GP2	*A timetable for sending out papers to members is in place and adhered to.* **Evidence** Board meeting timetable as per Standing Orders Internal Timetable in place re issue of Sub Committee papers Paperless approach adopted	None required	Not applicable	None identified
GP3	*Each paper clearly states what the Board is being asked to do (e.g. noting, approving, decision, and discussion).* **Evidence** As outlined in Board Report Summary Sheet	None required	Not applicable	None identified
GP4	*Board members have access to reports to demonstrate performance against key objectives and there is a defined procedure for bringing significant issues to the Board's attention outside of formal meetings.* **Evidence** Monthly Performance Reports Progress update against the 4 year Corporate Plan objectives and outcomes presented to Board annually Process in place for access to reports to demonstrate performance outside of formal meetings.	None required	Not applicable	None identified

	Significant performance issues are communicated to Board members via email outside of formal meetings			
GP5	*Board papers outline the decisions or proposals that Executive Directors have made or propose. This is supported; where appropriate, by: an appraisal of the relevant alternative options; the rationale for choosing the preferred option; and a clear outline of the process undertaken to arrive at the preferred option, including the degree of scrutiny that the paper has been through.* **Evidence** Each Board paper has an accompanying Board Report Template ensuring that the report is aligned to specific corporate objectives. Key issues/decisions required are drawn to members' attention as well as the challenge/discussion on the proposal by the Senior Management Team Risk Framework for strategic or significant proposals for service change to Trust Board Investment decisions are supported by proportionate business cases including option appaisals where appropriate.	None required	Not applicable	None identified

GP6	*The Board is routinely provided with data quality updates. These updates include external assurance reports that data quality is being upheld in practice and are underpinned by a programme of clinical and/or internal audit to test the controls that are in place.* **Evidence** Performance Reports Mortality Reports Internal audit reports to Audit Committee Monitoring of Controls Assurance Standards or approved alternative assurance processes in place and available to Board members as required.	None required	Not applicable	None identified
GP7	*The Board can provide examples of where it has explored the underlying data quality of performance measures. This ensures that the data used to rate performance is of sufficient quality.* **Evidence** Annual internal audit of presentation of performance management to the Board and underlying data quality CHKS provides peer comparison which supports wider view of performance data	None required	Not applicable	None identified

	Membership of NHS Benchmarking in place to enable to support rolling programme of review of Trust services. Implementation of Quality Improvement Strategy to bring greater connectivity to a range of indicators including quality			
GP8	*The Board has defined the information it requires to enable effective oversight and control of the organisation, and the standards to which that information should be collected and quality assured.* **Evidence** Trust Board approved an 'initial' set of proposed key quality indicators for inclusion in reporting to Board Board Workshop on 'Effective Board Reporting' held in October 2018. To ensure appropriateness and quality of information presented to Trust Board feedback on information provided is regularly sought as part of Board effectiveness questionnaire and reported on at Board Development Day. Board Assurance Framework	Evolving process	Not applicable	None identified

GP9	*Board members can demonstrate that they understand the information presented to them, including how that information was collected and quality assured, and any limitations that this may impose.* **Evidence** Yes – demonstrated through challenge function of members via Board minutes. Assurance to Board on performance of 'improvement trajectories' included in performance reporting on exception basis. Clinical and Social Care Governance Reporting to Governance Committee	None required	Not applicable	None identified
G10	*Any documentation being presented complies with Departmental guidance, where appropriate e.g. business cases, implementation plans.* Documentation presented to the Board complies with Departmental guidance, circulars etc.	None required	Not applicable	None identified

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Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	None identified	Board papers issued via MinutePad five working days in advance of the meeting
RF2	None identified	Board discussions focus on understanding of issues and providing clarity, where required, to ensure that decision making is well informed
RF3	None identified	Data quality is checked and validated prior to submission of papers to Board members
RF4	None identified	Board agenda and Board Report template specify the purpose of each paper.
RF5	None identified	Board Minutes attest to the challenge and scrutiny applied by members

3.   Board insight and foresight   **ALB Name**   *Southern HSC Trust*   **Date** *August 2019*

3.5   Assurance and risk management

	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	*The Board has developed and implemented a process for identification, assessment and management of the risks facing the ALB. This should include a description of the level of risk that the Board expects to be managed at each level of the ALB and also procedures for escalating risks to the Board.* **Evidence** Board Assurance Framework Risk appetite outlined in Risk Management Strategy Corporate and Directorate Risk Registers Board Minutes Governance Committee Terms of Reference	None required	Not applicable	None identified

GP2	*The Board has identified the assurance information they require, including assurance on the management of key risks, and how this information will be quality assured.* **Evidence** Board Assurance Framework The Senior Information Risk Officer (SIRO) is the Board member identified with lead responsibility for providing assurance on the quality of data/information presented to the Board to support decision-making	None required	Not applicable	None identified
GP3	*The Board has identified and makes use of the full range of available sources of assurance, e.g. Internal/External Audit, RQIA, etc* **Evidence** A range of available sources of assurance are sought - RQIA, Internal/External, professional bodies etc. and reports to Governance Committee, Audit Committee and Trust Board	None required	Not applicable	None identified

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GP4	*The Board has a process for regularly reviewing the governance arrangements and practices against established Departmental or other standards e.g. the Good Governance Standard for Public Services.* **Evidence** Completion of Board Governance Self-Assessment Tool on annual basis Annual Internal Audit on Governance and Risk Management Governance Controls Assurance Standard and compliance with same reported to Trust Board Governance Committee Terms of Reference	None required	Not applicable	None identified
GP5	*The Board has developed and implemented a Clinical and Social Care Risk assessment and management policy across the ALB, where appropriate.* **Evidence** Risk Management Policy Board Assurance Framework	None required	Not applicable	None identified
GP6	*An executive member of the Board has been delegated responsibility for all actions relating to professional regulation and revalidation of all applicable staff.* **Evidence** Executive Directors of Nursing,	None required	Not applicable	None identified

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	Social Work and Medical have responsibility for professional regulation and revalidation of all applicable staff			

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	None identified	Board Assurance Framework approved by Trust Board on an annual basis
RF2	None identified	Board assurance sources are identified via Risk Management process
RF3	None identified	Assurances are balanced across a range of sources
RF4	None identified	Board Governance Self-Assessments completed annually since 2013. Review of Clinical and Social Care Governance arrangements underway.

4.   Board engagement and involvement   ALB Name   *Southern HSC Trust*   Date *August 2019*

4.1   External stakeholders

	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	*Where relevant, the Board has an approved PPI consultation scheme which formally outlines and embeds their commitment to the involvement of service users and their carers in the planning and delivery of services.* **Evidence** PPI Consultation Scheme	None required	Not applicable	None identified
GP2	*A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of service users, commissioners and the wider public, including 'hard to reach' groups like non-English speakers and service users with a learning disability. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.* **Evidence** PPI Strategic Action Plan 18-19 Equality Scheme sets out how Trust will engage with a diverse range of groups/communities Regional interpreting Service	None required	Not applicable	None identified

		None required	Not applicable	None identified
	PPI Panel membership on Patient and Client Experience Committee			
GP3	*The Board can evidence how key external stakeholders (e.g. service users, commissioners and MLAs) have been engaged in the development of their business plans for the ALB and provide examples of where their views have been included and not included in the Business Plan.* **Evidence** Corporate Plan 2017/18 – 2020/21 - views of key stakeholders sought and Plan further refined in light of comments made.	None required	Not applicable	None identified
GP4	*The Board has ensured that various communication methods have been deployed to ensure that key external stakeholders understand the key messages within the Business Plan.* **Evidence** Range of methods adopted to ensure user and key stakeholder input into Corporate Plan Public attendance at Board meetings	None required	Not applicable	None identified

GP5	*The Board promotes the reporting and management of, and implementing the learning from, adverse incidents/near misses occurring within the context of the services that they provide* **Evidence** Medical Director report Clinical and Social Care Governance Report to Governance Committee Lessons Learned Committee	None required	Not applicable	
GP6	*The ALB has constructive and effective relationships with its key stakeholders.* **Evidence** Attendees list - actively encourage key stakeholders to attend Trust Board meetings All public consultations include communication/engagement plan External relationships are maintained on an ongoing basis with MLAs, local Councils etc. Community Planning Social Media Policy – Facebook, Twitter and UTube page for development of digital media Proactive Media Planner to promote developments and news across the Trust DHH Pathfinder Project	None required	Not applicable	

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	None identified	The Corporate Plan is widely consulted on both internally and externally
RF2	None identified	The Trust continues to work on maintaining good relationships with external stakeholders, clients, client organisations etc.
RF3	None identified	Feedback from complaints, surveys and findings from regulatory and review reports is used to inform the Business Planning process
RF4	None identified	None
RF5	None identified	Developing format to incorporate implementation of learning from complaints through exisiting workstreams/quality improvement framework

4.   Board engagement and involvement   ALB Name   *Southern HSC Trust*   Date *August 2019*

4.2   Internal stakeholders

	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	*A variety of methods are used by the ALB to enable the Board and senior management to listen to the views of staff, including 'hard to reach' groups like night staff and weekend workers. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice.* **Evidence** Regional Staff Survey 2015 (Trust specific results) Facebook, Twitter and U Tube Southern i Leadership Walks U Matter 'Hello, my name is' campaign 10,000 Voices Quality Improvement Strategy Consultation Engagment Plans External Accreditation Schemes e.g. Dorsy	None required	Not applicable	None identified

	Roadshows e.g. Balanced Score Card			
GP2	*The Board can evidence how staff have been engaged in the development of their Corporate & Business Plans and provide examples of where their views have been included and not included.* **Evidence** Corporate objectives developed via staff engagement process	None required	Not applicable	None identified
GP3	*The Board ensures that staff understand the ALB's key priorities and how they contribute as individual staff members to delivering these priorities.* **Evidence** Leadership Walks Southern i	None required	Not applicable	None identified
GP4	*The ALB uses various ways to celebrate services that have an excellent reputation and acknowledge staff that have made an outstanding contribution to service delivery and the running of the ALB.* **Evidence** Annual Excellence Awards Good news stories reported via Chair's business at Trust Board meetings Southern i Proactive communication planner (Quarterly) highlighting events/successes/developments across the Trust	None required	Not applicable	None identified

	Service Improvement/Staff and Service User feedback at start of each Trust Board meeting			
GP5	*The Board has communicated a clear set of values/behaviours and how staff that do not behave consistent with these valves will be managed. Examples can be provided of how management have responded to staff that have not behaved consistent with the ALB's stated values/behaviours.* **Evidence** Vision, Values and Priorities Code of Conduct Monthly Case Management Report Working Well Together Policy Whistleblowing Policy People Management Framework	None required	Not applicable	None identified
GP6	*There are processes in place to ensure that staff are informed about major risks that might impact on customers, staff and the ALB's reputation and understand their personal responsibilities in relation to minimising and managing these key risks.* **Evidence** Corporate and Directorate Risk Registers communicated via cascaded engagement with Directorates	None required	Not applicable	None identified

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Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	None identified	
RF2	None identified	There are no unresolved staff issues that are significant
RF3	None identified	There are no significant unresolved quality issues
	None identified	Workforce issues are included in monthly HR Report to Trust Board.
	None identified	Best practice is shared within the Trust via a variety of means e.g. Trust Board, Committees. Southern i, Continuous Improvement etc.

4.   Board engagement and involvement   ALB Name   *Southern HSC Trust*   Date *August 2019*

4.3   Board profile and visibility

	Evidence of compliance with good practice (Please reference supporting documentation below)	Action plans to achieve good practice (Please reference action plans below)	Explanation if not complying with good practice	Areas were training or guidance is required and/or Areas were additional assurance is required
GP1	*There is a structured programme of events/meetings that enable NEDs to engage with staff (e.g. quality/leadership walks; staff awards, drop in sessions) that is well attended by Board members and has led to improvements being made.* **Evidence** Leadership Walk Report to Governance Committee Children's Homes visits report to Governance Committee Improving communication/'connectedness' with staff continued to be a key area of focus for the Board/organisation over the past 12 months	None required	Not applicable	None identified

		None required	Not applicable	None identified
GP2	*There is a structured programme of meetings and events that increase the profile of key Board members, in particular, the Chair and the CE, amongst external stakeholders.* **Evidence** The Chair and Chief Executive undertake and attend a variety of events, details of which are provided on a monthly basis in Chair and Chief Executive's business to Trust Board.	None required	Not applicable	None identified
GP3	*Board members attend and/or present at high profile events.* *Active participation at high profile events.* **Evidence** All events, seminars, workshops attended by NEDs are listed in the Chair and NED business to Trust Board on a monthly basis.	None required	Not applicable	None identified
GP4	*NEDs routinely meet stakeholders and service users.* Leadership walks Children's Homes visits Trust Board Young People's Pledge Attendance at wide range of events e.g Summer Autism Festival	None required	Not applicable	None identified

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GP5	*The Board ensures that its decision-making is transparent. There are processes in place that enable stakeholders to easily find out how and why key decisions have been made by the Board without reverting to freedom of information requests.* **Evidence** Trust Board agenda, minutes and papers publically available on Trust website Record of Public attendance at Board meetings	None required	Not applicable	None identified
GP6	*As a result of the Board member appraisal and personal development process, Board members can evidence improvements that they have made in the quality of their contributions at Board-level.* **Evidence** Board Reports Board Minutes Annual Appraisals	None required	Not applicable	None identified

Red Flags	Action Plans to remove the Red Flag or mitigate the risk presented by the Red Flag	Notes/Comments
RF1	None identified	See Good Practice GP1 – GP6 – there are a range of processes in place to raise the profile and visibility of the Board
RF2	None identified	High attendance by Board members at events/meetings

Summary Results **ALB Name** *Southern HSC Trust* **Date August 2019**

1.Board composition and commitment		
Area	Self Assessment Rating	Additional Notes
1.1 Board positions and size	Green	Approval received from Department of Health to recruit a permanent Executive Director of Nursing, Midwifery and AHP post. **ACTION** The Trust will proceed to advertise this post on a permanent basis.
1.2 Balance and calibre of Board members	Green	
1.3 Role of the Board	Green	
1.4 Committees of the Board	Green	
1.5 Board member commitment	Green	**ACTION** The Chair of the Patient and Client Experience Committee will keep attendance under review during 2019/20

2.Board evaluation, development and learning		
Area	Self Assessment Rating	Additional Notes
2.1 Effective Board level evaluation	Green	
2.2 Whole Board development programme	Green	
2.3 Board induction, succession and contingency planning	Green	
2.4 Board member appraisal and personal development	Green	Department co-ordinate appraisal process and bring to completion.

