

**Minutes of a Meeting of the Governance Committee held on
Thursday, 5th December 2024 at 10.15 a.m. in the Boardroom,
Trust Headquarters, Craigavon**

PRESENT:

Mrs P Leeson, Non-Executive Director (*Chair*)
Ms G Donaghy, Non-Executive Director
Mrs D Ferguson, Interim Executive Director of Nursing, Midwives and Allied
Health Professions, Functional Support Services and Infection Control
Mr C McCafferty, Director of Children and Young People's Services /
Executive Director of Social Work
Ms J McGall, Director of Mental Health and Disability

IN ATTENDANCE:

Dr Damian Gormley (*for Dr Austin*)
Mr Mark Bloomer (*for Ms C Teggart*)
Mrs V Toal, Director HROD (item 9 only)
Mrs C Reid, Director of Surgery & Clinical Services (item 11&12 only)
Mrs R Montgomery (*Minutes*)
Mr S Wallace

APOLOGIES:

Mr J Johnston, Non-Executive Director
Dr M O'Kane, Chief Executive
Dr S Austin, Medical Director
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs S Judt, Board Assurance Manager

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted the apologies above. The Chair advised that in the absence of Mr Johnston, she would Chair the Committee.

2. DECLARATION OF INTERESTS

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

3. CHAIR'S BUSINESS

None for highlighting.

4. MINUTES OF MEETING HELD ON 5TH SEPTEMBER 2024

The Minutes of the meeting held on 5th September 2024 were agreed as an accurate record.

5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the updates from relevant Directors.

6. REPORT FROM SLT RISK AND ASSURANCE GROUP

Colm McCafferty spoke to the written update from the Senior Leadership Team Risk and Assurance (SLTRA) Group.

The group is dedicated to areas around risk and governance.

A few key areas were highlighted with regards to the risk register:

- One area removed – echocardiogram service
- One area added - Obstetric and Gynae service
- Risks increased include gastroenterology and cyber

Mr McCafferty discussed a number of director led oversight groups, highlighting that out of five, two have been stood down and others remain active. Granville Manor has been stood down to enhanced directorate monitoring within Mental Health and Disability and community forensic mental health is nearing closure.

There has also been a newly established directors oversight group for DHH medicine for which the terms of reference have been confirmed.

There has been a newly established directors oversight group in respect of Bluebell House (CYP), following a challenging RQIA inspection. The terms of reference have been agreed, and two

meetings have taken place. A programme of work has been agreed, reflecting the QI plan from RQIA.

A director's oversight group has also been convened for Obstetrics and Gynae services and the terms of reference have been agreed.

In line with the aim to achieve satisfactory Internal Audit Assurance and to support the expediting of recommendations, SLT has afforded significant attention to progress as possible by the end of December 2024.

There were 163 recommendations outstanding at October, 128 of which have an implementation date of 31st December 2024. 116 recommendations are on track to be achieved, with 12 noted as delayed, however should be achieved by March 2025.

Mr McCafferty noted that there has been good focus on implementing the recommendations and Martina Corrigan has been instrumental in progressing.

RQIA activity over the past few months was noted as well as an overview of the early alerts.

Mrs Donaghy queried the removal of the risk of the Echocardiogram service – Mrs T Reid confirmed that the improvements made are detailed in her paper to confirm the reasons for this.

Action – Mrs Leeson requested that a note of thanks is sent to Martina Corrigan for her work in progressing the IA recommendations.

7. FEEDBACK FROM STEERING GROUP CHAIRS

i. Safety and Quality

Dr Gormley presented the Chair's Report and noted the reports below were presented to the steering group on 18th November 2024 and the discussions can be found within the minutes included in members' papers:

- Clinical and Social Care Governance Report (including service user feedback, patient safety report and incidents/serious adverse incidents)
- Claims Management Report
- Medication Safety Report
- Mortality Report
- National Audit Report

A number of additional reports were received and reviewed by the Safety and Quality Steering Group for assurance purposes which are outlined in the Chair's Report.

