

**Minutes of a meeting of the Governance Committee
held on Thursday, 11th May 2023 in the Boardroom,
Trust Headquarters at 10.30 a.m.**

PRESENT:

Mr M McDonald, Non-Executive Director (*Chair*)
Ms E Mullan, 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:

Dr S Austin, Medical Director
Mr B Beattie, Director of Adult Community Services
Mrs L Leeman, Interim Director of Performance and Reform
Mr C McCafferty, Interim Director of Children and Young People's Services
/ Executive Director of Social Work
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs H Trouton, Executive Director of Nursing, Midwives and Allied Health
Professions and Functional Support Services
Ms J McGall, Director of Mental Health and Disability
Mr B Conway, Assistant Director Cancer and Clinical Services (*for Mrs C Reid*)
Ms A McCorry, Head of Pharmacy and Medicines Management (*for Mrs T
Reid*)
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES:

Dr M O'Kane, Chief Executive
Mrs C. Reid, Director of Surgery and Clinical Services
Mrs T. Reid, Director of Medicine and Unscheduled Care

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted the apologies above.

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 REMARKS

None noted.

4. MINUTES OF MEETINGS HELD ON 12th JANUARY 2023 AND 9TH FEBRUARY 2023

The Minutes of the meetings held on 12th January 2023 and 9th February 2023 were agreed as accurate records and will be duly signed by the Chair.

5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the updates from relevant Directors.

Ms Teggart informed members that the review of the Controls Assurance has been completed and a report was presented to the Senior Leadership Team. This identified that the current process was no longer fit for purpose and recommended that the current process would cease and the new corporate and clinical and social care governance structures would have the ability for the Trust to provide assurance across the 22 operational areas going forward and take forward any outstanding actions.

6. INFORMATION GOVERNANCE

- i. Information and IT Governance Report: 1st January 2023 – 31st March 2023**

Mrs Leeman presented the summary report for the period 1st January 2023 – 31st March 2023. She advised that the report has been broadened to provide a wider overview of IT Governance and will continue to develop in line with new structures agreed to strengthen arrangements.

In relation to Freedom of Information (FOI) and Environmental Information Regulation (EIR) requests, a total of 143 requests were received and responded to in this period, an increase from 115 on the previous quarter. Of these, 80 (56%) were processed within the 20 day deadline. 42% of responses were provided by the Acute Services Directorate and 40% of requests came from members of the public. Mrs Leeman reported that the requests have increased by 24% on the previous quarter (Q4 2022).

Members noted 245 Subject Access Requests (SAR) were received during the period, which is an increase from 175 on the previous quarter. Of these, 147 (60%) responses were processed within the 30 day deadline. Members noted that the majority of requests were received from the public (57%). Details of the individual requests for information are included within the report. She added that the Acute Services dealt with the highest number of requests in this period (68%).

In relation to compliance, Mrs Leeman reported that the overall compliance with statutory timeframes was 60%, a decrease of 20% on Q4 2022. Overall the compliance rate for Q1 2023 is 16% below the average total compliance for 2022.

Mrs Leeman reported that for this period, the Trust reported 1 data breach to the Information Commissioner Office (ICO). The incident related to inappropriate access to records by a member of staff and the ICO have advised they are content with the action HR have put in place. Mrs Leeman advised that 1 complaint was received from the Information Commissioner's Office relating to a subject access request made to the Finance and Procurement Directorate, however the Directorate had a record of sending the response and the ICO have been advised of this.

Cyber Security was discussed. Mrs Leeman reported that Cyber Security Training level of compliance as at 31st March 2023 is 76%. Regional and Trust Cyber Awareness Training is ongoing to raise

awareness within all staff groups and a SHSCT Cyber Communications Strategy is being developed. Mrs Leeman advised that Phishing emails remain an area of concern and a staged phishing exercise was released in April 2023 to all HSC staff. She noted that early indications show that a number of users opened the email, clicked the link and entered personal details. Mrs Leeman highlighted her concern and advised that IT will follow up with those individual users and the requirement to undertake further training.

The Chair commented on the patient portal within Encompass which potentially could reduce the number of Subject Access Requests and the workload on the team. Mrs Leeman stated that there is intensive work ongoing at this stage for the South Eastern Trust to go live with Encompass in November 2023.