3.Board insight and foresight		
Area	Self Assessment Rating	Additional Notes
3.1 Board performance reporting	Green	
3.2 Efficiency and Productivity	Green	
3.3 Environmental and strategic focus	Green	
3.4 Quality of Board papers and timeliness of information	Green	
3.5 Assurance and risk management	Green	

4. Board engagement and involvement		
Area	Self Assessment Rating	Additional Notes
4.1 External stakeholders	Green	
4.2 Internal stakeholders	Green	
4.3 Board profile and visibility	Green	

5. Board impact case studies		
Area	Self Assessment Rating	Additional Notes
5.1	Green	Bluestone Mental Health In-Patient Care Service Delivery and Resources (Staff) impacting directly on Quality Care

6. Board impact case studies

6. Board impact case studies

6. Board impact case studies

6.1 Measuring the impact of the Board using a case study approach

This section focuses on the impact that the Board is having on the ALB, its clients, including other organisations, patients, carers and the public. The Board is required to submit one of three brief case studies:

1. A recent case study briefly outlining how the Board has responded to a performance failure in the area of quality, resources (Finance, HR, Estates) or service delivery. In putting together the case study, the Board should describe:

    - Whether or not the issue was brought to the Board's attention in a timely manner;

    - The Board's understanding of the issue and how it came to that understanding;

    - The challenge/ scrutiny process around plans to resolve the issue;

    - The learning and improvements made to the Board's governance arrangements as a direct result of the issue, in particular how the Board is assured that the failure will not re-occur.

Note: Recent refers to any appropriate case study that has occurred within the past 18 months.

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6.   Board impact case studies   ALB Name Southern Health & Social Care Trust   August 2019

6.1   Case Study 1

Performance issues in the area of quality, resources (finance, HR, Estates) or Service Delivery	Title: Bluestone Mental Health In-Patient Care Service Delivery and Resources (Staff) impacting directly on Quality Care
Brief description of issue	From the early summer of 2018 the Trust experienced significant difficulties in safely staffing the Bluestone In-patient Unit. This is the Southern Trust's Acute Mental Health Admission, Assessment and Treatment Unit which taken alongside the Home Treatment and Crisis Response Service is the only Acute Mental Health facility. Bluestone comprises 3 wards, broadly aligned to localities in the Trust who deal with the working age population 18 – 65 years, a cross-Trust ward specifically for over 65 years with a functional mental illness (i.e. not dementia), a ward specifically for service users with a learning disability and a Psychiatric Intensive Care Unit. In total there are 93 beds across all wards. Bluestone is part of a wider network of Acute Mental Health facilities in Northern Ireland, all of which have experienced significant demand pressures compounded by a range of factors including a lack of appropriate discharge resources especially bespoke accommodation, increasing complexity of service user mental health presentations often accompanied by substance misuse, increasing levels of violence against staff and difficulties in recruiting and retaining staff. In the 3-4 years leading up to early summer 2018 Bluestone was also a net importer of patients from other Trusts as the demand for beds rose across NI. This also posed an additional complexity in assessing and treating Service Users who were not well known to the clinical teams. The issues identified here were substantially the same as those covered in the report by Lord Crisp entitled 'Building on progress; achieving parity for mental health in Northern Ireland. At this time in the summer of 2018 Bluestone also witnessed a rise in the number of safeguarding concerns within the unit including an assault by a member of the nursing team on a service user which resulted in his prosecution and imprisonment.

| | The Trust had escalated its concerns with regard to these issues to the Department of Health, the Health and Social Care Board and the RQIA.

RQIA subsequently undertook an inspection which identified a number of areas for immediate improvement. Following this the Trust adopted a recovery plan which increased the number of available staff through enhanced use of external agency nurses and a recruitment drive. |
|---|---|
| Outline Board's understanding of the issue and how it arrived at this | Trust Board were apprised by the Chief Executive and the interim Director of Mental Health & Disability of the growing concerns SMT had with regard to Bluestone in September 2018. Initially this referred only to difficulties with regard to staffing the unit safely. However, other issues emerged over coming months.

There were, in addition to staffing concerns, whistle-blowing concerns raised about harsh treatment of Services Users, complaints about a lack of support for peer support workers employed in the unit, a lack of appropriate de-escalation resulting in unnecessary physical interventions, concerns about a number of Serious Adverse Incidents (SAIs) which had raised concern about practice and models of care within the facility set against a background where a serious safeguarding incident had resulted in the prosecution, conviction and imprisonment of a Nurse for assaulting a patient.

In addition RQIA had required the Trust to attend a meeting to address what it believed to be "Serious Concerns" following an inspection, in September 2018 .

By February these concerns were such that following a number of senior management walk-arounds it was resolved that an independent review of the Unit was required. This decision was reached by Operational Directors and the Chief Executive. Whilst any one of the issues listed above were of a serious nature, taken together they warranted an independent view, in keeping with the Trust's Board Assurance Framework. In addition a whistle-blower had also made concerns known directly to the Department of Health through a local MLA. |
| Outline the challenge/scrutiny process involved | In total there were 5 updates provided to Trust Board about the emerging issues of concern in the confidential section of the Board Agendas in September, October and November 2018 and in January and February 2019. |

	• The monthly Trust Board reports outlined the Trust's position and the on-going challenge of circumstances impacting performance of the facility identifying ongoing actions taken to address concerns as they emerged. • The performance challenge and options for resolution were regularly reviewed by SMT and discussed with HSCB, the Mental Health and Disability Service Improvement Board and DoH colleagues. • The Trust's Director Oversight Group has provided a formal opportunity to explore opportunities for improvement through progression of 4 work-streams.
Outline how the issue was resolved	Following the raising of concerns in summer 2018 the Trust established a Director's Oversight Group (DOG) to draw together all of the disparate responses to the workforce and other issues of concern and to oversee the various activities being undertaken from across the Trust to address them. This remains ongoing. It is noted that the decision taken to involve external scrutiny in the form of an Invited Review by the Royal College of Psychiatrists was robustly questioned by the Trust Board following presentation on the Review's Terms of Reference to Board members in March 2019. The DOG will draw up and implement an action plan based on the Invited Review's report once available.
Summarise the key learning points	• Initial concerns with regard to staffing unearthed other important matters as outlined above which required external oversight as set out in the Trust's Assurance Framework. • Concerns were identified initially in isolation and a key learning point was the value of triangulating a range of factors to gain an overall picture. This provides useful learning for Board members in terms of seeking assurance across a range of factors, not just staffing numbers. • Management walk-arounds were critical in aiding the understanding of SMT and this was amplified by having Directors from different disciplines undertake this work both in and out of hours. • Raising concerns policy encouraged a number of individuals to come forward.

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Summarise the key improvements made to the governance arrangements directly as a result of above	• The Board will receive information on the Bluestone Unit from the Royal College of Psychiatrists Invited Review Service report which will provide an entirely independent level of assurance to Board members. This report will outline key improvements required against which the Board can monitor progress.
	
	• Learning has informed more robust arrangements for Directorate accountability meetings – where HR, Finance and Performance Directors attend along with Directorate Senior management teams and CX, which will enable exception reporting as required on significant issues that the Board need to be made aware of.
	
	• Whilst we await the outcome of the formal findings of the Royal College of Psychiatrists Invited Review a number of immediate actions have been taken:
	  • Claims and Concerns work has been extended to Bands 3 and 5 in Bluestone
	  • There have been changes to the management structure in the unit with an additional Assistant Director role in place for a short term project specifically to give attention to Patient flow and the actions arising out of the Royal College Review providing additional assurance.
	  • Safeguarding procedures have been strengthened and further training offered.
	  • Immediate work has been commenced with the new Band 6 posts in the Unit to ensure clarity of role and more robust accountability arrangements on each shift along with a focus on required leadership behaviours.
	  • An escalation policy has been agreed and is being tested with the agreement of all disciplines.
	  • An outline Business Case is being strengthened with a view to identifying how funding can be secured for the 5A normative nursing and enhanced resources for other disciplines.
	  • Work has commenced on NHS Benchmarking and the Centre for Quality Improvement Accreditation for Dorsey and one of the working-age wards in Bluestone
	  • Development of a more psychologically aware workforce

HSC Southern Health and Social Care Trust

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Induction Programme for New Board Members

Non-Executive Directors – February 2016

The induction programme set out below will be delivered via a combination of structured presentation, meetings, site visits, directed reading and e-learning.

Topic	Proposed date(s)	Venue	Who to deliver

Trust Board
- Welcome and introduction.
  ➢ Accountability lines
  ➢ Who we are – Trust Board membership; roles and responsibilities to include the role of the Board, Chair; Chief Executive; individual Board members
  ➢ Committee Structure - Governance Committee, Audit Committee; Remuneration Committee, Endowments and Gifts Committee and Patient and Client Experience Committee
  ➢ What we do
  ➢ How we do it – frequency and format of meetings; schedule of reporting to Trust Board
	21st March 2016 at 11.30 a.m. – 12.30 p.m.
	
	COMPLETED
		Chair's office, Trust HQ	- Mrs Roberta Brownlee, Chair
			- Mrs Sandra Judt, Board Assurance Manager

RB/sj February 2016

Topic	Proposed date(s)	Venue	Who to deliver

- What is expected from a SHSCT Board Member and practicalities of being a Board Member
   ➢ Board Etiquette
   ➢ Expectations at meetings and contribution
   ➢ Induction Pack
   ➢ Good Governance – Key Governance Documents
   ➢ Standing Orders and Scheme of Delegation
   ➢ Standing Financial Instructions
   ➢ Codes of Conduct and Accountability
   ➢ Declaration of Interest forms
   ➢ Gifts and Hospitality
 	
Administrative arrangements
   ➢ Trust Board agenda
   ➢ Distribution of papers
   ➢ MinutePad
   ➢ Key contact points			

RB/sj February 2016

Topic	Proposed date(s)	Venue	Who to deliver
Initial meeting with the Chair - NED meetings - Committee Chair feedback meetings - Leadership Walks - Children's Homes visits - Excellence Awards - Travel claims –instructions for completion & authorisation - Outline of appraisal/review process - Training needs analysis – skills, experience and learning needs - Buddy system	15th February 2016 **COMPLETED**	Chair's Office, Trust HQ	- Mrs Roberta Brownlee, Chair
Understanding the organisation - Introduction to the Trust (context, overview, vision, values, objectives, structure) - Role of the Chief Executive - SMT and Directorate structure - Strategic Plan - Key issues	Workshop on 25 February 2016 **COMPLETED**	Boardroom Trust HQ	- Mrs Paula Clarke, Interim Chief Executive
Meet the Board – Introduction to Directorates	Workshop on 25 February 2016 **COMPLETED**	Boardroom Trust HQ	Each Director as appropriate.

RB/sj February 2016

Topic	Proposed date(s)	Venue	Who to deliver
- Information sessions with each Directorate. To also include site visits where applicable.	September/ October/November 2016		Each Director as appropriate. (Acute 8/9/16 @ 2.00 pm) (CYP 15/9/16 @ 1.30 pm) (MHLD 15/9/16 @ 3.30 pm) (P&R 19/9/16 @ 2.00 pm) (Finance 13/10/16) (OPPC 20/10/16 @ 9.00 am) (HR incl Estates 30/11/16 @ 9.30 am)
i) Chair/Chief Executive's Office	13th April 2016 9.15 a.m. – 10.15 a.m. **COMPLETED**	Meeting Room, Trust HQ	- Mrs Ruth Rogers/Mrs Jane McKimm, Head of Communications - Mrs Sandra Judt, Board Assurance Manager
ii) MinutePad training	1.30 p.m. – 3.00 p.m. **COMPLETED**	Meeting Room, Trust HQ	Team Solutionz
Meet with Committee Chairs	Prior to each Committee meeting	Trust HQ	
- Role of Audit Committee ➢ Audit Committee Induction	7th April 2016 9.00 a.m. – 10.00 a.m. **COMPLETED**		- Mrs Elizabeth Mahood, Chair, Audit Committee

RB/sj February 2016

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Topic	Proposed date(s)	Venue	Who to deliver
- Role of Governance Committee	10th May 2016 9.00 a.m. – 10.00 a.m. **COMPLETED**		- Dr Raymond Mullan, Chair, Governance Committee
- Role of Endowments and Gifts Committee	21st March 2016 9.30 a.m. – 10.00 a.m. **COMPLETED**	Boardroom Trust HQ	- Mrs Siobhan Rooney, Chair, Endowments & Gifts Committee
- Role of Patient and Client Experience Committee	10th March 2016 9.30 a.m. – 10.00 a.m. **COMPLETED**		- Mr Edwin Graham, Chair, Patient and Client Experience Committee
General Information - Photographic ID - Name Badges - Key contacts	25th February 2016 **COMPLETED**		- Mrs Roberta Brownlee, Chair - Mrs Jennifer Comac, PA to the Chair
On Board Training (Attendance within 3 months of appointment).	4th March 2016 (Mrs H McCartan) 1st June 2016 (Ms E Mullan and Mr J Wilkinson) **COMPLETED**	Belfast	External provider. (OnBoard Training (David Nicholl))

RB/sj February 2016

Topic	Proposed date(s)	Venue	Who to deliver

Learning and Development (Corporate)
 	
Corporate Induction Training
 	
    i)   Mandatory Training
    ii)   Key Policy and Procedures
    iii)   Information Governance/E-learning
    iv)   Recruitment and Selection
	21st March 2016
	2.00 – 5.00 p.m.
	
