

**Minutes of a meeting of the Governance Committee held on
Thursday, 6th December 2018, at 9.30 am in the Boardroom,
Trust Headquarters**

PRESENT:

Ms E Mullan, Non-Executive Director (Chair)
Ms G Donaghy, Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
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 E Gishkori, Director of Acute Services
Mrs C Harney, Interim Director of Mental Health and Disability Services
Dr A Khan, Interim Medical Director
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Director of Older People and Primary Care
Mr P Morgan, Director of Children and Young People's Services /
Executive Director of Social Work
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs H Trouton, Interim Executive Director of Nursing and Allied Health
Professions
Mrs M Marshall, Assistant Director of Clinical and Social Care Governance
Mrs S Judt, Board Assurance Manager
Ms T Reid, Clinical and Social Care Governance Co-ordinator, Acute
Mrs L Gribben, Committee Secretary (Minutes)

1. WELCOME AND APOLOGIES

Ms Mullan welcomed those present. Apologies were noted from Dr M O'Kane, Medical Director.

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 6th SEPTEMBER 2018

The Minutes of the meeting held on 6th September 2018 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. Mrs McClements provided an update on the progress of the stroke services and what has been achieved at a local level. She stated that the key issue is for OPIC stroke rehabilitation beds and where they are best placed. Mrs McClements added an options paper has been drafted for the centralisation of stroke rehab services for consideration by the SMT and members will be updated on this issue at the next meeting.

Action: Mrs McClements / Mrs Gishkori

6. MEDICINES GOVERNANCE

i. Medicines Governance Report

Dr Boyce presented the Medicines Governance report which demonstrates that during the second quarter of 2018/19 there were 260 medication incidents reported within the Southern Trust. The average number of reported medication incidents each month was

87, representing an increase from 83 per month in the previous quarter. Members noted that there were no trends of specific concern amongst the reports. During the quarter there were four moderate incidents and no catastrophic incidents reported via Datix.

In relation to benchmarking data for medication incidents, Dr Boyce reported the Trust has a 73.1% 'no harm' incidence which is above the Human Factors in Healthcare recommended minimum standard of 70% should result in no harm.

Members noted the content of the Medication Safety Today newsletter issue 62. Dr Boyce added the Drugs and Therapeutic Committee meeting was postponed however, assured members a number of pressing items were circulated to the members for electronic review and comment and she will be meeting with Dr O'Kane to review these.

Mrs Rooney referred to page 3 where is provides explanations on the moderate incidents and felt it raises a practice issue. Dr Boyce commented issues have been highlighted with junior doctors for not recognising antiepileptic medication however extensive work has been undertaken to rectify this. Mrs McClements referred to the moderate incident for the Domiciliary Care review and noted the need for communication between the hospital and GP's and ensure the GP's update the IT system when a change to a patient's medication is amended and this is an area that require improvements.

In responding to a question asked by Mrs McCartan, Dr Boyce advised in some instances pharmacy stock delivery is delayed or there is a shortage for some medications which causes procurement difficulties and invoicing issues.

7. CLINICAL AND SOCIAL CARE GOVERNANCE

i. Clinical and Social Care Governance Report

Mrs Marshall presented the above named report in a revised format.

Mrs Marshall gave an overview of adverse incidents and drew members' attention to the 3 catastrophic incidents for quarter three

2018, the detail of which is included in the report. She added since the 1st July 2018 to September 2018, 7 cases have been reported to HSCB as an SAI, which are currently in progress.

Discussion ensued on the timescales for completion of SAIs. Members noted 44 SAIs are currently being progressed in the Trust with 33 outside the HSCB timescale. Mrs Marshall contributed this to a number of factors namely; appropriate team configuration to ensure appropriate level of clinical independence and expertise, the prioritisation of SAI investigations within existing workloads, necessary engagement with service users and their families, particularly where a death has occurred and where the SAI investigation spans across 2 or more Trusts. Mrs Gishkori highlighted the difficulties obtaining clinicians to participate in SAIs due to the fact this is not included in their PA sessions. Dr Khan commented within CYP a number of clinicians have been identified to undertake SAIs which is working well and noted this can be adapted for the other directorates. Mrs Harney highlighted the difficulty with the availability of external chairs to lead on an SAI.