Mrs Leeson noted the limited resources within the team and the impact this has on meeting deadlines. Mrs Leeman acknowledged this and spoke of the challenges faced by staff redacting case notes. She added that staff continue to send alerts to relevant staff to ensure they are working towards meeting the deadlines.

In response to a question asked by Mrs McCartan, Mrs Leeman provided assurance that an action plan has been developed for implementing recommendations regarding the Internal Audit IT Cyber Audit. She stated that the Senior Leadership Team have reviewed the action plan with dates for the recommendations over the next 12-18 months to be completed.

ii. Information Governance Annual Report

Mrs Leeman advised that the Information Governance Annual Report has been deferred until the September meeting.

The Chair requested item 8 be taken at this point

8. HYPONATRAEMIA

i. Hyponatraemia Progress Update Report

Mrs Trouton presented the Hyponatraemia progress update report which provides an overview of the work that has been undertaken in

relation to the 96 recommendations arising from the Report into Hyponatraemia Related Deaths and summarises their current status.

Mrs Trouton advised that Mr Stephen Wallace undertook a stocktake in January 2023 to establish the current assurance level in relation to the recommendations and the information has been collated and work is ongoing in line with DoH timelines.

Mrs Trouton noted that Medical Staff are required to confirm their Hyponatraemia BMJ module training and she advised that the Divisional Medical Directors are taking this forward for their respective areas. Mrs Trouton stated that she was content that audits carried out within the Children's wards showed a high level of compliance.

Mrs Trouton reported that the Department of Health has confirmed that 63 of the 120 actions arising from the 96 recommendations in the IHRD report have been fully actioned (Phase One). The ongoing work to progress the 57 remaining outstanding actions is Phase Two. She explained that 20 actions will be overseen by the IHRD Programme Team and 37 actions of which initial work has been completed, now require transfer of responsibility to the appropriate DoH policy area, e.g. Duty of Candour.

Mrs Trouton referred members to page 82 of the report which outlines the level of training achieved for doctors and nurses. She explained that due to the rapid change in wards to Covid wards, the training figures may be out of sync. She confirmed that the audits show that young people are admitted to the correct environment for their primary care needs.

In concluding, Mrs Trouton advised that there will be a meeting with the Department of Health, to discuss the progress of the recommendations.

The Chair requested item 11 be taken at this point

Dr Gormley joined the meeting at this point

11. CLINICAL AND SOCIAL CARE GOVERNANCE

i. Clinical and Social Care Governance Report

Dr Austin presented the above named report, which provides information on SAIs, catastrophic incidents, learning on patient safety initiatives, complaints and ombudsman cases from 1st January 2023 to 31st March 2023, with the exception of Patient Safety & Quality measures, which are for the previous quarter 1st October 2022 to 31st December 2022. The report contained an additional 7 appendices.

For this quarter, Dr Austin reported that there was 6501 incidents logged with the majority in the Medicine and Unscheduled Care (MUSC) and Surgery and Clinical Services (SCS) Directorates (36%). He explained that going forward for 2023/24, MUSC and SCS will be reported separately. Dr Austin reported on the severity of incidents and noted that 121 moderate incidents, 21 major incidents and 1 catastrophic incident remain un-coded. 19% of the overall incidents on Datix remain un-coded which makes it difficult to identify and confirm themes.

Dr Austin reported that for this quarter, 28 catastrophic incidents (0.4%) were recorded. A total of 35 SAI Notifications have been submitted to HSCB. Detail of each was included in the report.

Incidents were discussed. Dr Austin noted that out of the 6501 incidents for this quarter, 1721 related to behaviour (including violence and aggression) which is an increase from 1564 from the previous quarter.

In relation to SAIs, Dr Austin reported that there are 100 SAI investigations in progress. 25 SAI investigations (25%) remain within the HSCB timescales for submission. 75 are outside of timescales which is broken down by Directorate in table 15 within the report.

Dr Austin explained that all SAI recommendations for reports submitted from reporting period 2021/22, to date have been uploaded to Datix and are being progressed by the Operational Directorate Governance teams and relevant Service Areas for quality assurance and implementation updates. A summary position of all recommendations for submitted SAI reports, from reporting year April 2022 – March 2023 was outlined in Figure 7 of the report.