	COMPLETED
		Zest, Bannvale site, Gilford	HR Directorate

Informal Review with Trust Chair	3 months following appointment May/June 2016 (Hilary McCartan scheduled for 26/5/16)		- Mrs Roberta Brownlee, Trust Chair

If there are any areas that members feel would be useful additions to the programme, they can also be added.

RB/sj February 2016

Southern Health and Social Care Trust

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Induction Programme for New Board Members

Non-Executive Directors – January 2017

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Topic	Proposed date(s)	Venue	Who to deliver
Initial meeting with the Chair - Welcome and introduction - Induction programme - Leadership Walks - Children's Homes visits - NED meetings - Committee Chair feedback meetings - Attendance at events on behalf of the Chair - Excellence Awards - Outline of appraisal/review process - Training needs analysis – skills, experience and learning needs - Buddy system **General Information** - Travel claims –instructions for completion & authorisation - Photographic ID - Name Badges (on order) - Key contacts	9th January 2017 at 12.30 p.m. **COMPLETED**	Chair's Office, Trust HQ	Mrs Roberta Brownlee, Chair - Mrs Roberta Brownlee, Chair - Mrs Jennifer Comac, PA to the Chair

RB/sj January 2017

Topic	Proposed date(s)	Venue	Who to deliver

Trust Board
- Welcome and introduction.
  ➢ Accountability lines
  ➢ Who we are – Trust Board membership; roles and responsibilities to include the role of the Board, Chair; Chief Executive; individual Board members
  ➢ Committee Structure - Governance Committee, Audit Committee; Remuneration Committee, Endowments and Gifts Committee and Patient and Client Experience Committee
  ➢ What we do
  ➢ How we do it – frequency and format of meetings; schedule of reporting to Trust Board
 	
- What is expected from a SHSCT Board Member and practicalities of being a Board Member
  ➢ Board Etiquette
  ➢ Expectations at meetings and contribution
  ➢ Induction Pack
  ➢ Good Governance – Key Governance Documents
  ➢ Standing Orders and Scheme of Delegation
  ➢ Standing Financial Instructions
  ➢ Codes of Conduct and Accountability
  ➢ Declaration of Interest forms
  ➢ Gifts and Hospitality
	9th January 2017 at 1.30 p.m.
	COMPLETED
		Chair's office, Trust HQ	- Mrs Roberta Brownlee, Chair
			- Mrs Sandra Judt, Board Assurance Manager

RB/sj January 2017

2

Topic	Proposed date(s)	Venue	Who to deliver
Administrative arrangements ➢ Trust Board agenda ➢ Distribution of papers ➢ MinutePad ➢ I.T. **Initial meeting with the Chief Executive**	9th January 2017 at 2.00 p.m. **COMPLETED**		
Understanding the organisation - Introduction to the Trust (context, overview, vision, values, objectives, structure) - Role of the Chief Executive - SMT and Directorate structure - Strategic Plan - Key issues	Workshop on 23 February 2017 **COMPLETED**	Boardroom Trust HQ	- Mr Francis Rice, Interim Chief Executive
Meet the Board – Introduction to Directorates	Workshop on 23 February 2017 **COMPLETED**	Boardroom Trust HQ	Each Director as appropriate.

RB/sj January 2017

3

Topic	Proposed date(s)	Venue	Who to deliver
- Information sessions with each Directorate. To also include site visits where applicable.	Medical Directorate – 10th March 2017 9.30 a.m. **COMPLETED**	Zest, Bannvale	Each Director as appropriate.
	Performance and Reform – 27th March 2017 12 noon **COMPLETED**	Boardroom Trust HQ	
	CYPS – 13th April 2017 1 p.m. **COMPLETED**	Meeting Room, Edenderry House	
	Acute Services – Initial session 2nd May 2017 @ 2 pm – wasn't completed as per previous years so rescheduled for 29th August 2017 @ 2 pm **COMPLETED**	Meeting Room, Admin Floor, CAH Boardroom Trust HQ	
	MH&LD – 2nd May 2017 11 a.m. **COMPLETED**	Boardroom Bannvale House	

RB/sj January 2017

Topic	Proposed date(s)	Venue	Who to deliver
	Finance Directorate – 29th August 2017 @ 11.45 a.m. **COMPLETED**	Boardroom Trust HQ	
	OPPC – 23rd June 2017 @ 9 a.m. **COMPLETED**	Boardroom Trust HQ	
	Human Resources – 21st September 2017 2 p.m.	Boardroom Trust HQ	
i) Chair/Chief Executive's Office	4th May 2017 **COMPLETED**	Boardroom Trust HQ	Mrs Ruth Rogers and Mrs Jane McKimm, Head of Communications
ii) MinutePad training	9th February 2017 2.30 p.m. **COMPLETED**		Team Solutionz
Meet with Committee Chairs **-** Role of Audit Committee ➢ Audit Committee Induction	Prior to each Committee meeting 9th February 2017 9.15 a.m. – 10.15 a.m. **COMPLETED**	Trust HQ	- Mrs Hilary McCartan, Chair, Audit Committee

RB/sj January 2017

5

Topic	Proposed date(s)	Venue	Who to deliver
- Role of Governance Committee	2nd February 2017 9.00 a.m. – 10.00 a.m. **COMPLETED**		- Ms Eileen Mullan, Chair, Governance Committee
- Role of Endowments and Gifts Committee	27th March 2017 9.15 a.m. – 10.15 a.m. **COMPLETED**		- Mrs Siobhan Rooney, Chair, Endowments & Gifts Committee
- Role of Patient and Client Experience Committee	9th March 2017 9.15 a.m. – 10.15 a.m. **COMPLETED**		- Mr John Wilkinson, Chair, Patient and Client Experience Committee
On Board Training (Attendance within 3 months of appointment).	3rd March 2017 **COMPLETED**	Belfast	External provider. (OnBoard Training - David Nicholl)

Learning and Development (Corporate)
 	
Corporate Induction Training
 	
   i)   Mandatory Training
   ii)   Key Policy and Procedures
   iii)   Information Governance/E-learning
	To be incorporated into HR Directorate Information Session on 21st September 2017		HR Directorate

RB/sj January 2017

6

Topic	Proposed date(s)	Venue	Who to deliver
iv) Recruitment and Selection v) Maintaining High Professional Standards	R&S and MHPS Training scheduled for 30th August 2017 **COMPLETED**		Iain Gough, HR (R&S Training) June Turkington, DLS (MHPS Training)
Senior Information Risk Owner training	23rd January 2017 at 11.00 a.m. – 12.00 noon **COMPLETED**		
HMFA e-learning			
Informal Review with Trust Chair	3 months following appointment (Completed as part of Performance Assessment Meeting): Martin McDonald 9/5/17 **COMPLETED**		- Mrs Roberta Brownlee, Trust Chair

RB/sj January 2017

Topic	Proposed date(s)	Venue	Who to deliver
	Geraldine Donaghy 11/5/17 **COMPLETED** Pauline Leeson 22/5/17 **COMPLETED**		

If there are any areas that members feel would be useful additions to the programme, they can also be added

RB/sj January 2017

ON BOARD TRAINING PROGRAMME FOR BOARD MEMBERS OF PUBLIC BODIES IN NORTHERN IRELAND

The Mount Conference Centre

0845   **Registration and coffee**

0915   **Introduction and course overview**

0930   **Roles and responsibilities** *(includes tea/coffee)*

- An effective board
  - Leadership, vision and direction – the strategic role
  - Provides a robust scrutiny and challenge function
  - Performs effectively in clearly defined roles
  - Is open and accountable
  - Ensures good governance and demonstrates the values of good governance through behaviour
- Case studies: fundamental principles of board life
- Legal duties of a director
- Effective and ineffective board members
- Role of the Chair and Chief Executive
- Efficient conduct of board business

1215   **Managing key relationships**

- Chair and board members
- Chair and Chief Executive
- Executive and non-executive board members
- Board members and staff
- Relationship with sponsor department and the Minister
- Successful relationships with stakeholders
- The board and committees

1300   **Lunch**

1345	**Managing key relationships (continued)**

1415	**The board and:**

- Finance
- Risk
- Performance management
- Sources of assurance

1500	**Scandal and how to avoid it - Nolan Principles in practice**

- The Nolan Principles
- Practical case studies
- Conflicts of interest
- Gifts and hospitality
- Spending public money
- Standards of behaviour

1630	**Promoting effective corporate governance**

- Developing a good governance checklist

1645	**Course close**

NED Directorate Training Sessions 2016

	CONFIRMED – Thursday 8 September 2016 (following Governance Committee), 2-4 pm, Boardroom, Trust HQ (John, Eileen and Hilary) **COMPLETED**
Children & Young Peoples' Services	**CONFIRMED** – 15th September 2016 at 1.30 pm, Meeting Room, Edenderry House, Gilford Road, Portadown (John, Eileen and Hilary) **COMPLETED**
Mental Health and Learning Disability	**CONFIRMED** – 15th September 2016 at 3.15/3.30 pm, Zest, Bannvale House Site, Moyallen Road, Gilford (John, Eileen and Hilary) **COMPLETED**
Performance and Reform	**CONFIRMED** – 19th September 2016 at 2 pm, Seminar Room 1, MEC, CAH (John, Eileen and Hilary) **COMPLETED**
Finance	**CONFIRMED** – 13th October 2016 after Audit Committee (half an hour lunch break prior to commencing information session), Boardroom, Trust HQ (John and Hilary) **COMPLETED**
Older People & Primary Care	**CONFIRMED** – Thursday 20 October 2016, 9-11 am, Meeting Room, Trust HQ (John and Hilary) **COMPLETED**
Human Resources	**CONFIRMED** – Wednesday 30th November 2016 at 9.30 am, Boardroom, Trust HQ (John and Eileen) **COMPLETED**
Medical	

NED Directorate Training Sessions 2017

Medical	**COMPLETED – Friday 10th March 2017, 9.30-11.30 am, Conference Room, Zest, Bannvale Site** (Eileen/Hilary unavailable)
Performance and Reform	**COMPLETED – Monday 27 March 2017 (following E&G Committee), 12 noon-1.30 pm, Boardroom, Trust HQ**
Children & Young Peoples' Services	**COMPLETED – Thursday 13 April 2017, 1-3 pm, Meeting Room, Edenderry House, Portadown**
Mental Health and Learning Disability	**COMPLETED – Tuesday 2 May 2017, 11am-1 pm, Boardroom, Bannvale House, Gilford**
Older People & Primary Care	**COMPLETED – Friday 23 June 2017, 9-11 am, Boardroom, Trust HQ**
Finance	**COMPLETED –Tuesday 29th August, 11.45 am – 1.30 pm, Boardroom, Trust HQ**
Acute Services	**COMPLETED - Tuesday 29th August, 2-4 pm, Boardroom, Trust HQ**
Maintaining High Professional Standards (MHPS); Recruitment and Selection	**COMPLETED – Wednesday 30th August – 9 am – MHPS Training (June Turkington, DLS) – Chief Executive's Office, Trust HQ – followed by Recruitment and Selection Training (Iain Gough, HR)** ***MHPS Training should take approx. 1 ½-2 hours;** ***R&S Training will take approx. 1 ½ hours.**
Human Resources	**COMPLETED – Thursday 21 September 2017 (following PCEC Committee), 2-4 pm, Boardroom, Trust HQ** (Martin unavailable)

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

DLS Directorate of Legal Services

Training on MHPS Procedure

For HSC NEDs
1st December 2021

Presented by June Turkington
Assistant Chief Legal Adviser, DLS

www.hscbusiness.hscni.net

Maintaining High Professional Standards Framework (MHPS)

- Introduced by DHSSPS Circular

- Effective from 1st December 2005

- Formal departmental Directions require all Trusts to comply with MHPS

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Services

Scope/application of MHPS

"A framework for the handling of concerns about doctors and dentists in the [HSC]"

Applies to

- Medical and dental <u>employees</u>

Concerns regarding

- Conduct

- Clinical performance

- Health

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Services

Scope/application of MHPS

Definition of "performance" (Intro para 2)

Where the term "performance" is used in MHPS, it refers to

- All aspects of a doctor's work, including

- Conduct, health and clinical performance

- The term "clinical performance" means those aspects of a doctor's work which require exercise of clinical judgment or skill

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Section VI – Formal Procedures – General Principles

➤ Training – managers and CIs must receive appropriate training on these procedures and on equal opps

➤ Trust Board must agree on training required by staff and members before they can "take a part in investigations or panels"

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Context of MHPS

MHPS must be seen within wider context – 4 key elements

- Appraisal & revalidation

- Advisory & assessment services of NCAS

- Tackling blame culture

- New arrangements for handling exclusions

Also importance of remedial action including retraining

- See PPA/NCAS *'Back on Track Framework'*

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MHPS Required Response

Safety of patients must be at the heart

Whatever the source of information about concerns, the response must be the same

- See Intro para 10

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Services

Definition of Roles

The Board, through the C Ex, must ensure these procedures are established and followed

(Section 1 para 7) BUT

➢ Board members may be required to sit as members of a panel – therefore info given to the Board should only be sufficient to allow the Board to satisfy itself that the procedures are being followed

➢ Only the designated Board member should be involved to any significant degree in the management of cases