Dr Gormley noted that there has been improvement in audit related work. The HCAT process has been commended within the Trust.

There has been an increase in compliments received in relation to Trust Services.

There has been improvement in SAIs recommendation implementation and there are now no recommendations which have unallocated status, also expediting learning, with a rise in the use of the rapid review methodology.

Medication safety still have concerns around vacancies. There is hope that encompass will help with the number of dispensing incidents.

The Mortality report highlighted a risk adjusted mortality is lower than expected.

Dr Gormley noted that the National Audit Report was also reviewed at the Safety and Quality Steering Group, highlighting that there is improved oversight of audit processes and there has been a lot of work undertaken recently in women's health services.

In IPC, C-Diff rates remain a concern, however there are infection prevention and control measures in place.

Care home and independent sector incident reporting, including incident and complaints responses, requires a further focus. This is a complex situation as the care home has a contract that they must

comply with however the Trust has a governance responsibility in relation to the quality and safety of the care commissioned from the care home/independent sector provider.

ii. Organisational Governance

Mr Bloomer presented the Chair's Report and noted that the papers below were presented to the group on 13th November 2024 and the discussion can be found within the minutes:

- Information Governance Report
- Functional Support Services Annual Report
- Health and Safety Annual Report

A number of additional reports were received and reviewed by the Organisational Governance Steering Group for assurance purposes, which are outlined in the Chair's Report.

Mr Bloomer highlighted the benefit of the discussion at the groups and the ability to provide solutions and assistance to other areas within the Trust.

Information governance concerns highlighted were the decrease in compliance with FOI requests timescales and the decrease in SARS timescale compliance.

The number of FOIs and SARS requests continue to rise.

IAO training is up in compliance at 80%.

The functional support services annual report highlighted that recruitment of cooks is still an ongoing issue. Food wastage is also an ongoing concern which is being addressed, under Sustainability, in conjunction with the Estates Department.

Overcrowding of Emergency Departments ED is causing difficulties for staff in the ability clean the wards and corridors.

There have been issues with panic alarms, and this is being worked through.

Reverse osmosis water tests are failing more frequently. It is being looked at more regularly, however, this will also be looked at as an invest to save opportunity to replace the whole system as sterilising is currently costing £2000 per week.

The health and safety report highlights included that risk assessment process management continues to be a concern. The team have been working on new ways to promote health and safety such as desktop screen savers, Southern-I campaigns and global emails.

Within the emergency planning and business continuity report, the concern is that the essential services are having difficulty in completing business continuity impact assessments, however there is an improvement in completion of business continuity plans.

Essential services need to be cognisant of the ability to continue services without IT, power, heat and water. Ongoing service pressures are also affecting attendance at business continuity training.

Medical records – with Encompass there will be scope to repurpose medical records space. Encompass will also bring about a change to the medical records team.

Medical equipment and devices – Encompass is a challenge due to the new medical integration devices and this is being worked on. There are continuing challenges in terms of locating equipment and there are high amounts of un-serviced equipment, however the ifit system will assist with this.

The electrical safety team reported that resourcing Encompass works was a concern, there have had to be installation of distribution boards and sockets and upgrading of switchboards across the Trust. Craigavon infrastructure work has completed. Daisy Hill infrastructure work is continuing in a phased approach and South Tyrone work is about to start.

Policy scrutiny group highlighted the policies which are out of date, also noting that the cleanse of the policy centre has been completed and all policies removed which did not come through policy scrutiny.

Community equipment staffing issues were discussed, as well as the increased cost of equipment. The team is looking at recycling options.

Mrs Leeson raised a query about the water test results in light of challenges reported in the Belfast HSC Trust, Mr Bloomer confirmed that there is a water safety group who continually monitor and test the water, so this is appropriately monitored and there are external authorised engineers who have advised that the water system here is very good.