There were 33 Early Alerts Submitted by the Trust to the Department of Health between 1st January 2023 – 31st March 2023 (8 related to GP OOH).

Dr Austin advised for this reporting period 204 complaints were received, 18% decrease on the previous quarter and a 15% decrease on the same reporting quarter for 2022.

In concluding, Dr Austin referred to waiting times. He advised the Emergency Department targets have not been met this quarter, as outlined in the report. Dr Austin added that the usefulness of the Healthcare Complaint Analysis Tool (HCAT) continues to be considered and the development of a HCAT App/Dashboard could make greater use of the HCAT information than currently.

The Chair noted his concern on the number of un-coded incidents across the severity categories and stated that it is essential that these are addressed. Dr Austin stated the majority of un-coded incidents sit within the insignificant category and the severe incidents are escalated quicker for a review. However, he acknowledged that all un-coded incidents need to be coded and this is highlighted at the weekly governance meetings.

The Chair referred to Appendix D, Cancer Access performance and noted that 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of decision to treat target which has never been met in the last 23 months. Dr Austin informed members that this is being reviewed on a continual basis and a Clinical Director for Oncology has been recently appointed to undertake how access times can be improved. Mr Conway spoke of the capacity issues throughout cancer services and ongoing local work to improve the system, where possible.

A discussion ensued on the increased number of SAIs relating to a theme of abnormal radiology findings not being followed up. Mr Conway advised that this a major challenge and the teams are proactively addressing on how to improve the situation. He noted that a smaller admin team may be required to track that results have been followed up and this is actively being looked at. Mr Conway informed members that the Trust should have 30 radiologists, however there are only 22 employed. In response to a question asked by Mrs McCartan, Mr Conway explained the number of reasons why findings may not have been signed off and advised that clinicians are encouraged to use the electronic sign off, instead of using paper copies.

Mrs Leeson asked if there is an IT solution that can address this issue. Dr Gormley explained that signing off the results is not adequate enough and as previously mentioned spoke of the need for a team to follow up that findings have been actioned and followed up to appropriate clinical teams. He added that the introduction of Encompass has a mandatory sign off feature which will help to some degree. Responding to a question asked by Ms Donaghy, Mr Conway explained that the radiology findings report has to be sent to the referrer as this is a legal requirement. He noted that this is challenging specifically in the Emergency Department. Ms Donaghy felt that this was a significant gap in the system.

The Chair noted the shortage of radiologists and asked if their contracts are fit for purpose and how the Waiting List Initiative impacts reporting. Mr Conway clarified that radiologists still undertake reporting during core hours and out of hours and they are making good progress, however he recognised the need to build up the workforce. Mrs McCartan welcomed the new CT suite on the CAH site, to which Mr Conway stated that it is hoped this will attract new radiologists to the Trust.

ii. Management of Trust Standards and Guidelines

Dr Austin presented the report on the Management of Trust Standards and Guidelines (S&G) which sets out the Trusts' position on implementation and compliance to Standards and Guidelines up to 31st March 2023.

The report detailed that from 1st January 2023 to 31st March 2023, a total number of 79 circulars have been received by the Trust (4 were not applicable to the Trust, 4 were superseded and no circulars recalled by external agency). A further review of these 71 Trust wide applicable circulars, identified that 6 of them were Covid-19 related, 1 was M-pox related and 1 was related to the regional supply disruption alerts. A breakdown of these were included in Appendix 1a – 1c of the report. The remaining 63 circulars are within the agreed scope of the Trust's Standards and Guidelines processes and have been managed accordingly.

Dr Austin updated members' on the S&G Information System. He commented that a BSO graduate commenced to take forward a project

implementation plan to operationalise the use of this Datix module by September 2023. He advised that unfortunately the Graduate Intern left the post prematurely in March 2023 and as a consequence the project cannot be progressed. Dr Austin stated that there will be a requirement to shift resources to take this forward.

The SharePoint site for S&G was discussed. Dr Austin advised that this continues to be developed and this has become a pivotal resource for all of the Governance teams (both corporate and directorate), serving as an easy and accessible '*go to information point.*' A significant piece of work that has progressed during this reporting period has been the finalisation of a suite of new process maps that provide a consistent and formalised process for managing the wide range of regionally endorsed guidelines that come from a number of external agencies. Once approved, this will complete an Internal Audit recommendation.