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Definition of Roles

The "designated Board member" – this is a non-executive member of the Board

➢ appointed by the Chairman of the Board

➢ to oversee the case to ensure that momentum is maintained; and

➢ Consider any representations from the practitioner about exclusion; or

➢ any representations about the investigation

(Section 1 para 8)

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Formal Approach

Where this needs to be followed, the Chief Exec <u>must</u> (after discussion between Medical and HR Dirs)

Appoint

- a Case Manager – role is to lead the formal
- a Case Investigator – role is to carry out the formal investigation
- A designated Board member

(Section 1 para 28)

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Formal investigation

Case Investigator (CI) – must assist the designated Board member in reviewing the progress of the case

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Timescale and decision

- Investigation – normally completed within 4 weeks

- Further 5 days to report

- Must give doctor opportunity to comment on factual accuracy

- Doctor can provide written comments re mitigation to CM within 10 days

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Timescale and decision

- Report must give CM sufficient info to make a decision on way forward – see options in para 38

- Conduct cases – transfer to hearing stage of Trust Disciplinary Procedure

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Section II Restriction of Practice & Exclusion

Exclusion (ie suspension)

- Used only as interim measure whilst action is considered

- For min necessary period up to 4 weeks – normally max limit of 6 months (except for criminal investigations)

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Section II Restriction of Practice & Exclusion

➢ Extensions of exclusion must be reviewed every 4 weeks and brief report provided to C Ex and Board – see detailed table at para 28

➢ Detailed report must be provided to designated Board member on request – responsible for monitoring situation until exclusion lifted

➢ Role of Dept in monitoring exclusions – para 30 &31

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Section II Exclusion contd

Reserved for "*only the most exceptional circumstances*"

➢ The purpose of exclusion is

• To protect the interests of patients or other staff and/or

• To assist the investigative process – risk of impeding the gathering of evidence

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Section II Exclusion contd

Key officers and the Board are responsible for ensuring that the process is carried out

➢Quickly and fairly

➢Kept under review; and

➢That the total period of exclusion is not prolonged

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of Legal
Services

Section II Exclusion contd

Key aspects of exclusion from work - see para 8

➢ NB right to return to work if review not carried out

➢ May only take place in the setting of a formal investigation

➢ Gardening leave should never be used

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Section II Exclusion contd

Key aspects of exclusion include:

➢ Appointment of a designated Board member to monitor the exclusion and subsequent action

➢ A right for the doctor to make representation to the designated Board member

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Services

Section II Exclusion contd

The practitioner and their companion should be informed that

➢they may make representations about the exclusion

➢to the designated Board member

➢at any time after receipt of the letter confirming the exclusion

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Services

Section II Exclusion contd

The Board

➢ must be informed about an exclusion at the earliest opportunity

➢ must ensure that the Trust's internal procedures are followed

➢ Should receive a monthly statistical return of all exclusions

DLS
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of Legal
Services

Section II Exclusion contd

The Board

➢ Should receive assurance from CE and designated Board member that agreed mechanisms followed

➢ Details of individual exclusions should not be discussed at Board level

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Services

Section III Guidance on Conduct Hearings and Disciplinary Procedures

➢ Where the outcome of investigation is case of misconduct which should be put to a conduct panel

➢ Covers both personal and professional misconduct

➢ Must be resolved locally under normal procedures

➢ **If a case covers both misconduct and clinical performance issues it should <u>usually </u>be addressed through clinical performance procedure**

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Section III Guidance on Conduct Hearings and Disciplinary Procedures

If dr considers a case is wrongly classified as misconduct, can

➢ use grievance procedure

➢ and/or make representations to the designated Board member

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Section V – Clinical Performance Procedures

➤ Case <u>must</u> be referred to PPA/NCAS before performance hearing

➤ Board members may be required to sit on clinical performance panel or appeal panel – must not have been previously involved in the case

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Any Questions?

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Services

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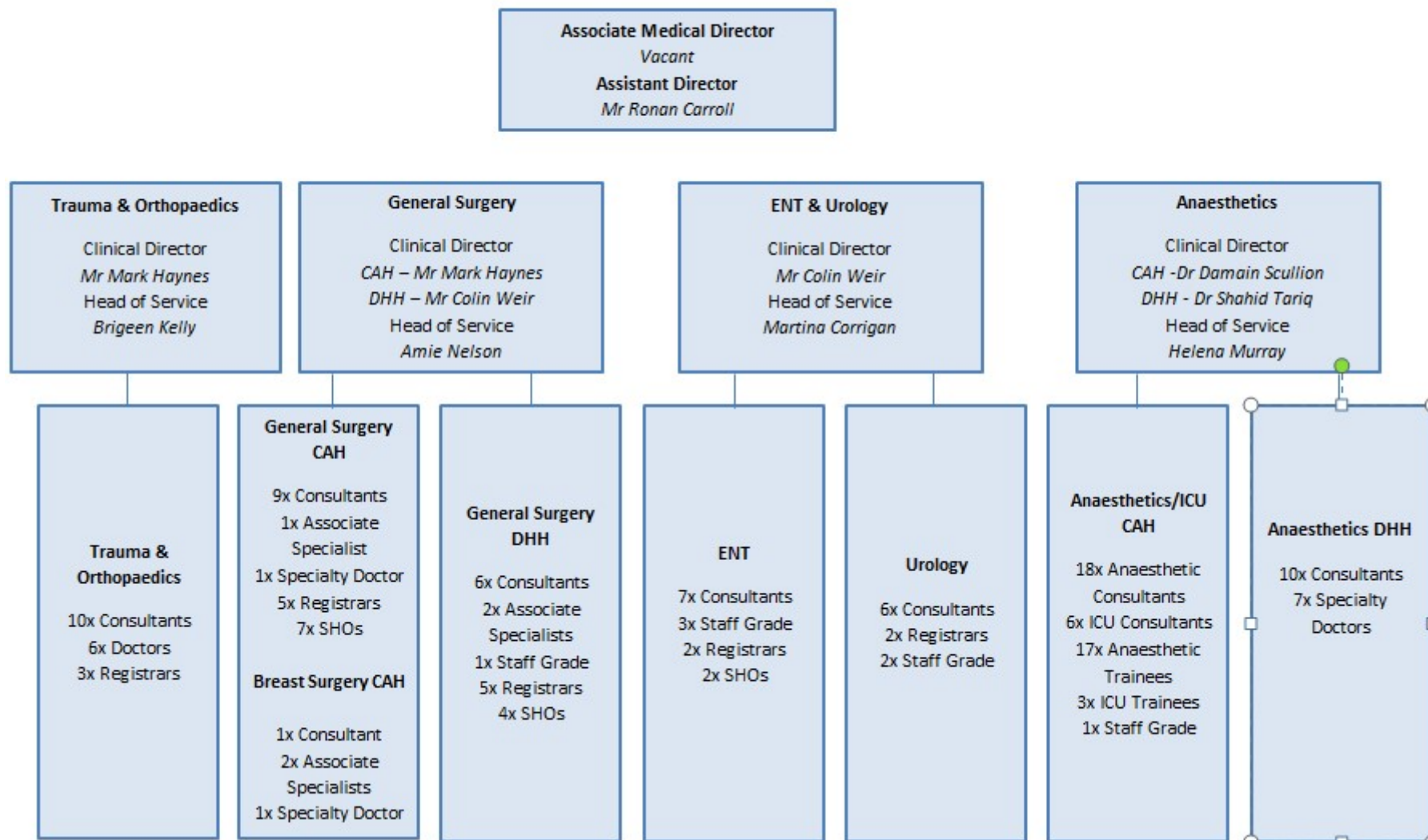Directorate
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Acute Services Directorate

Presentation for Non–Executive Directors

29th August 2017

HSC Southern Health
and Social Care Trust

ATICs /
Surgery and Elective Care

HSC Southern Health
and Social Care Trust

Medical Management Structure SEC & ATICs

Associate Medical Director
Vacant
Assistant Director
Mr Ronan Carroll

Trauma & Orthopaedics

Clinical Director
Mr Mark Haynes
Head of Service
Brigeen Kelly

General Surgery

Clinical Director
CAH – Mr Mark Haynes
DHH – Mr Colin Weir
Head of Service
Amie Nelson

ENT & Urology

Clinical Director
Mr Colin Weir
Head of Service
Martina Corrigan

Anaesthetics

Clinical Director
CAH -Dr Damain Scullion
DHH - Dr Shahid Tariq
Head of Service
Helena Murray

Trauma & Orthopaedics

10x Consultants
6x Doctors
3x Registrars

General Surgery CAH

9x Consultants
1x Associate Specialist
1x Specialty Doctor
5x Registrars
7x SHOs

Breast Surgery CAH

1x Consultant
2x Associate Specialists
1x Specialty Doctor

General Surgery DHH

6x Consultants
2x Associate Specialists
1x Staff Grade
5x Registrars
4x SHOs

ENT

7x Consultants
3x Staff Grade
2x Registrars
2x SHOs

Urology

6x Consultants
2x Registrars
2x Staff Grade

Anaesthetics/ICU CAH

18x Anaesthetic Consultants
6x ICU Consultants
17x Anaesthetic Trainees
3x ICU Trainees
1x Staff Grade

Anaesthetics DHH

10x Consultants
7x Specialty Doctors

HSC Southern Health and Social Care Trust

Budgets & Staff

Staffing wte	Total staffing	Medical	Nursing
ATICs	434.05	68.83	339.59
G Surg/Endo	282.01	64.04	189.96
ENT/Urology	160.23	28.48	125.94
T&O	114.11	25.00	84.51

HSC Southern Health
and Social Care Trust

Challenges

- Recruitment and retention of middle grade doctors which has an impact on on-call rotas and activity

- Current staffing levels for Nursing across all specialities

- Recruitment and retention of nursing staff

- Waiting Times for Elective and Outpatients / Recognised capacity gap

- Lack of additional Theatre Capacity – in Craigavon Inpatient Theatres

- Significant amount of Capital and Revenue equipment requirements

- Continued bed pressures resulting in cancellations of elective patients - Medical outliers in Surgical wards

- Ward environment

**HSC** Southern Health and Social Care Trust

Key Successes

- Focused Surgical Elective admission ward on CAH (18 beds) and DHH (13 beds)

- Introduction of a Emergency Surgeon and Surgical Access Clinic CAH

- Introduction of Acute Surgical Clinics & One-Stop Visit Clinic in Urology which has decreased the wait for Cancer Patients and who have won the Trust Excellence Award

- Attracted Consultants for Orthopaedics and General Surgery Teams

- Upskilling nursing to undertake medical role substitution

- Introduction of 10 additional Endoscopy sessions on DHH site from October 2017

HSC Southern Health and Social Care Trust

Southern Health
and Social Care Trust

Integrated Maternity & Women's Health And Cancer and Clinical Services Division

Heather Trouton, Assistant Director
Acute Services – IMWH /C&CS

Southern Health
and Social Care Trust

Organisational Structure

HSC Southern Health and Social Care Trust
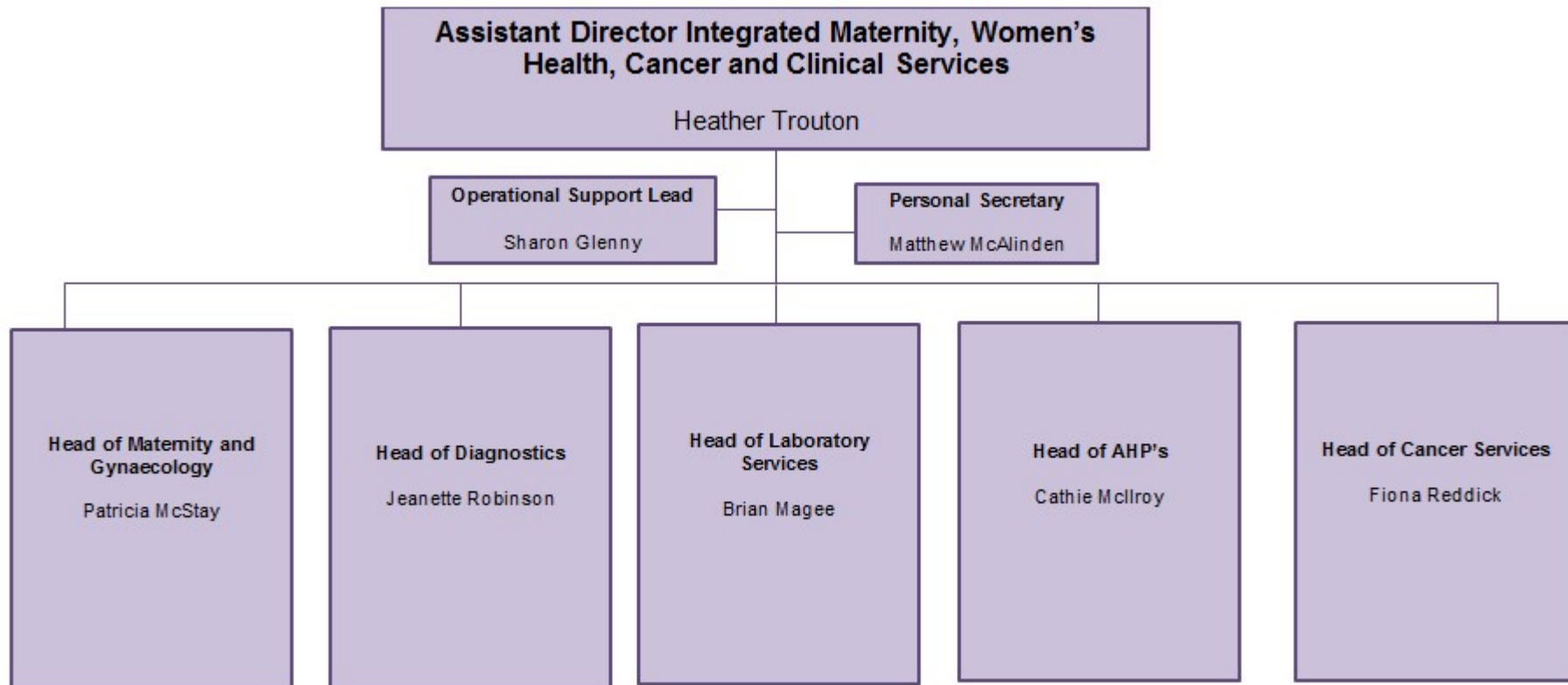
Range of Services - IMWH

- Maternity/Gynae Outpatients on CAH & DHH, Including: EPPC, Fertility and Colposcopy.