The Chair asked if there is a set timeframe to undertake the initial screening process for SAIs and if there delays are encountered. Mrs Marshall commented after the incident occurs the initial screening should be completed as soon as possible given SAIs are required to be reported within 72 hours of the incident. The Chair requested the next report include data on the position on the progress of ongoing SAIs against timescales.

Patient Safety Indicators were discussed. She spoke of the NEWS bundle compliance. Mrs Trouton noted the slight decrease in the compliance for quarter 3 to 80%. She added within the 8 criteria in the audit, 7 areas are performing well, however the escalation criteria can be improved upon and this is the area that is reducing the overall compliance rate. Mrs Trouton commented that 92% of cases did not require escalation and she provided reasons for the remaining 8%. Dr Khan envisaged that PEWS (paediatric early warning score) which is used within the CYP Directorate for children up to 16 year olds as well as NEWS, will be reflected in future reporting.

Patient falls were discussed. In Quarter 2 2018 there were 6 falls that met the criteria and were subject to the Post Falls Review process and learning from these cases was included in the report. Mrs McCartan pointed out the increase in patient fall rate per 1,000 occupied bed days from quarter 3 in 2017 which was 3.4 to 4.8 in quarter 2 in 2018. Mrs Trouton stated that there is a focus on the management of falls has meant an increase in falls reporting. Three particular areas will be focused on going forward.

Mrs Marshall moved onto ulcer pressure bundle compliance section. She stated of the 173 ward acquired pressure ulcers reported in 17/18, 26 (15%) were Grade 3 or 4. Reviews conducted on these cases concluded that only 6 were avoidable and learning has been identified and shared.

Service user formal complaints were discussed. It was highlighted that there was a 2% increase in the number of complaints relating to Communication/ Information. Mr McDonald asked what the Trust is doing to address this issue. Mrs Toal advised the customer care training for front line staff is being reviewed to identify areas for improvements. Members requested that further information behind the complaints for communication, staff attitude and lessons learned will be included in the next report.

Action: Mrs Marshall

ii. Management of Standards and Guidelines

Mrs Marshall reported 455 Standards and Guidelines have been received into the Trust between 1st September 2016 to 24th October 2018. Mrs Marshall commented the volume of Standards and Guidelines has become increasing challenging for providers and commissioners to manage within the existing risk management and clinical governance arrangements. She noted in August 2016, SMT agreed to revise the processes to manage Standards and Guidelines and strengthen systems.

Mrs Marshall noted Internal Audit recently undertook an audit on the Trust process and management of Standards and Guidelines and a limited assurance was achieved. This will be discussed at the next

Audit Committee meeting in February 2019. Ms O'Neill advised the Trust has accepted all the recommendations from Internal Audit and a detailed action plan will be presented to the Audit Committee.

In response to a question asked by the Chair, Mrs Marshall stated the main issue is the capacity of Directorate Governance Teams to maintain the accuracy of the Trust Standards and Guidelines data base to facilitate corporate reporting. The Current corporate logging system has limited functionality and the implementation of cross directorate guidelines. Dr Boyce noted Consultants do have PA sessions for this area of work. The Chair felt if this was the case the review of a guideline may be undertaken without constraints. The Chief Executive agreed and asked for this to be reviewed on how the clinicians can be involved further and include it in the action plan back to Internal Audit. Mrs Rooney welcomed the detailed report and spoke of the number of various sources guidelines are received into the Trust and understood the challenges faced.

Following a discussion on IT functionally, Mrs Marshall agreed to look at Sharepoint as an option to maintain Standards and Guidelines information.

Members requested for the Standards and Guidelines to be incorporated into the Clinical and Social Care Governance Report and be presented on a quarterly basis. Mrs Marshall agreed to take forward for the next report.