Regarding staffing, Dr Austin reported that across the operational Directorate Governance teams there has been good progress in filling or creating a number of dedicated posts, as outlined in the report. He did note that it has not been possible to secure the commensurate funding to the Medical Directorate budget to allow the recruitment process for a number of priority posts to be appointed. Over the last 2 years a key service risk has been the complete lack of business continuity to provide cover during leave with a senior manager undertaking a significant administrative role that has reduced the capacity to develop the service model as required.

Mrs McCartan noted the comprehensive report and felt it provided a high level of assurance to the committee. The Chair welcomed the compliance table on page 15 as it provides a good clear picture of the current position.

Mrs Toal put her thanks on record to Mrs Caroline Beattie for her dedication to Standards and Guidelines. She advised of the need for the staffing structure to be populated.

iii. Mortality Report

Dr Austin presented the Mortality Report which provides assurance on the safety of hospital care and assurance on Trust processes to measure and monitor hospital mortality. Dr Austin advised that there

was an issue with the IT system upgrade which impacted the extraction of the CHKS data. He explained that there are 2 different timeframes within the report as outlined below:

- CAH ICU ICNARC: April 2022 – June 2022
- SHMI & VLADs: October 2021 – September 2022
- Data Quality Assurance: October 2021 – September 2022

Dr Austin reported that for the reporting period of October 2021 – September 2022, there were 1,346 deaths within the Southern Trust.

Dr Austin advised due to ongoing data issues within CHKS, the SHMI, VLAD and INARC data, would suggest there were no significant areas of concern, risk or challenge noted from this quarter.

Variable Life Adjusted Displays [VLADs] was discussed and of the 11 available VLADs there were three higher control breaches with regards to Fluid and Electrolytes Disorders, Acute Myocardial Infarction and Pneumonia and one lower control breach regarding Fracture Neck of Femur. None of the remaining VLADs experienced any breaches during the reporting period. Dr Austin reminded members that a review of those fracture neck of femur cases has been concluded. The team found that the cases were as expected, however learning has been identified and these cases are being subjected to a Structured Judgement Review (SJR) for added assurance.

Mrs McCartan welcomed the review of the fracture neck of femur cases and independent SJR review. She noted that RQIA advised that SJRs are completed in the first instance prior to a SAI and Dr Gormley explained what a SJR entailed.

Mrs Trouton left the meeting at this point

iv. RQIA Review of the implementation of NICE CG 174 – IV Fluid Therapy in adults in hospitals in NI

Dr Austin presented the above named item and advised that the Department of Health requested RQIA to review the implementation of Clinical Guideline 174, to include a focus on the governance and oversight arrangements and ongoing assurance mechanisms in place

across the Health and Social Care system. He reminded members that this work is clinically led by Dr Damian Gormley, Deputy Medical Director.

Dr Austin advised that a regional workshop, hosted by SPPG/PHA, was held on 13/01/2023. The clinical leads in the Trust from each of the 3 regional task and finish groups gave a short presentation to provide an update on progress against their respective work plan. A number of actions were prioritised to take forward the project implementation plan, namely '*Provision of Trust feedback in relation to the new regional Fluid Balance Chart for Adults aged 16+ and Establishing a regional 'expert subject matter group' to review the Encompass IV Fluid e-prescribing programme*'.

Dr Austin informed members that *Simulation Training for Medical Students* was completed during this reporting period, with all the final year students completing assistantship in the Southern Trust (42 students). This was very well received and illustrated the feasibility of providing training to up to 16 prescribers with just a sole educator.

7. MEDICINES GOVERNANCE

i. Medication Safety Report

Ms McCorry presented the Medication Safety Report which also included an update on the '*Insulin Safety work within SHSCT (April 2023)*'.

Ms McCorry reported that during the fourth quarter of 2022/23, there were 384 medication incidents reported within the Southern Trust. The average number of reported medication incidents each month was 128, an increase from the previous quarter of 115 per month. There were no trends of specific concerns amongst the incident reports received. Ms McCorry advised that during the quarter there were four moderate incidents and 2 major incidents. The background to these were outlined within the report. 69% of incidents were reported with no harm, which is just below the national minimum target of 70%.