- GUM service based at John Mitchell Place

- Admission & Assessment Unit on CAH & DHH

- Day Obstetric Unit on CAH

- Delivery Suite CAH = 4 IOL rooms, 6 delivery rooms, 2 theatres, 3 Recovery/HDU; DHH = 5 Delivery Rooms and 1 theatre

- Maternity beds CAH = 30 beds; DHH = 19

- Midwifery Led Unit – 9 rooms CAH and 2 Room DHH

- Gynae Beds CAH = 11 beds; DHH = 9 Beds

- 5 Community Midwifery teams across the localities of Newry & Mourne, Craigavon & Banbridge and Armagh & Dungannon

HSC Southern Health and Social Care Trust

Range Of Services- CCS

- Radiology services across CAH, DHH , STH Lurgan , Armagh and 2 Health and Care Centres. (CT, MRI, USS, Plain Film, Audiology, Nuclear Medicine including interventional Radiology procedures)

- Laboratory Services in CAH and DHH providing results for both hospital and all GP practices in the Southern area. The Mortuary Service

- Allied Health Professional Services across CAH and DHH for Acute Services – Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics, Orthoptics and Surgical appliances / Orthotics. 7 day provision of OT and Physio in ED and 7 day Physio cover in T&O. 24/7 OOH Physio cover for Acute Respiratory conditions

- Cancer Services – The Mandeville Unit, Specialist Nurses, The palliative Care team, Cancer Tracking Service

HSC Southern Health and Social Care Trust

Staffing and Budget

Professional Category	FSL
Medical Staff	98.76
AHPS	253.32
P&T	22.58
Nursing / Midwifery	376.07
General Admin	102.34
Area Services	108.07
Overall Total	961.13

Head Of Service	Total Budget	Payroll Budget	G&S Budget
IMWH	£18,974,724	£18,016,023	£1,008,059
AHPS	£4,037,003	£3,919,536	£117,517
Diagnostics	£17,005,307	£13,460,772	£3,562,319
Cancer Services	£2,422,950	£2,180,750	£403,495
Lab Services	£14,227,639	£8,001,365	£6,263,129
TOTAL	£56,667,623	£45,578,446	£11,354,519

HSC Southern Health and Social Care Trust

Key issues

- Recruitment of Staff - Medical Staff (Radiology, LABS and Oncology), Midwifery Staff, Radiographer Staff and Acute AHP Staff

- High level of secondment / Maternity leave within Acute AHP's

- Delivery of Diagnostic targets – Meet SBA but demand higher than funded capacity

- Delivery of Cancer Pathway Targets - increase in referrals. Performance against region remains strong.

- Delivery of access targets – AHP, diagnostics, out-patients and elective

- Increasing complexity of women in SHSCT with high BMI, a rise in population of ladies from East Timor in Dungannon Area requiring maternity services.

- Winter pressures and demand on Acute AHP's, diagnostics and laboratory services to ensure adequate patient flow.

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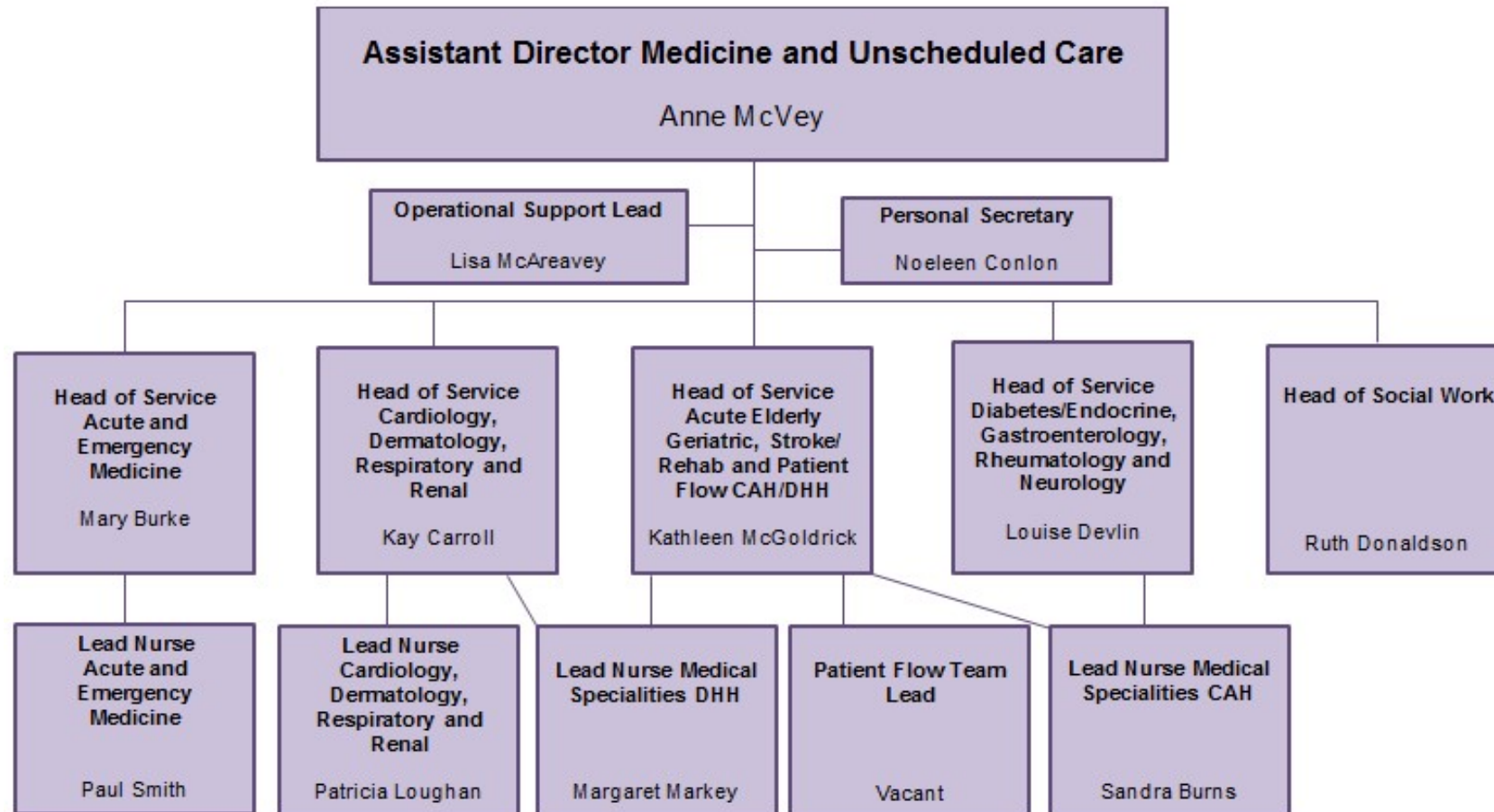
Recent Successes and Future Plans

- Attained Accreditation in recent UKAS assessment in Biochemistry Service and all other Laboratory Services

- Move to midwifery led care both in community and hospital with direct self referral, clinics in the community. Continue to implement the NI Maternity strategy.

- Implementation of self directed aftercare within Breast and looking to expand into Prostate Cancer. Securing funding to extend Cancer Nurse Specialist roles over the next 5 years.

- We have 7 day AHP services in ED and T&O with a view to expanding the 7 day service into all other areas.

- First Radiology Unit in NI to train and employ reporting Radiographers. This will be further developed with recent funding to train a Consultant Radiographer in the field of Mammography.

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Medicine and Unscheduled Care

Assistant Director

Anne McVey

HSC Southern Health and Social Care Trust

MUSC Organisational Structure

Assistant Director Medicine and Unscheduled Care

Anne McVey

Operational Support Lead

Lisa McAreavey

Personal Secretary

Noeleen Conlon

Head of Service Acute and Emergency Medicine

Mary Burke

Head of Service Cardiology, Dermatology, Respiratory and Renal

Kay Carroll

Head of Service Acute Elderly Geriatric, Stroke/ Rehab and Patient Flow CAH/DHH

Kathleen McGoldrick

Head of Service Diabetes/Endocrine, Gastroenterology, Rheumatology and Neurology

Louise Devlin

Head of Social Work

Ruth Donaldson

Lead Nurse Acute and Emergency Medicine

Paul Smith

Lead Nurse Cardiology, Dermatology, Respiratory and Renal

Patricia Loughan

Lead Nurse Medical Specialities DHH

Margaret Markey

Patient Flow Team Lead

Vacant

Lead Nurse Medical Specialities CAH

Sandra Burns

HSC Southern Health and Social Care Trust

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

MUSC AMD and CD's

Assistant Director Medicine and Unscheduled Care
Associate Medical Director

Dr Philip Murphy

Clinical Director	Clinical Director	Clinical Director
Dr Una Bradley	Dr Gareth Hampton	Dr Patricia McCaffrey

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Services

- Emergency Departments, Minor Injuries and Emergency Dental
- Acute and General Medicine
- Care of the Elderly (including acute Stroke services)
- Cardiology (including Catheterisation Lab and cardiac investigations)
- Dermatology
- Endocrinology/Diabetology
- Gastroenterology
- Neurology
- Respiratory (including Air Labs)
- Rheumatology
- Acute Social Work
- Patient Support and Chaplaincy Service
- Patient Flow
- Discharge Lounge
- DCC

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MUSC Staffing Levels

Ward	Beds	Funded Staffing	Staff in Post
CAH			
AMU	35	54.44	46.44
1 North	32	53.6	50.3
1 South	36	54.84	50.37
2 South Medicine	17	24.63	24.44
2 South Stroke	19	28.15	26.13
Haematology	13	25.14	23.22
2 North Respiratory	18	31.02	27. 09
2 North Medicine	17	24	20
Dermatology Unit	0	16.12	14.51
Cath Lab	9	18.84	19.07
ED/CDU CAH	0	99.69	100.9
Patient Flow CAH		14.63	15.54
DHH			
Stroke/Rehab	30	40.3	40.51
Female Medical	34	45.88	45.84
Male Medical	28	47.9	42.2
ED DHH	0	35.34	53.9
Patient Flow DHH		5.62	6.04
STH			
MIU	0	5.52	6.5

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MUSC Budget

Head of Service	Total Budget	Payroll Budget	Goods & Services Budget
Medicine & ED	£14,419,977.00	£13,471,773.00	£948,204.00
Cardiology ,Dermatology & Respiratory	£11,843,109.00	£9,407,508.00	£2,435,601.00
Elderly , Stroke Rehab & Patient Flow	£3,813,501.00	£3,514,902.00	£298,599.00
Endo, Gastro, Rheumatology & Neurology	£8,342,751.00	£8,112,369.00	£230,382.00
Medical Specialties DHH	£10,097,745.00	£9,706,920.00	£390,825.00
Patient Support	£188,178.00	£186,462.00	£1,716.00
Social Work	£1,040,811.00	£1,032,813.00	£7,998.00

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Key challenges..

- Increasing attendances to ED

- Bed capacity and demand

- Increasing the volume and range of Ambulatory Services we provide

- Reducing length of stay to comparable peers

- Dealing with capacity gaps for elective services – e.g. Cardiology Day Cases

- Extending waits in outpatients and day cases due to increasing demand without concurrent commissioner funding

- Significant medical and nursing workforce challenges including high levels of junior nursing staff and International nurses

- Management of complex cases

- Medical Recruitment and Staffing

- Increasing complaints due to Cardiology day cases being cancelled due to increased inpatient demand and to reduce inpatient length of stay

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Future plans..

- Working with USC Managed Clinical Network to better manage the demand on Emergency Care services

- Further development of Ambulatory Care Centres (ACC)

- Development of Unscheduled Care pathways with primary care

- Implementing efficient inpatient pathways with enhanced links / working with primary and community services

- Implementation of SAFER Bundle

- Rolling out the model wards pilot to all wards

- Better use of IT systems

- Development of new Nurse Specialist Roles i.e. Dermatology to meet service needs, Rapid Access Chest Pain Service

- Working alongside IT to ensure cardiac investigations are on NICER

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PHARMACY SERVICE

Dr Tracey Boyce
Director of Pharmacy

Southern Health
and Social Care Trust

Southern Health
and Social Care Trust

PHARMACY STRUCTURE

- 164 members of staff

- Pharmacists, technicians, assistants and administration/clerical

- Dispensaries in two locations

    Craigavon Area Hospital (102 staff)

    Daisy Hill Hospital (28 staff)

- Cover all 5 hospital sites and supply community facilities

- Provide 13 different services

Southern Health
and Social Care Trust

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SERVICES

- Dispensary

- Stores and ward supply

- Purchasing and procurement contracting

- Clinical pharmacy / Integrated medicines management

- Aseptic dispensing (total parenteral nutrition)

- Cytotoxic reconstitution

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Southern Health
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SERVICES contd.

