gaps in controls or assurances are considered by the Committee and appropriately escalated to Trust Board;
- Timely reports are made to the Trust Board, including recommendations and remedial action taken or proposed, if there is an internal failing in systems or services;
- There is sufficient independent and objective assurance as to the robustness of key processes across all areas of governance;
- Recommendations considered appropriate by the Committee are made to the Board recognising that financial governance is primarily dealt with by the Audit Committee;
- The Committee will review the adequacy of all governance and risk management and control related disclosure statements (in particular the Governance Statement).

#### **4. Terms of Reference for the Committee**

The Committee's Terms of Reference are reviewed on annual basis and were last reviewed by the Committee on 9<sup>th</sup> February 2023 and approved by Trust Board on 25<sup>th</sup> May 2023.

Within the Audit and Risk Assurance Committee Handbook (2018) there is a strong emphasis on governance, risk management and internal control and this is delivered by both the Governance and Audit Committees.

#### **5. Membership of the Committee**

The membership of the Governance Committee during 2022/23 is set out below:-

Ms E Mullan ( <i>Chair up to September 2022</i> )	Non-Executive Director
Mr M McDonald ( <i>Chair from September 2022</i> )	Non-Executive Director
Ms G Donaghy	Non-Executive Director
Mrs P Leeson	Non-Executive Director
Mrs H McCartan	Non-Executive Director
Mr J Wilkinson	Non-Executive Director

## **In attendance**

The Chief Executive and all Trust Directors attend meetings, together with the Head of Pharmacy and Medicines Management.

The Board Assurance Manager is the Secretary to the Committee and attends all meetings to provide appropriate support to the Chair and Committee members.

## **6. Meetings of the Committee**

i) The Committee is required by its Terms of Reference to meet on a quarterly basis. During the year, the Committee met virtually on 4 occasions as detailed below:-

- 12<sup>th</sup> May 2022
- 8<sup>th</sup> September 2022
- 12<sup>th</sup> January 2023
- 9<sup>th</sup> February 2023

The attendance record for members was as follows:-

Ms E Mullan	4/4
Ms G Donaghy	4/4
Mrs P Leeson	3/4
Mrs H McCartan	4/4
Mr M McDonald	4/4
Mr J Wilkinson	3/4

The Committee met on 3 occasions in private during the year.

- ii) Formal minutes are recorded of each meeting and these are approved at the subsequent meeting. Minutes of meetings reflect discussions held by the Committee and any actions agreed.
- iii) The Committee has an appropriate process between meetings in place for actions/matters arising from Committee business to be appropriately pursued by the relevant Director.

- iv) The Committee has a process in place for recording declarations of conflicts of interest and this mirrors the process used at Trust Board level.

## **7. Reporting to Trust Board**

Formal minutes are submitted to the Trust Board for information, following Committee approval.

The Chair of the Committee presents a summary report to the subsequent Board meeting bringing to the attention of Trust Board any items requiring attention or escalation to the Board.

## **8. Work Plan**

The Committee must satisfy itself of the reliability and integrity of the assurances it receives and of their comprehensiveness in meeting the needs of the Board and the Accounting Officer.

In order to discharge its remit, the Committee operates via a Work Plan which is revised on an annual basis.

In carrying out its work, the Committee receives assurances from the following key internal governance processes:

- Risk management
- Clinical and Social Care Governance
- Information Governance
- Medicines Governance
- Health and Safety Governance
- Research Governance
- Claims Management: Litigation
- Raising concerns (Whistleblowing)
- External/Internal Inspections/Independent Reviews
- Estates Governance

A short synopsis of the key issues discussed at meetings in relation to each of these areas during the year is listed below:-

### **8.1 Risk Management**

The Committee has an active role in providing assurance to the Board on the management of risk across the Trust.

The Corporate Risk Register is a standing item on the Committee's agenda, and at each meeting, the Committee reviewed the Corporate Risk Register and ensured that all risks were identified and identified actions were being progressed. Committee Minutes attest to the challenge/scrutiny applied by members to the Corporate Risk Register. A deep dive into the risk associated with Unscheduled Care pressures was undertaken by the Committee during the year.

## **8.2 Clinical and Social Care Governance**

### **i) Clinical and Social Care Governance Report**

The Committee received a report at each meeting on a number of clinical and social care governance indicators namely incident reporting including serious adverse incidents, catastrophic incidents, patient safety and quality measures, service user feedback and Ombudsman cases.

The Committee also received updates on the Healthcare Complaints Analysis Tool (HCAT) used to support organisational learning by further analysing complaints in an aggregate and objective way.

### **ii) Standards and Guidelines Report**

The Committee received a report at each meeting on the work undertaken to effectively disseminate and implement regionally endorsed Standards and Guidelines received by the Trust.

### **iii) Mortality**

The Trust's Mortality Review Report was reviewed by the Committee at each meeting to provide assurance on the safety of hospital care and the Trust processes to measure and monitor hospital mortality.

### **iv) Clinical Audit**

The annual National Audit Assurance Report was reviewed by the Committee. This includes participation in annual audit programmes, key outcomes and progress on plans for improvement.

### **8.3 Information Governance**

Regular reports on Freedom of Information, Environmental Information and Subject Access requests were reviewed by the Committee to ensure completion within the statutory timeframes.