The top 5 medicines involved in medication incidents were discussed. Ms McCorry advised that 'Insulin' was the number one incident type,

however she noted it was encouraging to see that the number of insulin related errors has decreased this quarter. She referred members to the attached paper '*Insulin Safety work within SHSCT (April 2023)*' which demonstrates the ongoing work to reduce insulin errors.

Ms McCorry drew members' attention to the reported incidents that have contributed to shared learning being disseminated across relevant teams, working groups established and meetings with the Safe Use of Insulin Group. Furthermore, a number of Medication Safety Newsletters were included within the report.

Domiciliary and Day Care was discussed. Ms McCorry advised that work continues with the Medicines Management Specialist Nurse on the medicines management procedures. She stated that from 1st April 2023, community pharmacy have advised they will be unlikely to be able to take on any new adherence patients (requiring a medidose). Ms McCorry noted that alternative options are being considered for these patients to continue to facilitate discharge for patients requiring care packages. Mr Beattie added that there is a huge demand for community pharmacy and they are dependent on medidose boxes. He spoke of the challenges between payment from the Department of Health and the Community Pharmacists.

The Medicines Optimisation Committee met on 9th March 2023 to approve new products and clinical guidelines as outlined in the report.

An update on EU Exit plans for the supply of medicines was included in the report as at 31st March 2023. Ms McCorry advised that supply chain disruption and logistical issues continue to affect the purchase of medicinal products into the Trust with major issues with antibiotic and chemotherapy products leading to the issue of Serious Shortage Protocols. There continues to be supply problems on over 150 lines, which requires extensive management across the region and within the Trust, including discussions with suppliers with the support of the Department of Health's EU Exit team. Ms McCorry reminded members that the Pharmacy team continue to explore storage options and are working with the receipt and distribution team to review duplicated lines provided via pharmacy and e-procurement and on large bulk non drug lines to create greater storage capacity. She advised the Windsor Framework has the potential to ease licensing and supply chain issues

experienced by the Trust to date, but implementation and realisation of this will be in the 2025/26 financial year due to the legislative timetable.

Ms Donaghy spoke of the EU supply protocol before the Windsor Framework and asked if medication can enter Northern Ireland via Dublin. Ms McCorry agreed to follow this up with the regional procurement team and feedback at the next meeting.

Action: Ms McCorry

The Chair welcomed the detailed report and the upcoming Quality Improvement meeting to discuss commencement of a new insulin safety project.

Mrs McCartan stated that the section on 'Reported incidents have contributed to the following work' section on page 7 is a welcome addition to the report.

Dr Austin referred to table 5 of the report which outlines the top 10 incidents by process type. He noted that the top incident was 'failure to administer' and asked what support is in place to address this with those staff. Mrs Trouton advised that this is part of the Nursing Quality Indicators and the findings are reported back to the relevant individual. Ms McGall explained that a new process has been launched in the Bluestone unit, where the administering nurse wears a high-vis jacket with 'do not disturb', so they aren't interrupted.

ii. Royal Pharmaceutical Society – Summary Report on Implementation of Standards

Ms McCorry presented the first Royal Pharmaceutical Society (RPS) report to the Governance Committee. She explained that going forward, this will be presented on an annual basis. The report outlines the Trust performance against the RPS Professional Standards for Hospital Pharmacy Services using its Assessment Tool. Ms McCorry reported that the overall score received was 86%, which reflects consistent practice.

Ms McCorry advised that the majority of actions required to improve performance is resource dependent, as outlined in the report. She

provided assurance that she will take these forward with Ms Trudy Reid and discuss how improvements can be achieved.

Mrs McCartan spoke of the importance in benchmarking against other Trusts and asked if a peer review process can be implemented. Ms McCorry welcomed this suggestion and advised that she will discuss this at regional level.

Action: Ms McCorry

Dr Gormley and Mr Wilkinson left the meeting at this point

9. LITIGATION

i. 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 2023. She informed members that a new Head of Litigation has been appointed – Ms Seána Grant who took up post on 23rd February 2023.

Mrs Toal reported 12 new clinical and social care negligence claims for this quarter and noted an increase in the overall number of pending claims from 506 to 414. The costs related to litigation has risen this quarter compared to the previous quarter.

High Value claims were discussed. Mrs Toal reported that the number of high value claims has increased from 30 to 32 this quarter and details of those cases were included in appendix one of the report.