- Quality control/gas testing

- Production

- Medicines information

- Specialist medicines

- Medicines governance/risk management

- Anticoagulant services

- Vaccine distribution/ community supplies

Southern Health
and Social Care Trust

Southern Health
and Social Care Trust

ACTIVITY

Each month the Trust pharmacy service

- purchases of approx. £2million of stock

- dispenses 15,500 prescription items

- supplies 33,000 items to wards & departments

- retrieves 1,000 reusable items from ward returns

- makes 850 medication interventions on wards

- manages 680 anticoagulant outpatient appts

- prepares 730 cytotoxic infusions

Southern Health
and Social Care Trust

Recent successes

- Use of prescribing pharmacists in the Acute Care at Home team.

- The first Trust in NI to introduce Omnicell system. Its currently in both EDs and will be in the new Paeds developments.

- The first Trust in the UK to have prescribing pharmacists working in the GP OOHs service.

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Pharmacy robot

Southern Health and Social Care Trust

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and Social Care Trust
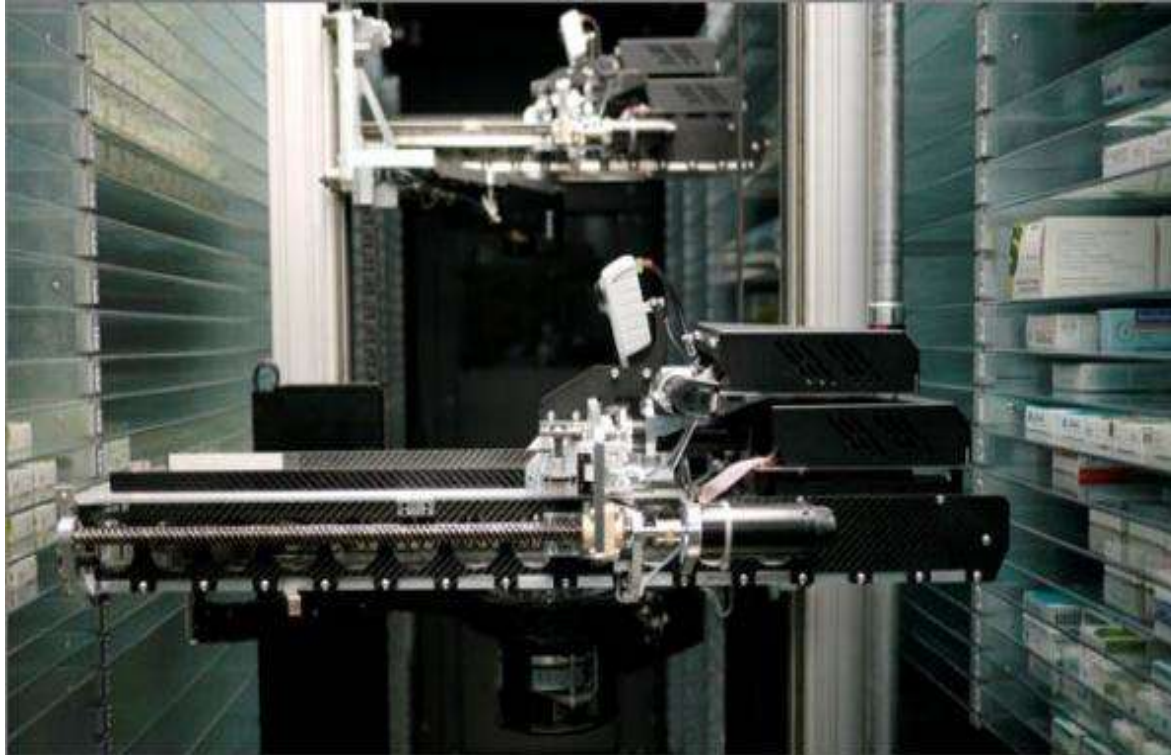
FUTURE

- On-going development of Clinical pharmacy services at ward level including moves to 7 day working in key areas.

- Introduction of a consultant pharmacist and community based team for elderly care.

- Further development of pharmacist prescribing to address discharge prescription issues.

- Development of the pharmacist role in Paediatric Ambulatory Care Units.

Southern Health
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Barry Conway
Assistant Director of Acute Services

Strategy, Reform and Service Improvement

HSC Southern Health and Social Care Trust

Context

- Acute Directorate Structured changed from April 2016

- Number of operational Assistant Directors reduced – from 6 to 5

- Assistant Director services portfolios realigned

- Recognising the major and ongoing service pressures in acute directorate, a new Assistant Director post was created within existing resources to focus on – Strategy Development, Major Reform and Service Improvement in Acute Services

- The is was highlighted as gap in our structure and a key enabler for future improvement / change

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Key areas for focus during 2016/17

- Development of the Acute Strategy – our plan for next 5 to 10 years

- Working with colleagues in planning on the plans for the major capital redevelopment of Craigavon Area Hospital

- Working with colleagues in planning on current and emerging capital plans for Daisy Hill Hospital

- Leading major service change / reform work

- Supporting operational teams on key service improvement work

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Strategic development

- CAH Capital Redevelopment Plans – Outline Business Case submitted in June 2016

- Major detailed work now to be progressed looking at which services would be contained within Phase 1 of the Capital Redevelopment (the Critical Care block)

- Service models to be worked up with operational teams

- Interim connections to existing hospital block need to be considered in plans for the phasing of the work

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CAH Masterplan

Phase 1 (2018 – 2026)

- Multi-Storey Car Park (car park 6) & Temporary Deck Car Park (car park 2)
- Laundry, CSSD, Energy Centre, NIAS, Basement Service Tunnel, Temporary link to existing hospital
- (LG) Mortuary, labs, staff change, equipment store, porter/housekeeping
- (G) ED , GP OOH & ED Imaging
- (1st) Main Theatres
- (2nd) Critical Care Unit, Cardiac Cath Labs, Cardiac Care Beds
- (3rd) 2 wards & shared support
- (4th) 2 wards & shared support
- (5th) 2 wards & shared support)
- (6th) Plant
- Roof – Helipad

Phase 2 (2021 – 2029)

- (LG) Catering, Pharmacy & Stores
- (G & 1st) Women's Health
- (2nd – 5th) 8 Wards & shared support
- (6th) Offices/Admin

Phase 3 – 3 Blocks (2025-2035)

- Multi-storey car park (Brackens) & Roads
- CDU, MAU, Cancer Centre, 6 wards & shared support
- Catering, Café, Education Centre, 8 wards & shared support, offices/admin
- Outpatients, day surgery, non-acute/dementia, offices/admin
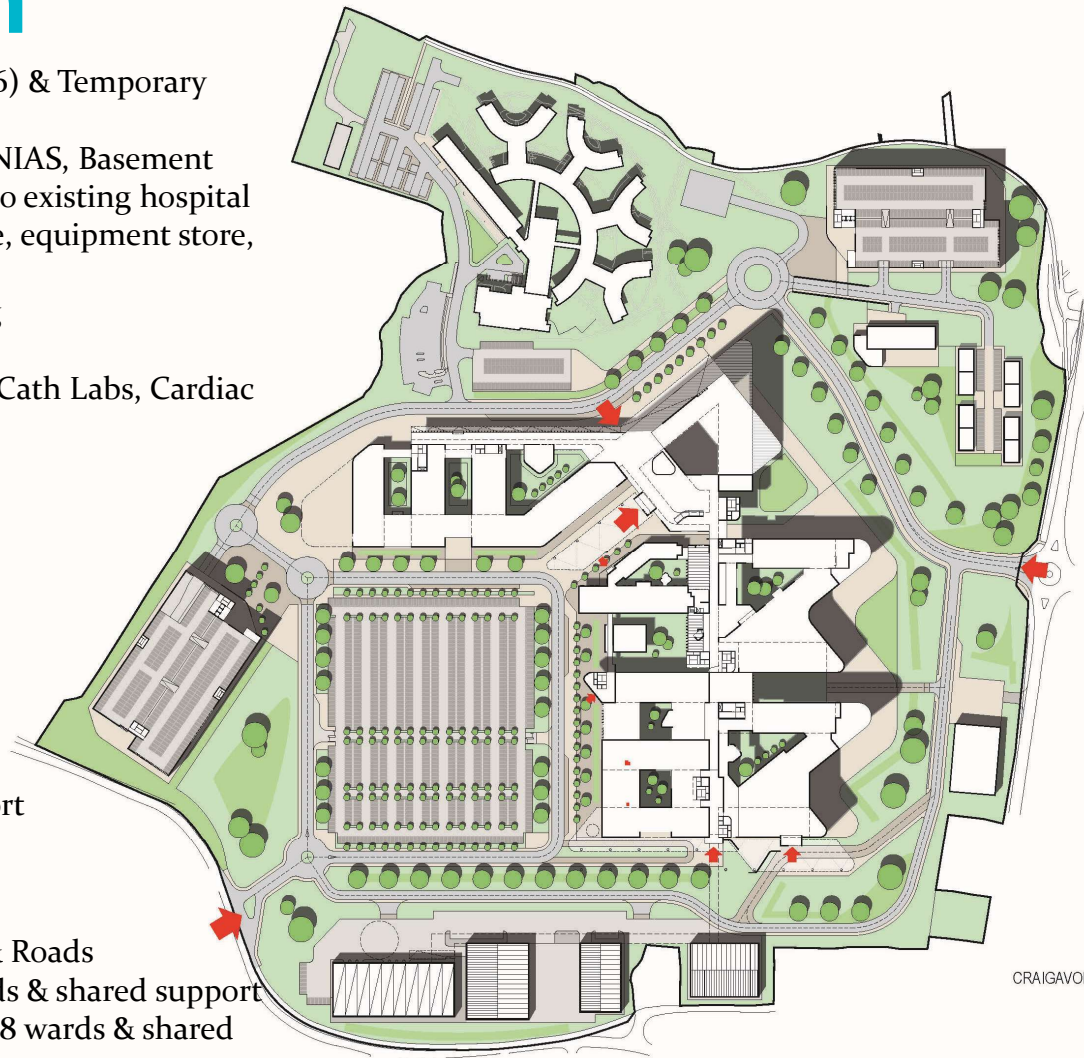
CRAIGAVON AREA HOSPITAL REDEVELOPMENT
PROPOSED MASTERPLAN
19 FEB 2016 // SK(1-)1001

TODD

HSC Southern Health and Social Care Trust

Developing an Acute Strategy

- Trust has committed in the Trust Delivery Plan to development of an Acute Strategy during 2016-17

- The Acute Strategy will describe how we plan to deliver our Acute Services over the next 5-10 years – across CAH, DHH and STH

- The Acute Strategy must be set in the regional context – for example, the Minister's expected statement on how she plans to progress the recommendations from Bengoa / Expert panel review

- Strategy will need to go to public consultation

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Major Reform / Service Improvement

- As part of the Acute Directorate workplan, key reform and service improvement work will be identified to be lead by AD Strategy, Reform and Service Improvement

- AD Strategy, Reform and Service Improvement will project manage the major Unscheduled Care Improvement Project which the CX has highlighted as the key Trust Reform work for 2016-17

- In addition, each Divisions have highlighted a range of smaller service improvement initiatives that they plan to progress, some of which will be lead by AD Strategy, Reform and Service Improvement

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Functional Support Services

Anita Carroll

Assistant Director of Acute Services – Functional Support Services

HSC Southern Health and Social Care Trust

Main areas of responsibility & staffing

- Functional and Support Services Budget is £30m
- Catering – 120 wte
- Domestic – 330 wte
- Portering / Security – 87 wte
- Switchboard – 17 wte
- Health Records, ED and Ward Clerks – 146 wte
- Referral & Booking Centre – 40 wte
- Secretarial, audio typing and miscellaneous clerical staff 130 wte
- Decontamination Services – 42 wte
- Laundry Services - 59 wte

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Catering Services

Catering Services aims to provide a high quality catering service which complies with Food Safety legislation and meets the needs of patients, clients, residents, staff and visitors.

- 4 main production kitchens in the Trust which supply meals for in-patients, clients and staff

- Support Services collectively provide approx. 1,000,000 meals per year

- Ground Floor Coffee Bars at CAH and DHH, Bluestone, Portadown and Banbridge HCC.

- Income from Catering operations is approximately £2m per year

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Domestic Services

- Domestic Services aims to provide a consistently high standard of environmental cleanliness in all Trust facilities to ensure a safe and clean environment

- Domestic Services are provided in Craigavon Area Hospital, Bluestone Unit, Daisy Hill Hospital, Lurgan Hospital, South Tyrone Hospital, St Luke's and Tower Hill site and community facilities mainly covering Health Centres.

- Domestic staff work as a key member of clinical teams to support the flow of patients throughout the hospital – this includes for example completing terminal cleans in wards / departments and duties associated with catering/ patient feeding

- Domestic Services staff are embracing new technologies such as well as the rollout of regional audit tools

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Portering / Security Services

- Porters at Craigavon and Daisy Hill Hospitals undertake a joint portering security role and they respond to difficult situations involving patients and visitors in ED and on the Wards

- Portering staff typically undertake around 1,300 ad hoc patient movements in a typical week (not including planned patient movements). This includes moving patients to and from the Wards to Theatres, X-Ray and other therapies.

- Portering Services throughout the Trust receive and sort around 10,000 items of mail each day

- Portering staff manage the unpaid and paid car parking system at CAH and DHH – car park income is approximately £600k per year

- In addition, external security contractors are used by the Trust to provide key holding services and security guarding services at 53 locations

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Laundry Services

- Provides Clean linen to the Southern Trust hospital and community facilities.

- Provides a service to two hospitals in the Belfast Hospitals Trust

- During 2016/17 the Laundry Service handled 4,822,648 pieces

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Decontamination Services

- Two Sterile Services Departments which clean and sterilise reusable surgical instruments that are used across the Trust & GP surgeries

- Sterile Services Departments decontaminate approx. 190,000 sets of instruments per annum.