Both Non-Executive Directors were reassured with the level of work that Mr Bloomer's team is doing.

iii) Standards, Compliance and Regulation

Mr McCafferty presented the update from the meeting on 11th November 2024, noting that the report below was presented to the steering group and the discussion can be found within the minutes:

Mr McCafferty began by highlighting that there has been good attendance and participation at the meetings to date.

The main issues noted were the management of Trust standards and guidelines in terms of the pressures the team are facing. Mr McCafferty gave credit to Caroline Beattie in terms of the good progress regarding circulars. Challenges around directorate S&G meetings being stood down due to staffing pressures were raised.

Within MCA, there has been a significant piece of work across different directorates, and there has been a substantial amount of progress and compliance with the legislation. There are fewer cases going to panel. Some vulnerabilities in relation to medical availability on the panels, however, overall this service is operating satisfactorily.

Laboratory services has noted improvements. The external report is due to be signed off in relation to the mortuary concerns previously raised. No issues in relation to cellular pathology and the challenges around backlogs are no longer relevant. Issues around staffing for chemistry and turnaround times are being closely monitored.

Two staff members are currently being assessed by the relevant regulator as a result of the cytology review.

Organ donation was noted to be a very important report. Mr McCafferty highlighted the number of patients who received lifesaving donations within the past year.

Eye donations continue to be a low-level donation and there is a regional piece of work going on with regards to this. The Trust has a specialist nurse for organ donation, this role can be emotionally draining but there was assurance that support is built in for this person.

Violence and aggression training was presented to the group for the first time and it was noted that a training needs analysis around the baseline for staff training profiles needs improvement.

Mr McCafferty finished his summary by noting that the Governance Steering Groups have enhanced the governance structures. Mrs Leeson agreed with this sentiment.

7. CORPORATE RISK REGISTER

Obstetrics and gynaecology added, echocardiogram service removed and some risks escalated.

9. RAISING CONCERN REPORT (WHISTLEBLOWING)

Vivienne Toal presented the Raising Concern's report to the committee. Mrs Toal noted that Mr Johnston is the non-executive lead for Whistle Blowing and has been met with to go through the cases prior to Governance Committee

There are 2 still open from 2023/24, the first one has been investigated under the whistle blowing policy with the action plan worked through and hopefully by the end of the year will be closed off once all actions are concluded.

The subject of abuse of position for financial gain was not upheld, however there are some learning points in terms of conflict of

interests. She added that the revised conflict of interest policy is due before Policy scrutiny Committee today for approval.

The other one that is still open is an example of the complexity of some things that are raised in that, it was raised under whistle blowing, however there are also MHPS and Conflict, Bullying & Harassment implications. This is being worked through at the minute.

Of the ones that had been raised from April 2024 to October 2024, two are closed and one remains open.

The one related to the mortuary was investigated, there was the right expertise from the beginning and the investigation went very smoothly. This will remain open until the action plan is worked through and is part of the RISE programme in terms of the laboratory work.

There is also an open case in terms of fraudulent concerns of staff leaving early.

The fact that there are Three formal cases since April 2024 was discussed with Mr Johnston and noted to be quite a low number. Mrs Toal reported that they had a very useful conversation in relation to the need of directorates to hold their own logs, and ensure that there are resolutions at a service level.

Mrs Toal will write to directors to ensure that there is a log kept of concerns raised locally and that they are closed off.

The cover sheet outlines what has been achieved in terms of awareness sessions, both Manager awareness and staff awareness and these will continue. Encompass may affect this going forward.

Freedom to speak up guardians – contact has been made with NHS colleague in Scotland to try and further understand this more fully.

Mrs Leeson noted that if the awareness with managers has increased in relation to lower level of concerns being addressed early, this may be the reason why concerns are not being escalated.