Medico-legal work was discussed. Mrs Toal reported that there were a total of 834 subject access requests opened this quarter, with the majority of requests (82%) of these were received from Solicitors. The largest volume of requests opened this quarter (90%) relates to notes and records requested from within the Acute Services Directorates. The number of Subject Access Requests received this quarter has increased by 80 when compared to the number of requests received in the previous quarter (754 requests). Mrs Toal advised that as at end of March 2023, the team was dealing with an active caseload of Subject Access Requests totalling 655 (an increase of 63 from the December

report). The overall caseload has decreased with a contributing factor being sufficient staffing levels being in place within the department for the majority of the quarter. The backlog which is in excess of 90 days as at 14th April 2023 equals 37.

Judicial Review applications were discussed. Mrs Toal reported that there are 7 ongoing active judicial reviews 3 new applications for this quarter bringing the total to 10 judicial review applications.

Mrs Toal advised that in relation to Coroner activity for this quarter: 0 inquests were heard, 10 new Coroner Enquiries were received, 6 preliminary hearings took place and there are 68 pending cases (inclusive of the new cases) in this quarter and the detail was included within the report.

Mrs Toal noted her concern with the significant communication issues with the Coroner's Office, resulting in a large number of clinical staff required to hold 5 days to potentially be called as witness, with 2 weeks' notice. She explained that DLS are aware and appealed directly to the Coroner's office as has the Coronial Liaison officer in Litigation, and have attempted to mitigate. She stated that this is disruptive for those clinical staff and patients. A meeting has been requested with the Coroner's Office to highlight these issues.

Mrs Toal informed members that Dr Gail Browne in her role as 1 PA as Coronial Medical Lead, is working with Litigation to improve the support available to clinical staff involved in inquests. Furthermore, Dr Aoife Currie in her role as 1 PA as Litigation Medical Lead is now working directly with the Department with particular focus on clinical negligence cases.

Ms Mullan spoke of the future potential claims that may arise from the ongoing inquiries/reviews (Urology, Covid) and asked if the Trust can plan ahead for these. Mrs Toal explained that until a claim is submitted and reviewed with evidence, it is difficult to ascertain if it may lead to litigation and the cost. Regarding Covid cases, Mrs Toal agreed to seek an update from the Regional Litigation Group in relation to the Covid Public Inquiry and Covid Mortality and the planning for future claims.

Action: Mrs Toal

10. RAISING CONCERNS

i. Raising Concerns Report

The Chair advised that this item was discussed under the confidential section.

12. RISK MANAGEMENT

i. Corporate Risk Register

Dr Austin presented the Corporate Risk Register (CRR) on behalf of Dr O’Kane. He reminded members that the Governance Committee agreed to undertake a deep dive into one risk at each meeting in 2023. A ‘deep dive’ into the Urology Services risk will be undertaken at the next Governance Committee meeting on 7th September 2023. There has been active risk management by SLT of the corporate risks since the last Governance Committee on 10.2.2023. An updated Corporate Risk Register was also presented to Trust Board on 30.3.2023.

Dr Austin reported that there are 36 risks recorded on the CRR: 8 medium, 24 high and 4 extreme. Furthermore, two new high level risks have been escalated to the CRR in relation to cervical cytology (Risk Nos. 3.9 & 3.10).

Members approved the Corporate Risk Register

13. HEALTH AND SAFETY

i. Health and Safety Update

Ms Teggart presented the Health and Safety update report. She informed members that the Trust’s Health and Safety Policy has been reviewed and awaits sign off. Ms Teggart added that the Terms of Reference of the Health and Safety Committee have been reviewed, 4 year audit plan and training matrix is in place and will commence this quarter.

Ms Teggart spoke of the internal audit report into Health and Safety and noted the number of areas that have been identified for improvement in terms of oversight and management, as outlined within the report. She stated that learning from incidents continues with improved access to

DATIX and guidance. In relation to risk assessment and training, training needs have been identified in conjunction with legalisation and other key areas continue to be worked through.

Ms Teggart reported that currently all posts within the Health and Safety Department (professional staff) are filled by temporary staff. This must be the area of focus, as all other improvements will require sufficient, competent resources to progress them and be in place for the Trust to maintain statutory compliance. She advised that the business case has been approved and recruitment has commenced.