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Switchboard Services

- Two main switchboards – CAH and Daisy Hill

- CAH handles calls for Lurgan , STH and St Luke's hospitals

- Switchboard staff at CAH & DHH collectively handle approx. 30,500 calls per week

- Switchboard staff also provide a reception service, deal with alarms including fire and medical alerts, manage staff bleeps/keys and deal with car park queries

- Also oversee booking for residential accommodation (140 bedrooms approx. between CAH & DHH)

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Referral and Booking Centre

Referral & Booking Centre for Southern Trust & Admin Services

- Make approximately 20,000 appointments per month

- They follow the regional Integrated Elective Access Protocol (IEAP)

- Only centralised service for booking in Northern Ireland

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Health Records, Emergency Department and Ward Clerks

Health Records

- Health Records are held on 6 sites - ACH, BPC, CAH, DHH, STH, SLH

- Staff pull approx. 82,000 charts per month

Emergency Department

- There are 2 Emergency Departments – CAH and DHH and 1 Minor Injuries Department and they see and treat 173,300 patients per year

Ward Clerks

- The ward clerks process approximately 80,000 inpatients, day cases and transfers in and out of the wards per year

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Other Admin Services included in Functional Support Services Division

- Medical Secretaries
- Audio Typists
- Clerical Officers
- Approx. 140 medical secretaries/audio typists/clerical officers providing a service on all sites for inpatients, outpatients and investigations.

HSC Southern Health and Social Care Trust

CHAIR/NON EXECUTIVE DIRECTORS TRAINING RECORD

Name	Course Title	Date(s) attended
Eileen Mullan	On Board Training	1st June 2016
	Maintaining High Professional Standards (MHPS)	8th December 2016
	Recruitment and Selection Refresher Training – due 3 yearly	Completed 21st March 2016 (Iain Gough) Completed 12th March 2019 (Iain Gough) Completed 16th February 2022 (Edel Quinn)
	NED Development Session (NICON)	17th April 2018
	Understanding Medical Data – Workshop for NED's (NICON)	24th May 2018
	Regional Training Session for NEDs re MHPS – June Turkington DLS	1st December 2021
	Whistleblowing Training Trust Board	13th December 2022
	HSC Chairs Forum Media Training	21st December 2022
Geraldine Donaghy	Maintaining High Professional Standards (MHPS)	30th August 2017
	Recruitment and Selection (due 3 yearly)	30th August 2017; 7th September 2021 (Edel Quinn – Virtual)
	Understanding Medical Data – Workshop for NED's (NICON)	24th May 2018
	Cyber Security Training for Corporate Boards	24th March 2023

Pauline Leeson	Maintaining High Professional Standards (MHPS)	30th August 2017
	Recruitment and Selection (due 3 yearly)	30th August 2017; 29th June 2021 (virtual with Edel Quinn, HR)
	Fire Safety	Completed by E-Learning November 2017
	Safeguarding Children and Vulnerable Adults	Completed by E-Learning November 2017
	Information Governance	Completed by E-Learning November 2017
	NED Development Session (NICON)	17th April 2018
	Understanding Medical Data – Workshop for NED's (NICON)	24th May 2018
	Infection Prevention Control (expire 20/1/2022)	Completed by E-Learning 21 January 2020
	Equality, Good Relations and Human Rights (expires 20/1/2023)	Completed by E-Learning 21 January 2020
	Fire Awareness (expires 20/1/2021)	Completed by E-Learning 21 January 2020
	Moving and Handling (expires 20/1/2023)	Completed by E-Learning 21 January 2020
	Regional Training Session for NEDs re MHPS – June Turkington DLS	1st December 2021
Hilary McCartan	Maintaining High Professional Standards (MHPS)	22nd September 2016
	Recruitment and Selection Refresher Training – due 3 yearly	Completed 21st March 2016 (Iain Gough) Completed 12th March 2019 (Iain Gough) Completed 22nd February 2022 (Edel Quinn)
	Fire Safety	Completed by E-Learning November

		2017
	Information Governance	Completed by E-Learning November 2017
	NED Development Session (NICON)	17th April 2018
	Regional Training Session for NEDs re MHPS – June Turkington DLS	1st December 2021
Martin McDonald	Maintaining High Professional Standards (MHPS)	30th August 2017
	Recruitment and Selection (due 3 yearly)	30th August 2017; 29th June 2021 (virtual with Edel Quinn, HR);
	Fire Safety	Completed by E-Learning
	NED Development Session (NICON)	17th April 2018
	Understanding Medical Data – Workshop for NED's (NICON)	24th May 2018
	Regional Training Session for NEDs re MHPS – June Turkington DLS	1st December 2021
	Cyber Security Training for Corporate Boards	24th March 2023
John Wilkinson	Maintaining High Professional Standards (MHPS)	22nd September 2016
	Recruitment and Selection Refresher Training – due 3 yearly	Completed 21st March 2016 (Iain Gough) Completed 12th March 2019 (Iain Gough) Completed 16th February 2022 (Edel Quinn)
	NED Development Session (NICON)	17th April 2018
	Understanding Medical Data – Workshop for NED's (NICON)	24th May 2018
	Regional Training Session for NEDs re MHPS – June Turkington DLS	1st December 2021

7th December 2017 – Cyber Security Awareness Session at Governance Committee

11th May 2018 - Whistleblowing Training

ON BOARD TRAINING PROGRAMME

The Mount Conference Centre
01 June 2016

Course objectives

➢ Understand the requirements of good governance in the conduct and management of public business

➢ Understand the roles and responsibilities of the board, board members etc. and some of the common weaknesses and problems that can and do arise

➢ Appreciate the importance of relationships (internal and external) to the success or failure of a public body

➢ Scandal and how to avoid it! Examine the practical implications of the Nolan Principles!

Session 1

Roles and responsibilities

An effective board

Provides leadership and direction

➢ Keeps its eye on the ball

- Ensures clarity about the 'purpose' of the organisation and a focus on delivering key outcomes

➢ "Establishes the overall strategic direction of the organisation within the policy, planning and resources framework set by the Minister"

- Develops and approves the corporate plan (annual plan)

- Ensures that the corporate plan is robust, achievable and financially sound [organisational structure and capability are appropriate to delivering the plan]

- Considers (and understands) the key business risks

(handwritten note, left margin): WHAT ARE THE SIX CRITICAL PERFORMANCE INDICATORS

(handwritten note, left margin): INTERVENE ON RED FLAGS

Monitors performance

➢ Sets achievable targets and indicators against which success and improvement are measured

- "Keeps its finger on the pulse"

➢ Monitors performance and results

- Ensures that the information received is comprehensive, accurate and in a format that is understood

- Focuses scrutiny on the critical not the merely interesting

- Gets assurance from internal and external sources including 'service users' and staff

- Ensures appropriate corrective action is taken to address areas of concern (is prepared to take difficult decisions)

Delegates within a culture of control

➢ Appoints the Chief Executive and ensures that an effective management team is in place

- Holds managers to account for performance but generally avoids getting involved in operational detail

➢ Delegates: clarifies which decisions are reserved for the board and clearly delegates the rest

- Approves a formal scheme of delegation and a schedule of matters reserved for the decision of the board (a guide)

- Reviews/approves significant corporate actions - matters of significant financial or reputational risk or issues of principle

- Monitors and oversees how delegated powers are applied

(handwritten note, bottom left): WE ASK YOU SAID YOU DID WE DID

Is open and accountable

➢ Develops and maintains relationships with stakeholders (partners) and ensures effective dialogue

- Minister/sponsor
- Service users and the public: satisfaction surveys, complaints and how they have been handled etc.
- Staff: independent staff survey, grievances etc.
- Local communities: how is the organisation perceived?
- Stakeholder engagement is central to the management of reputational risk (on the board agenda regularly)

➢ Acts promptly to address problems/concerns

Ensures good governance and

Demonstrates the value of good governance through behaviours (sets the tone from the top)

➢ Leads by example (protects the organisation's reputation)

➢ Effective financial systems/internal controls are in place

➢ Regularly reviews the risks faced by the organisation and plans for the management of those risks (escalation)

➢ Operates within the law, constitution and all policies and procedures, and that its structure (including committees), policies and procedures are adequate and current

➢ Meets its responsibilities to staff as a good employer

➢ All vulnerable beneficiaries are protected from abuse

Group exercise

Roles and relationships

An effective board member

An effective board member

➢ Brings "an independent judgement to bear on issues of strategy, performance, key appointments and accountability" (NXD)

- Brings insight and original thinking to board discussions

➢ Operates strategically (concentrates on big picture)

- Resists the temptation to micro-manage
- Does not operate as a single issue member or a lobbyist

➢ Places his/her skills, contacts, expertise at the disposal of the board and senior management team

An effective board member

➢ Fiduciary duty: "A director must act in good faith in …. the interests of the 'company'

- Not their own interests, the interests of any section, group or nominating body or the interests of any outside organisation"
- "Representativeness is no longer a valid concept for a board and should be replaced by the idea of external credibility" (6.3)

➢ Operates as a team player

- Takes decisions in the corporate interest and not for selfish reasons or to benefit factional interests
- Mutual respect for the role of non-executives/executives

An effective board member

➤ Contributes fully to board discussions and shares responsibility for decisions

- Questions intelligently, debates constructively, challenges rigorously and decides dispassionately
- Listens sensitively to the views of others inside and outside the board (works for consensus)
- Is well informed about the 'business', the environment in which it operates and the issues it faces

➤ Acts as an effective ambassador and advocate

- Is loyal to the board/organisation at all times – accepts, supports and promotes board decisions and policies

An effective board member

➤ Attends board meetings and is well prepared

- Reads - studies - relevant papers in advance
- Full attendance is the norm and for the whole meeting
- Provides a view on major issues even if cannot attend
- Clarifies issues with the report author in advance
- Gets sufficient and high quality information to be assured that the organisation is operating effectively

➤ Undertakes specific functions (as agreed by the board)

➤ Complies with the Nolan Principles – an exemplar

- Doesn't criticise other public bodies/air personal grievances

Personal liability of members

➢ No personal civil liability if a board member acts "honestly and in good faith"

➢ Possibility of removal from office (for example)

- Unable or unfit to discharge his/her functions
- Fails to discharge his/her functions for a period of [three] months without reasonable excuse
- Conviction of a criminal offence
- Bankruptcy

➢ When in doubt - take legal advice

Role of the Chair

Role of the Chair

➤ Leadership

- Effective leadership of the board and ensures that the board fulfils its duties, roles and responsibilities
- Ensures that the organisation is well connected with its 'stakeholders'
- Board members work together effectively as a team

➤ Development

- Reviews the experience and skills mix on the board and advises the sponsor accordingly (including equality)
- Ensures induction and ongoing training for board members
- Appraises performance of board members (NXDs) annually

Role of the Chair

➤ Representation

- Takes lead responsibility in representing the organisation in links with Minister, the Assembly, media etc.

➤ Direction

- Ensures that the board concentrates on directing the organisation and not on managing it! ("encourages strategic thinking and provides strategic leadership")

➤ Monitoring

- Ensures the board gets sufficient information to monitor progress effectively and hold the executive to account

Role of the Chair

➤ Board business – the board carries out its essential functions efficiently and effectively:

- "The board's policies and actions support the wider strategic policies of the Minister and its affairs are conducted with probity"

- The board takes proper account of guidance from the sponsor/Minister in reaching decisions

- The board meets at regular intervals, meetings are chaired in accordance with the standing orders and the minutes of meetings accurately record decisions taken and views of individual board members (as appropriate)

Role of the Chair

- Obtains professional advice for the board when needed, in particular when the board is taking a decision on matters that pose a significant operational or reputational risk to the organisation

➤ Agrees Chief Executive's annual performance targets and undertakes the assessment of his/her performance, [where appropriate, gaining board (committee) approval for both the targets and the performance assessment]

➤ Ensures the board reviews its own effectiveness annually

Conduct of board business

➢ Board members should contribute to the agenda which should focus on strategic and performance issues

➢ Board should determine what information it needs and communicate this effectively to the executive team

➢ Board should agree a structure/template for board papers/board reports
  • Papers issued five+ working days in advance of the meeting

➢ Minutes should be issued within [10] working days of a board meeting and be a record of decisions made as well as significant aspects of the discussion

Role of the Chief Executive

Role of the Chief Executive

➤ "A good or bad CEO makes or breaks an organisation"

➤ Leads and inspires the organisation to fully implement agreed plans (and delegated matters)

➤ Develops plans that reflect the longer-term corporate objectives and priorities established by the board

➤ Establishes a performance management framework

➤ Cultivates relationships with key stakeholders etc. and communicates organisation's plans and achievements

Role of the Chief Executive

➤ Closely monitors operating and financial performance against plans and budgets, taking corrective action as necessary, informing the board of significant changes

➤ Ensures the board is kept adequately informed for it to be able to discharge its duty to monitor performance

➤ Draws the board's attention to matters it should consider and decide and ensures that the board is fully informed of reputational and other key issues

➤ Fully discharges the role of Accounting Officer

Session 2

Managing key relationships

Chair and board members

➢ Ensures that board members contribute fully
  • Informal feedback and encouragement

➢ Fosters a team approach
  • Doesn't dominate/allow individual members to dominate
  • Executive and non-executive 'directors' work as a team

➢ Deals with disagreement
  • Steers the board through disagreements ensuring that different sides to an argument are explored and 'business' disagreements do not become personal conflicts

➢ Board members should support the Chair!

Chair and Chief Executive

➢ Chair must develop an effective working relationship with the Chief Executive

- Chair should support, advise, act as confidant(e)
- Shared responsibility for performance of the organisation

  …but

- The relationship should not become too cosy
- Chair must lead the board in holding the Chief Executive to account for performance and operating within the framework of control
- Chair leads performance assessment process

Executive and non-executive board members

➢ Executive members have a functional role but should also provide a professional perspective on issues of strategy, performance and governance

➢ Executive board members should not:
- Act as delegates from their sections/divisions
- Keep the non-executives in the dark!