Action: Mrs Marshall

iii. Update on Lessons Learned Forum

Dr Khan presented the report on an update on the Lessons Learned Forum. He advised the paper proposes a phased approach in the development of a lessons learned framework which should focus initially on learning from SAIs and Morbidity and Mortality structures. It also provides information on the progress of the Lessons Learned Forum since its inception in April 2018. Dr Khan confirmed the Terms of Reference for the forum have been agreed. He noted an ADEPT Fellow has created a template for staff to use to identify areas of learning and a process for central coordination of information was

presented at the recent Lessons Learned Forum meeting on 2nd November 2018. Dr Khan commented an update will be provided to this committee on a six monthly basis and added a phased approach to reporting is required, therefore the second lessons learned report will focus on providing an overview of SAIs that have been closed by the HSCB within the previous two quarters with lessons learned and recommendations identified in themes. A SWOT analysis was included in members papers which indicated that challenges exist within the processes which generate lessons learned and with the identification of assurances regarding the implementation of changes.

Mr McDonald welcomed the detailed report and reminded members he is the nominated Non-Executive Director who sits on this forum. Mrs Rooney felt the process should be kept at high strategic level and interface with the hyponatraemia workstream. There was a discussion in which members raised the various groups within the Trust and how best to use these to avoid duplication of effort. Dr Khan felt the forum would benefit with additional clinicians and advised this is an area that the forum will improve on.

Mrs Magwood stated that a challenge from a Quality Improvement perspective is ensuring that work plans for Quality Improvement reflect areas that require organisational focus.

Mrs Harney highlighted the significant gap with the interface with clinicians and noted the importance of having medical representation on this forum. Mr Wilkinson agreed, however he noted his concern at over loading clinicians and the importance of ensuring they have a balance with their clinical work and administration tasks. Discussion concluded by Dr Khan advising the process of lessons learned requires further evaluation and improvements.

Mrs McCartan and Mrs Rooney left the meeting at this point.

iv. Complaints Annual Report 17/18

Members noted the above report for their information

v. National Audit Assurance Report 17/18

Dr Khan presented the above named report which provides assurance on participation in the NHS England Quality Accounts List(1) 2017/18 national clinical audits, highlights compliance with key performance indicators, together with recommendations and actions to achieve further improvement and outlines the SHSCT 2018/19 Clinical Audit work programme, including the rationale for non-participation in selected national audit.

Dr Khan advised at present the arrangements for participation in National Audits is that cases are considered on an individual basis by the Medical Director and Assistant Director, Medical Directors Office regarding participation after consideration of the data to be included in the audit. Dr Khan noted the need to ensure that all audits are reported and monitored on a regular basis within operational directorate governance arrangements.

Dr Khan referred to the summary sheet where three key audits are reported and their progress to date: regional inpatient diabetes audit, Stroke audit and cardiac rehabilitation.

Dr Khan commented on the requirement for additional resources to support the Trust's proposed clinical audit work programme 2018/19. He also noted the requirement to comply with GDPR regarding sharing of patient identifiable data with external organisations, for secondary use purposes.

The Chair thanked Dr Khan and his team for a comprehensive, informative document and supported his requirement for additional resources to recognise this key area of work.

8. 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 3 occasions since the last meeting, mostly recently on 28th November 2018.

The Chief Executive stated the absence of a Data Controller / Data Processor agreement with BSO was identified as the risk that will be discussed.

Mrs Magwood provided a paper on the absence of a MoU or Agreement between the Trust (as the data controller) and the BSO (as the data processor) in relation to the processing of personal data of staff, patients and clients. This would have an impact if there were a data breach or dispute as there are no clear roles and responsibilities outlined by the Trust and BSO. The new DPA 2018 and Article 28 of GDPR places a clear responsibility on the Data Processor and this needs to be clearly documented and agreed by all parties. She advised the ICO guidance clearly states that there should be a contract in place between the Data Controller and Data Processor.

Mrs Magwood advised this issue is on the e-health agenda for awareness and also on the SIRO regional meeting agenda. She added BSO has provided a letter of assurance outlining the controls they have in place, but no signed agreement between the two organisations which needs to be progressed by the task and finish group. Mrs Magwood stated legal advice has been sought by both BSO and the Trust to inform appropriate MoU/contract and noted discussions are ongoing.

The Chief Executive highlighted the fact that at not having a contract or MoU means the Trust cannot demonstrate compliance with its responsibilities under GDPR.