An Information Governance Annual Report 2021/22 was presented to the Committee in May 2022. This focused on a wide range of information governance and information security issues.

### **8.4 Medicines Governance**

The Committee reviewed quarterly reports throughout the year to assure itself of medicines management within the Trust and received an overview of EU Exit on the supply of medicines. At each meeting, members discussed the medication incidents and the actions taken to prevent incident reoccurrence, as well as the medicines governance activities. Updates were provided on the work of the Medicines Optimisation Committee.

The Annual Report from the Accountable Officer responsible for Controlled Drugs was presented to the Committee during the year.

### **8.5 Health and Safety Governance**

In considering the Annual Health and Safety Governance Report 2021/22, the Committee assured itself that the Trust is managing its health and safety risks and thereby complying with its statutory responsibilities.

### **8.6 Research Governance**

The Committee received the Research and Development Annual Report for 2021/22.

### **8.7 Claims Management: Litigation**

The Committee reviewed quarterly reports providing a summary of litigation activity, claims, trends, coroner's inquiries/inquests and medico-legal requests thus ensuring robust and independent oversight of claims activity within the Trust.

## **8.8 Raising concerns (Whistleblowing)**

A bi-annual report 'Raising Concerns – Whistleblowing' was provided to the Committee on cases and trends. This included a case review on one whistleblowing case at each meeting.

## **8.9 Controls Assurance Programme – 2021/22**

A report on compliance against the Controls Assurance Standards for 2021/22 was presented to the Committee on 12<sup>th</sup> May 2022. At that meeting, members received assurance that action plans were in place to address any areas of control divergence. The Trust subsequently undertook a review of its internal process for managing controls assurance and a report was presented to the Senior Leadership Team. The Committee was advised of the recommendation that the current process was no longer fit for purpose and the new governance structures would have the ability to provide assurance going forward.

## **External/Internal Inspections/Independent Reviews**

### **i) RQIA Review of the implementation of NICE CG 174 – IV Fluid Therapy in adults in hospitals in NI**

The Committee received a progress report at each meeting from the Trust's Multi-Disciplinary Working Group established to collectively review each of the 9 recommendations outlined within the RQIA Review report.

### **ii) Report on Hyponatraemia Related Deaths**

The Committee received a progress report at each meeting to assure itself of the Trust's responses, progress and oversight arrangements in respect of the Hyponatraemia Inquiry Report and accompanying recommendations.

## **9. Non-Executive Director Visits to Residential Children's Homes**

The Committee received a six-monthly report which provides assurance on the quality of care provided to our young people in residential care.

It also focuses on key issues raised as a result of the Non Executive Directors' visits and actions taken / proposed to address the issues.

## **10. Other matters**

The Committee would wish to acquaint Trust Board with their work in the areas described below:-

### **10.1 Learning from Experience**

The Committee received updates on the work of the Learning from Experience Forum.

### **10.2 Annual Reports**

During the year, the Committee received the following 2021/22 annual reports:-

#### **i) Functional Support Services**

The Committee noted the work undertaken in four services, namely Food Hygiene and Safety, Environmental Cleanliness, Decontamination of Reusable Medical Devices and Security Management to meet the requirements of the four Controls Assurance Standards.

#### **ii) Emergency Preparedness and Response**

The Committee noted the activities undertaken within the Trust to prepare for, respond to and recover from major incidents and emergencies, including business continuity incidents over the past 12 months.

#### **iii) Organ Donation**

The Committee noted the detailed report on actual and potential deceased organ donations.

In addition, the Committee received a presentation on Integrated Maternity and Women's Health – Review of 2019 Obstetric and Gynaecological cases.

## **11. Governance Statement**

Separately, the Governance and Audit Committees review the adequacy and completeness of the Governance Statement. The draft Governance Statement 2021/22 was reviewed by members at the May 2022 meeting.

## **12. Mid and End Year Ground Clearing meetings**

The Minutes of the Trust's Mid Year Ground Clearing meeting held on 3<sup>rd</sup> November 2022 were presented for information.

## **13. Learning and Development**

Members are notified of relevant courses to meet their ongoing training and development needs. They attended a series of virtual and in person training sessions on for example, Whistleblowing and Maintaining High Professional Standards.

## **14. Linkages with the Audit Committee**

To ensure there is connectivity between the Governance and Audit Committees, the Chair of the Audit Committee is a member of the Governance Committee. When required, there is an item on the Committee's agenda for the Audit Committee Chair to highlight any items requiring Governance Committee attention in relation to the governance domains of clinical and social care governance and safety and quality.

## **15. Summary**

The Governance Committee recognises that the Trust Board is ultimately responsible for the system of internal control, the management of risk and the governance framework. The Board has delegated to the Governance Committee responsibility for an assessment of the effectiveness of the system of integrated governance.

The Committee is of the opinion that, for the year ended March 2023, it has discharged its oversight responsibilities in accordance with the Terms of Reference set for the Committee by the Board. The Committee is satisfied that where the Trust has challenges in meeting recommendations, the Committee has ensured that these are appropriately escalated to Trust Board and beyond.

The Committee is also of the opinion that it has considered its business in accordance with best practice.

Mr M McDonald  
Chair, Governance Committee  
September 2023