Ms Teggart noted her concern that there are 7000 risk assessments across the organisation and with a small team to ensure that these are completed, this is a vast undertaking. She noted that there is 3 year period to undertake the risk assessment.

The Chair noted his concern on the staffing levels within the team and asked on the recruitment. Ms Teggart explained that approval has been sought to recruit 2 permanent members of staff which will be utilised from the Estates budget.

Mrs McCartan commented that Health and Safety is the responsibility of each staff member and Mrs Toal confirmed that this is on every staff member's job description.

In response to a question asked by Mrs McCartan, Ms Teggart commented that a communication strategy has been presented to the Health and Safety Committee to highlight the importance of undertaking risk assessments.

14. ESTATES GOVERNANCE

i. Estates Governance Group – Summary Report

Ms Teggart presented the Estates Governance Group report for January 2023 to March 2023. She explained that this quarterly report aims to provide assurance to the main activities within Estates Services which impacts and covers accommodation within the whole Trust.

Ms Teggart advised members of the new Micad system and work is underway to implement all modules which will bring all estates activities

on line. She noted that feedback from administrative staff has been positive.

Ms Teggart updated members on the recruitment within the Fire Safety and the number of vacancies within the team. She advised that 2 out of the 4 Health and Safety Fire officer posts are vacant with one due to retire in January 2024. She added that a new Health and Safety Manager recently has commenced.

Regarding Estates Operational Services, Ms Teggart reported that the team received 60,824 reactive maintenance job requests for 2022/23 and 49,236 have been completed by 31/3/23. She advised that the team and unable to process all request and therefore priority has to be given to the most urgent requests.

Ms Teggart noted her concern with the retention and recruitment of Craftspeople, in particular Electricians, Plumbers and Fitters. She advised that an Electrician was recruited but then decided not to accept due to low salary and a higher banding offered in other Trusts. Ms Teggart noted that there is a team of painters, however they have to outsource painters for reactive maintenance minor works. Mrs Toal explained that the challenge of recruiting craftspeople is seen across other Trusts.

Ms Teggart stated that the Estates team are working on a number of strategies, however it is difficult to plan and achieve with the lack of funding available. She spoke of the sustainability strategy and need for the Trust to work towards the aim of net zero by 2050 into these strategies and improve renewable energy. Ms Mullan stated that this will not be achieved unless investment is secured.

Mrs Leeson noted the challenges that other public sectors face with funding e.g. education. Ms Teggart noted that the outworkings of the 10 year capital plan have yet to be received and the Trust is prioritising funding.

Ms Mullan welcomed the summary report and reminded members of the importance of this cohort of staff who work in the background and to ensure that they are fully resourced. She advised that this was highlighted by the recent visit from the Nuffield Trust. Ms Mullan added

that this is type of discussion that are required when discussing the risk appetite of the Trust.

15. LEARNING FROM EXPERIENCE FORUM

i. Update Report

Dr Austin presented the update report from the Learning from Experience Forum. He advised that the report outlines the key elements in relation to: Board Assurance Framework, Structured Early Learning Tool (SELT), improvements to Datix to track implementation of recommendations, the revision of Terms of Reference of LEF and the establishment of new Committees/Steering Groups as part of enhanced Board Assurance Framework. Members noted the detail of the report.

16. GOVERNANCE STATEMENT

i. Draft Governance Statement

Members reviewed the Draft Governance Statement and Mrs McCartan advised that it was discussed in detail at the Audit Committee meeting on 4th May 2023.

17. ANNUAL REPORTS

i. Research and Development Annual Report 2022/23

Dr Austin presented the above named report for assurance. He guided members through the report and advised that the impact from Covid-19 has been minimal as there has been a steady increase to research in a wide number of specialties. Dr Austin added that research commenced in relation to Motor Neurone Disease and it is also encouraging that research was carried out by a variety of specialties including Social Work, Nursing, Midwifery and Allied Health Professions staff.

Dr Austin informed members that Consultants are finding that they have competing priorities with current clinical commitments resulting in them being unable to commit to as much research activity as they would like. Many have voiced the interest of protected time in their job plan to allow them to utilise their research.

Workforce expectations are changing resulting in a struggle to retain staff members who will be willing to act as principal investigators for studies and research nurse posts are taking longer to fill resulting in the hold-up/refusal of potential studies.