Mrs Toal mentioned that she had also spoken to Mr Johnston about the ongoing cervical cytology review which started at the end of 2021 due to this being raised by a member of staff as a concern. She outlined that a number of meetings had taken place with the individual to learn from their experience and the issues around detriment and impact, and any concerns they had around the Trust's handling of the situation. Mrs Toal was flagging this to Committee for awareness and to advise these discussions are still ongoing.

Ms McGall agreed that the directorate log will be a helpful balancing measure. Within Mental Health and Disability, there had previously been a pattern of raising concerns externally, however with shifts in culture to support staff to speak up, proportionality in responses and sharing of learning, there has been a change to allow directorate level investigation and resolution.

Dr Gormley agreed that the point about the feedback is very legitimate, when individuals feel they are not being heard, they will take it outside the organisation.

Mr McCafferty welcomed the process, noting that it's not easy to get bedded down. The investigative process has become better, and they are now getting quicker outcomes. It needs to be balanced against individual responsibilities in terms of raising concerns to managers and if not being heard, knowing the processes to raise it higher.

Mrs Donaghy mentioned the use of MHPS in one of the bullying complaints as potentially being identifiable information as this will indicate it was a member of medical staff and to consider further anonymisation in future.

Action – Mrs Toal to review anonymisation of cases noted in Raising Concerns report.

10. REPORT ON THE DIRECTORATE GOVERNANCE REVIEW BY OLIVE MACLEOD

Dr Gormley provided an update on the above report and reminded members that the Chief Executive commissioned a review of the clinical and social care governance structures and process at individual

operational directorate level and to make recommendations. The review was completed in September 2023 and 5 recommendations were made from the original report.

Dr Gormley noted that there has been appointment of a new assistant director of CSCG which will deal with a lot of the recommendations. The posts recruited from the urology funding stream will be reviewed in terms of scrutiny to try and retain the staff which will be required to implement the recommendations.

11. RQIA REVIEW OF UROLOGY SERVICES PHASE II REPORT

Mrs C Reid spoke to the group about the RQIA review of the governance arrangements within the urology service.

The review was undertaken in late August 2023. There were a lot of contributors to this, and the report was provided to the Trust in August 2024.

The report was fairly positive and recognised the work within the urology services. An action plan was developed out of the recommendations from the RQIA review.

Mrs C Reid took members through the action plan, the details of which was included in members papers.

Succession planning – having a plan in place and stabilising the structure within the division, a permanent head of service has been appointed this week - Wendy Clayton.

Reflective supervisions – one finding was that nursing supervision needed to be undertaken regularly.

Directorate plans to ensure appraisals are being undertaken gaps have been developed and are to be implemented by the end of the year.

One issue which has been, is not uploading the appraisal plans but there are actions to address this.

Mrs Leeson commended the progress made and complemented Mrs C Reid on not waiting until the report was published to begin improvements.

Mr McCafferty mentioned that in terms of appraisals, there is now an easier system so this should hopefully improve relatively quickly. Mr McCafferty queried what the plan is for the lengthy waiting lists, Mrs Reid noted that this is now being helped with having the full complement of consultants.

Ms McGall asked for a time projection on dealing with the waiting lists now that there is a full complement of consultants, Mrs C Reid confirmed this is being worked on with performance colleagues.

Mrs Ferguson would like recently appointed directorate nurse -to get into contact with the other nursing teams to get the appraisals completed. Mrs C Reid noted that there is only 50% funding for this post and the remaining 50% is being funded until end of March due to sick leave.

Mrs Ferguson expressed that this is a vital role so there is a need to try and secure the funding or recycle finances to align to this post.

Mrs Donaghy thanked Mrs C Reid for the report, noting that she is assured that medical appraisals are being undertaken but queried where assurance will come from the cultural piece. Mrs Reid directed to a section in the report which details this information.