Following discussion, the committee requested the Chief Executive to formally write to the Chief Executive of the BSO highlighting the lack of a data processing contract between the two organisation. The Chief Executive also agreed to place it on the agenda for the next accountability meeting with the Permanent Secretary.

Action: Chief Executive

9i. UPDATE ON CYBER SECURITY

Mrs Magwood spoke to the above named paper which demonstrates the Trust's position in relation to managing cyber security risks.

Members noted the action plan which has been produced and progress is reviewed monthly at the Trust's internal 'Cyber Security Task and Finish Group'. It is also presented to the Regional Cyber Security Programme Board to update on the Southern Health & Social Care Trust's position with Cyber risk management. The Action plan brings together a range of recommendations made by Internal Audit, FourSys (Independent Network Security Experts) and DXC (formerly HP). DXC were commissioned by the HSC Board to provide an assessment for each Trust and BSO regarding Cyber risk.

In response to a question asked by Mr Wilkinson on the funding, Mrs Magwood advised a regional business case is being put together by March 2019; however the Trust may have to find funding within their own allocation until the regional bid has been decided upon. Ms O'Neill added the main challenge is the quality of the expertise that is required.

9ii. FREEDOM OF INFORMATION, ENVIRONMENTAL INFORMATION AND SUBJECT ACCESS REQUESTS: 1ST JULY 2018 – 30TH SEPTEMBER 2018

Mrs Magwood presented the summary report for the period 1st July April 2018 – 30th September 2018. In relation to Freedom of Information (FOI) and Information Regulation (EIR) requests, a total of 92 requests were received and responded to in this period. Of these, 68 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 162 Subject Access Requests (SAR) were received during the period and of these, 125 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. Mrs Magwood noted that there was a 56% increase in requests responded to this quarter.

The Chief Executive left the meeting at this point

10. RQIA BASELINE REVIEW OF TRUST GOVERNANCE ARRANGEMENTS FOR SERVICES COMMISSIONED FROM THE INDEPENDENT SECTOR

Mrs McClements informed members the Department has commenced work on reviewing the 2003 Quality Improvement and Regulation Order. This legislation is one of the key components of arrangements to ensure that the HSC provides and commissions quality and safe services. She added the Department has directed RQIA to undertake a baseline review of Trust Governance arrangements around services commissioned from the Independent Sector focusing on nursing and residential homes, domiciliary care (including supported living), adult day care, adult placements and independent hospitals/clinic. The review has not yet commenced and the Terms of Reference have not been agreed yet.

Mrs McClements advised that the Trust has arranged three workshops in December 2018 and January 19 with key cross-directorate personnel to review each of the areas identified including the range of assurances provided regarding governance, compliance and validation in responses to recent correspondence to both Mr Pengelly and Deborah McNeilly (DOH). The Trust is actively engaging in the Regional Review of Domiciliary Care which is currently exploring a new model for Domiciliary Care and a live monitoring solution. In the interim, existing contracts have been extended.

Mrs Trouton asked if nursing and midwifery staff can to be included in the process to which Mrs McClements agreed to. Mr McDonald noted his concern the Terms of Reference had not been agreed on.

11. LITIGATION: CLAIMS MANAGEMENT

Mrs Toal spoke to the above named report. The report provides an overview on the summary of litigation activity, claims, trends, coroner's inquests and medico-legal requests as at 30th September 2018. She advised since the last litigation report to the Governance Committee, the Policy and Procedure for the Management of Claims has been presented to the Policy Scrutiny Committee.

Mrs Toal noted for this quarter there were 503 litigation claims: whilst there has been change in the number of cases aligned to each type of claim, the overall number of claims remains at 503 as per the previous quarter.

Mrs Toal commented work is ongoing which will review the closed cases in relation to damages, legal costs, and claimant legal costs. In relation to section 2.3 Employer Liability it was highlighted that a number of cases were involving band 1 and band 2 staff as claimants. She advised the litigation manager is reviewing these cases to understand trends and themes.

Mrs Toal referred to the 'lessons learned' agenda, and noted further work is required corporately to ensure that lessons learned from litigation claims are embedded within the organisation. The Litigation Manager will continue to share 'lessons learned' at Directorate Interface Meetings. This will include 'early alert' messages received from legal representatives during the course of a litigation claim. Where such lessons are relevant to the wider organisation, the Litigation Manager will now also ensure that these are communicated to the Assistant Director of Clinical & Social Care Governance, to ensure that work is undertaken to implement these across the organisation.