The Chair thanked Dr Austin for the overview and put on record his thanks to Miss Irene Knox who recently retired as the Research and Development Manager, for her hard work and dedication to this area since 2008. Dr Austin advised that Rachelle Moore has taken up the post as the Research and Development Management.

Mrs Leeman spoke of the suit re-build and the potential to liaise with the Armagh, Banbridge and Craigavon Council to invest onto the site.

Mrs McCartan noted the Endowments and Gifts allocated £14,862.63 of funding in 2022/2023 to Mrs Geraldine Patterson for her research study on “Early Career Child Welfare Social Workers’ Motivations and Experiences in Working with Adversity and Trauma”. She spoke of the importance in continuing to provide E&G funding for research purposes.

ii. Emergency Planning Annual Report 2022/23

Dr Austin presented the Emergency Planning Annual Report 2022/23 for assurance. The annual report for Emergency Preparedness and Response details the activities undertaken within the trust in what has been another significantly challenging year, to prepare for, respond to and recover from major incidents and emergencies, including business continuity incidents over the past 12 months.

Areas of improvement were discussed. Dr Austin stated that the training and exercises have been delivered to staff to prepare them for their roles and responsibilities in emergency situations and the team continues to learn lessons from incidents that have been responded to.

Dr Austin spoke of the pressures that continue to stretch the Trust to its limit due to staffing pressures, inadequate infrastructure and delayed discharges and this presents an ongoing significant risk to continuity of services and the Trust’s ability to respond to a major emergency or mass casualty incident. He provided assurance that the Trust has planned well for winter pressures and has an acute escalation plan in

place. Dr Austin stated that clinical staff are aware of the importance of emergency planning.

The Chair thanked Dr Austin for the overview and stated that emergency planning feeds into the Trusts Risk Appetite.

18. FEEDBACK FROM AUDIT COMMITTEE - INTERNAL AUDIT REPORTS

Mrs McCartan asked that the Internal Audit Reports listed below are presented to the Governance Committee so all Non-Executive Directors and Directors who do not sit on Audit Committee are aware of outcome of the audits:-

i. Safeguarding/statutory responsibilities for Looked After Children

Members noted the above named Internal Audit Report which received a satisfactory assurance.

ii. Risk Management

Members noted the above named Internal Audit Report which received a satisfactory assurance.

iii. Point of Care Testing

Mr Conway noted that Internal Audit provided a limited assurance. He advised that an action plan is in place and good progress has been made. He referred to the cover sheet where it outlines the improvements to date. Mr Conway explained that this is a high risk area with the need for rapid actions to address the issues safe way. He added that there is significant external assurance being sought and the need for further investment into the team, however this will require a paper to be submitted to the Strategic Investment Committee.

iv. Corporate Mandatory & Profession Specific Training (Nursing) 2022/23

Mrs Trouton noted that Internal Audit provided a limited assurance. She advised that one recommendation was for the Trust Board/Committees to see sight of the Corporate Mandatory Training (CMT) levels by

Directorate/Professional Group. Both reports were included in members' papers, which provides the CMT compliance levels as at 31st March 2023. Mrs Trouton added that the training figures are improving.

19. DIRECTOR VISITS (JANUARY 2023 - MARCH 2023)

The Chair presented the Director Visits Report which provides a summary of visits by Non-Executive Directors from January 2023 to March 2023. He reported that a total of 9 visits were undertaken and the detail of each was included in the report.

20. NON-EXECUTIVE DIRECTOR'S VISITS TO CHILDREN'S HOME REPORT (JANUARY 2023 - MARCH 2023)

Mr McCafferty reported that that a total of 6 visits were undertaken during the period January 2023 to March 2023. Details of the visits and actions to address issues were included in the report.

In response to a question asked by Mrs McCartan regarding the visit on page 9 of the report, Mr McCafferty explained that there is ongoing monitoring, engagement and visits undertaken with staff to determine the quality of care being provided. Furthermore, he stated that there is no theme with the staff turnover in this children's home.

Ms Mullan noted that there are a number of complex cases within the children's homes and Trust Board are mindful of the violence and aggression towards staff that has occurred which is flagged throughout the report.

21. ANY OTHER BUSINESS

None noted.

The meeting concluded at 1.30 p.m.

SIGNED: _____ **DATED:** _____