12. ENABLING SAFE QUALITY MIDWIFERY SERVICES AND CARE IN NORTHERN IRELAND (RENFREW REPORT)

Mrs C Reid along with Dr Jen McKenna presented to the meeting beginning with the background to the report.

The Renfrew Report into midwifery care in Northern Ireland was commissioned by the Department of Health following a coroner's court investigating the sad death of a baby in a freestanding Midwifery unit in the South Eastern trust in 2017. The Renfrew Report was published in October 2024, detailing 32 recommendations for action, and highlighting

three “critical priorities” which required a response from Trusts by 12TH November 2024.

The three critical priorities involve: appropriate staffing and care for postnatal women and babies, particularly regarding analgesia; multidisciplinary support for women choosing “care outside guidance”, and for the midwives who provide that care; psychological safety for midwives to ensure that they can escalate concerns without fear.

Dr McKenna confirmed that for those who choose maternity care outside of local, regional or national guidance, whatever a choice a woman makes should be supported by maternity care staff. The SHSCT has a weekly birth choices clinic facilitated by Dr McKenna as the consultant midwife to support women in their choices “outside guidance”. The discussion, evidence and woman’s choices are documented on the PHA (2023) “Guided Discussions” form.

Birth at home for all women, but particularly those “outside guidance”, will still be provided by midwives, but with support from the obstetric team. Previously all the care planning and provision was done by midwives, which left midwives vulnerable, so a multidisciplinary approach is required.

The Trust response from Mrs C Reid addressed the 3 critical priorities and included an action plan of steps to progress. Of the 32 recommendations within the review, about a third require regional workstreams and data analysis. The Southern Trust is in a good position regarding the other recommendations and there will be a regional stakeholder event taking place in December to direct how some of these regional workstreams are progressed. Three of the 11 “positive service developments” in the review were from the SHSCT, including the initiative supporting Newly Qualified Midwives.

Ms McGall queried how there are some areas which are being done very well and yet the service is a concern. Dr McKenna noted that medical and midwifery staffing is an ongoing concern, they are adequately staffed however there have been high numbers of sickness absence. The good work within the maternity care service could be enhanced if the vacancies were addressed.

Mr McCafferty highlighted that the challenges may have changed since this report was undertaken so will need to be cross referenced to ensure we have a handle on stabilisation in midwifery.

Mrs Donaghy noted that Ms Mullan asked that the Trust set up a maternity champion which will be a Non-Executive Director. The Renfrew report was one of the fundamental reasons for this.

13. NON-EXECUTIVE DIRECTOR VISITS TO CHILDREN'S HOMES REPORT

Mr McCafferty presented the report for 1st April to 31st October 2024. The report provides an overview in relation to children's residential care in the Trust. Mr McCafferty noted that the SHSCT has the smallest bed provision across the region. Of the children in residential care, they have been appropriately assessed as requiring this level of care. There needs to be very significant wraparound and specialist support within these children's homes. The SHSCT does not send any children out of jurisdiction and have not placed a looked after child with Beechcroft in 6/7 years due to the support and wraparound received from CAMHS, Looked After Therapeutic Services, etc.

The children being cared for are hugely complex as a result of trauma experienced, which requires resilient and caring interventions from a skilled staff team. There is really good support from HR colleagues for managing related workforce issues and excellent support from Estates colleagues.

Mr McCafferty noted that most of the young people have relatively good outcomes so its important not to lose sight of this despite the challenges reported on occasions.

Mrs Leeson commended the work and noted that it is important for this process to be explained to the new Non-Executive Directors coming into the Trust.

Ms McGall made the suggestion that the care experienced young persons group that came to speak previously to Trust Board would be ideal to present to the new Non-Executive Directors and would be a

good opportunity to show the life journey and progress that can be achieved.

14. GOVERNANCE COMMITTEE WORKPLAN 2025

The committee workplan for 2025 was discussed and approved.

15. ANY OTHER BUSINESS

None noted.

The meeting concluded at 12.30 p.m.