Mrs Toal informed members the Acute Governance and Trust Litigation staff are working together to seek feedback from Trust staff who have recently been involved in Coroner Inquest Hearings. The purpose of this is to inform the progression of a piece of work to improve support mechanisms available to staff who are required to participate in a Coroner's process. Amongst other things, it is planned to use an e-resource (available via Page Tiger) to better support staff attending Inquests by providing relevant information and assistance about the process.

Ms Donaghy pointed to page 4 of the document and asked if the range can be extended for those cases that are greater than £50k. Mrs Toal agreed to look at this for the next report, however she pointed out the explanation of each case over £50k is documented on page 7.

The Chair referred to the estimated settlement date and queried why some cases will be settled in 20/21 / 21/22. Mrs Toal clarified in a number of cases these are extremely complex and this is the length of time it will take to fully carry out the complete investigation.

Mrs Rooney returned to the meeting at this point

12. FORMAL WHISTLEBLOWING CASES

Mrs Toal presented the above report which details the work undertaken by the Trust in the first 9 months since the launch of the Regional HSC Framework 'Your right to Raise a Concern at Work – Whistleblowing' along with the Southern Trust's Policy and Procedure. The report also includes SHSCT Whistleblowing Cases April 2018 to November 2018.

Mr Wilkinson as the nominated Non-Executive Director for Raising Concerns at Work gave assurance that cases are being processed within the resources available. Mrs Toal reported there were 16 whistleblowing cases, which is an increase in 7 from the previous year (9). She noted 7 of the 16 cases the person provided their name, which helped greatly in the investigations. Mrs Toal assured members that the individuals who reported concerns are kept informed on the progress of cases if their identity is known.

Mrs Toal noted a key issue for the Trust is the current HR capacity to deal with the increased number of cases in addition to the provision of training and awareness for managers and staff. A business case for additional support is currently being prepared for Investment Committee.

Mr Morgan welcomed the increase in reporting and stated staff need to feel comfortable and protected to raise a concern. The Chair concluded by stating the policy and framework is in place and investigations are progressed as quickly as possible within the capacity available.

13. UPDATE ON CONTROLS ASSURANCE PROCESS (VERBAL)

In the absence of the Chief Executive, this item was deferred until the next meeting.

14. LEADERSHIP WALKS – SUMMARY REPORT

Members noted the above named report. During this timeframe 1st April 2018 – 30th September 2018, a total of 6 Leadership Walks were undertaken by Non-Executive Directors. The Chair advised work is ongoing to review the template.

Mrs Leeson spoke positively of the value of the Leadership Walks and noted her willingness to undertake these. Members asked if a schedule of Leadership Walks could be produced for the year ahead. Ms Mullan agreed to highlight this issue with the Trust Chair.

Members noted that the template for Leadership Walks was being revised and the potential of a Director accompanying a Non-Executive Director on walks was being considered.

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

Members noted the above named report for assurance. Mr Morgan reported that during the period April 2018 – September 2018, a total of 13 Children's Home visits were undertaken by Non-Executive Directors.

16. UPDATE FROM PATIENT AND CLIENT EXPERIENCE (PCE) COMMITTEE 20TH SEPTEMBER 2018 (VERBAL)

Mr Wilkinson spoke of the recent reports received by the committee and the update on the work of the Patient and Client Steering Group. He advised the committee is meeting on 13th December 2018.

17. FOR INFORMATION

Members noted the following documents for their information:

- Agenda for the Mid-Year Ground Clearing meeting with Department of Health on 22nd November 2018. Mrs Magwood highlighted the key discussion points.
- Minutes of SHSCT 2017/18 End Year Ground Clearing meeting held on 15th June 2018

18. ANY OTHER BUSINESS

The Chair stated this was Dr Khan and Mrs Harney's last Governance Committee meeting and thanked them for their commitment and dedication during their tenure and passed on the Committee's good wishes to them both for the future.

The meeting concluded at 1.05 p.m.

Signed _____

Dated _____