➢ Non-executives should be constructive in their challenge and not confrontational
- Tone is set by the Chair and Chief Executive

Board members and other board members

➢ There is only one category of board member – appointed or elected, professional or not

➢ Board members should not operate in cliques inside or outside meetings or take direction on what to say or how to vote

➢ Point scoring and playing to the gallery at meetings or events should be dealt with firmly by the Chair

➢ Remain loyal to the board and fellow board members when meeting staff, the public, stakeholders etc.

Board members and staff

➢ Board members should treat staff with respect

➢ Board members should not instruct the Chief Executive or members of staff. The board should protect the Chief Executive and staff from the board as individuals

➢ Manage relationship with staff carefully – not too distant or too approachable. Board members should not lobby, or be lobbied by, staff and/or become seen as a way around the Chief Executive

Relationship with the sponsor

➢ Problems can arise due to:

- Loss of corporate memory within sponsor teams
- Not appreciating the other party's position – Accounting Officer concerns/business needs of public body
- Lack of confidence by sponsor
  - o Good news stories/rule of no surprises
  - o Confidence that governance is fit for purpose, compliance with governance framework and a culture of innovation & delivery
- Not sharing plans, problems etc. at an early stage
- Lack of proportionality in sponsorship

➢ Review operation of the relationship periodically

Relationships with stakeholders

➢ Stakeholder engagement plan

- Who are your stakeholders?
- Roles allocated to board members and staff

➢ Monitoring relations with key stakeholders

- Minister/sponsor
- Service users: satisfaction surveys, complaints and how they have been handled etc.
- Staff: independent staff survey, complaints, grievances
- Public and media: how is the organisation perceived?

The board and committees etc.

Committees

➤ Terms of reference with clear understanding of remit
  • Advises, decides, recommends
  • Provision of secretarial support

➤ Right people (co-optees, if necessary)

➤ Clear lines of reporting and accountability
  • Delegation but not abdication
  • Committees do not replace the responsibility of the board!

➤ Annual review of committee effectiveness
  • Periodic review of committee structure

Session 3

The board's role in relation to
finance, risk and assurance

Case studies

Finance

Board and financial leadership

➢ Corporate plan – robust, achievable and affordable

- Choose between competing priorities and do so in a way that is evidence-based and defensible

- Consider (and understand) the key business risks and develop alternative scenarios to take account of significant factors which cannot be accurately forecast

➢ Robust scrutiny and constructive challenge

- Financial information presented at every board meeting

- Internal and external sources of assurance (external audit, consultants' reports, procedures to alert board to problems)

- Act promptly to address areas of concern (One Plus)

Board and financial leadership

➢ Calibre of financial leadership

- Does board have appropriate level of financial expertise?
- Does the board have confidence in the level and calibre of financial expertise at executive level

➢ Clarity of lines of accountability

- Scheme of delegation and schedule of reserved powers/SFIs

➢ Sound governance framework

- Effective financial systems and internal controls (ARC)
- Ensuring compliance with the requirements of MSFM/MPMNI
- Policies and procedures (including anti-fraud, whistleblowing)

Risk

Risk and the board's role

➢ Board's focus should be on the corporate risks

- In developing plans or embarking on any programme of change, 'risk' should be factored in automatically
- Ensure that the register is kept live and up-to-date

➢ Ensure that there is a process whereby risk management is taking place at executive level

- Risk is taken seriously by Chief Executive and managers
- Senior managers have 'divisional' risk registers and are actively managing the risks to their business areas
- Reports to the board reflect risks
- There is timely escalation of risks to the board

Audit and risk committee

➢ Ensuring that the organisation's risk management arrangements are operating effectively and assurances are tested and evidenced

➢ Ensuring that governance oversight of risk management is clear and complete

➢ Scrutinising the organisation's risk appetites and testing the robustness of the systems and processes which underpin them

➢ Advising the board on risk management

Audit and risk committee

➤ Keeping the risk register under review (challenge)

➤ Approving (or recommending for approval to the board) the risk register annually

➤ Sufficient emphasis is given to risk (and risk appetite) across the organisation (not just finance)

➤ Internal audit activity is risk focused and provides maximum assurance on the operation and effectiveness of the organisation's risk appetites

➤ Learning from the operation of risk management is used to improve systems and processes

What board members should expect from the executive

➤ Clear allocation of responsibility to each manager for risk management (including divisional risk registers)

➤ Operational risks are captured and managed by managers – expectation that issues will be dealt with quickly and efficiently

➤ All managers must be aware of the need to refer risks up the line at the earliest opportunity

➤ 'Risk' should not inhibit innovation but contribute to achieving outcomes and exploiting opportunities

Sources of assurance

Sources of assurance

➢ Performance management system

- KPIs and KQIs
- Quality of reports to the board

➢ Delegated authority

- Board spells out to management what it wants to be informed about - generally strategic matters but will include operational matters impacting on reputation and risk (quality, safety)

➢ Internal and external audit (audit and risk committee)

➢ Role of board secretary (and Director of Finance)

Sources of assurance

➤ Independent staff survey

➤ Complaints data

➤ Feedback: funders/sponsor/users/patients/community

➤ Analysis of trends over time

➤ Reports from regulators, inspectors etc., external evaluations and periodic reviews

➤ External benchmarks and accreditation

Session 4

Standards of behaviour
Scandal and how to avoid it!

Nolan Principles

➤ Selflessness

Take decisions solely in terms of the public interest. You must not act in order to gain financial or other material benefit for family or friends

➤ Integrity

Do not place yourself under any financial or other obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties

➤ Objectivity

Make decisions solely on merit when carrying out public business (including the awarding of contracts)

Nolan Principles

➤ Accountability and stewardship

You are accountable for your decisions and actions to the public. Consider issues on their merits, taking account of the views of others and ensure the public body uses its resources prudently and in accordance with the law

➤ Openness

You should be as open as possible about all decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest demands

Nolan Principles

➢ Honesty

You have a duty to act honestly. Declare private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest

➢ Leadership

Promote and support these principles by leadership and example, to maintain and strengthen the public's trust and confidence in the integrity of the public body and its board members in conducting public business

---

Group exercise

Ethical standards in practice!

Registration of interests

➢ Public body maintains and keeps up-to-date a register of board member interests which is publicly available

➢ Each board member should complete a registration of interests form upon appointment

- Complete an annual declaration/update
- Duty to fully disclose any new interests as they arise
- Register more rather than less (ask for advice & guidance)

➢ Related Party Transactions – year-end declaration

Registration of interests

➢ Relevant interests include:

- Employment
- Directorships, consultancy, shares
- Houses, land and buildings
- Contracts
- Membership of clubs and societies etc.
- Interests of close family members (optional)

➢ Management may need to put controls in place from the outset to protect the body and board member

Declaration of interests

➤ Is there an interest?

- It may or may not be an interest which has to be registered

- Includes interests of partners, relatives and close friends

➤ Is that interest material?

- "An external observer, knowing the facts of the situation, would reasonably think that you might be influenced by the interest"

- In case of doubt, obtain clarification in advance

Declaration of interests

➤ If material, declare the interest and withdraw

- All financial interests are prima facie material

- Unless the interest is 'remote or insignificant'

- If you do not withdraw etc., the Chair should intervene

➤ In cases of doubt, discuss with Chair, Board Secretary or Accounting Officer at an early stage

- Err on the side of caution

- Assume nothing and trust nobody to cover your back when the balloon goes up!

Declaration of interests

➢ Think it through
- If you have a material interest, remove yourself from the whole process including activity related to competitors
- Interview panel – you interview nobody
- Grants – you assess none of the applications

➢ Making a declaration
- Declare at outset or as soon as reasonably practical
- Declaration should be in writing (e-mail)
- If the interest arises during a meeting, declaration and subsequent action taken should be recorded in minutes

Significant conflicts of interest

➢ Not be involved in the setting of criteria

➢ Not sit on a panel/group involved in making decisions

➢ Not receive papers relating to a 'conflicted' matter, be copied in on e-mails, correspondence etc., or receive [full] minutes after a meeting

➢ Not take part in any meetings or even be in the room

➢ Not use your position to try and improperly influence the decision/outcome
- No advice or inside information

Handling conflicts of interest

➢ Recurrent conflicts of interest may make a board member's position untenable

➢ Cultural issues

- Do all managers and staff have a clear understanding of how to handle conflicts of interest? [conflicts of interest policy]

- Is there a culture where staff challenge bad practice?

- Openness and transparency is key

[handwritten annotation: SUBSCI ? STAFF CONFLICTS OF INTEREST]

Ten guiding principles

➢ Take personal responsibility
➢ Put [public body] first
➢ Be open and transparent
➢ Be aware of public perception
➢ If conflicted, play no part
➢ Declare and refer every time
➢ Escalate
➢ Document everything
➢ Take advice
➢ If in doubt, play safe

Gifts and hospitality

Gifts and hospitality

➤ What is a gift?
  • A gift could be a service provided below normal cost, debt relief etc.

➤ There is a presumption against accepting gifts

➤ Gifts, benefits or hospitality should never be solicited

➤ Covered by the Bribery Act 2010

Gifts and hospitality

➢ All offers of gifts or hospitality above de minimis levels (accepted or declined) should be recorded in the gifts and hospitality register

➢ Five key considerations
- Relationship
- Legitimate interest
- Value
- Frequency
- Reputation

Relationship

➢ Contacts made for the purpose of information gathering or dissemination are less likely to cause problems than contacts which may result in a contractual relationship

➢ Consider whether the acceptance of a gift or hospitality might influence **or appear to** influence an official decision or action
- Supplier/potential supplier, applicant/potential applicant vs member of public (timing may be problematic)
- Site visits – public body should pay its own way!
- Staff involved in procurement or monitoring of contracts

Value

➤ Seasonal, promotional or trivial gifts are generally more acceptable
- Trivial is often classified as less than [£10]
- Seasonal or promotional items include diaries, calendars, small items of office equipment with company logos (£50)
- No cash, lottery tickets, gift vouchers, travel tickets, accommodation etc.
- No personal use of air miles from flights
- A gift offered to the organisation is more acceptable than one to an individual board member or staff member
- Simple, low cost hospitality such as lunch during or as a result of a business meeting (inappropriate to refuse) is more acceptable than expensive social functions

Legitimate interest and frequency

➤ What is the reason for the contact on both sides?
- Is this contact likely to benefit the organisation?
- Invitations to conferences, dinners etc. received by board members or staff in a representative capacity and which are an integral element in building and maintaining relationships within the sector are generally acceptable

➤ Legitimate interest may justify isolated acceptance of an invitation to a cultural, sporting or social event but acceptance of regular invitations (particularly from the same source) should be avoided

Reputation

> Is the person or organisation offering the gift or hospitality a potential source of embarrassment?
> - Under investigation by a public body, regulator etc.
> - Accepting a gift or hospitality might be seen as supporting that person/organisation etc.
> - A track record of trying to gain undue influence through hospitality or inappropriate lobbying

> All offers of gifts should be open and transparent

> Same principles apply to offers of sponsorship
> - Care to avoid undue influence or allowing existing suppliers, contractors to reinforce their position

General principles

> Offers of fees for speaking engagements should be declined or surrendered to the organisation

> Benefits gained from publicly-funded activity (air miles, hotel vouchers) to be used on business or lost

> If in doubt, decline. If you reject a gift, be sensitive

> Where refusal is likely to cause embarrassment or offence, the policy should allow for a gift to be handed over to the organisation for donation to charity

> Take advice! Perception is important

Accountability and value for money

Spending public money

➤ Avoid lavish or inappropriate use of public monies
  - Strathclyde Partnership for Transport, FAS

➤ The watchwords are "modest and appropriate"
  - Could you stand in front of a journalist or a member of the public and feel comfortable defending the expenditure?
  - Be conscious of the current economic climate

➤ For exceptional cases, produce a sound business case setting out the benefits

Accountability for public funds

➤ "Board members are responsible for ensuring [body] does not exceed its powers or functions as defined in statute or otherwise or through the limitations on its authority to incur expenditure (as set out in the FM)"

➤ "Board members have a duty to ensure safeguarding of public funds (including receipts from whatever source) and the proper custody of publicly funded assets"
  • Managing Public Money Northern Ireland
  • Proper Conduct of Public Business

➤ The dual role of the CEO (Accounting Officer)

Chief Executive as the Accounting Officer

➤ Personally signs the accounts (and takes responsibility for their proper presentation)

➤ Advises the board on discharge of its responsibilities as per statute, MSFM, any guidance or instructions issued by Department, Minister, DFP, OFMDFM

➤ Ensures that public funds are used for the purpose intended by the Assembly and that such funds, and the assets, equipment and staff of the organisation are used economically, efficiently and effectively
  • Ensures compliance with NI Public Procurement Policy

Chief Executive as the Accounting Officer

➤ Appropriate action is taken if the board or Chair is contemplating a course of action which infringes the requirements of propriety or regularity, or does not represent value for money

➤ Adequate internal management and financial controls are in place including effective measures against fraud and theft

- Effective systems of programme, project and contract management
- A system of risk management is maintained

Chief Executive as the Accounting Officer

➤ Ensures that financial considerations are taken into account by the board at all stages in reaching and executing decisions and standard financial appraisal techniques are followed appropriately

➤ Establishes a system of internal delegated authorities and regularly reviews compliance with these delegations

➤ Supports the Principal Accounting Officer at Public Accounts Committee hearings

Proper Conduct of Public Business

➢ Follow the rules and seek approval where required

- Novel or contentious or repercussive expenditure
- Severance payments without approval Yorkshire RHA
- MSFM (sponsor approval)

➢ Put in place and follow clear procedures

- Tendering procedures
- Effective financial procedures – Plymouth Dev Corp
- Whistleblowing – Blaydon ALM Medical

➢ Resolve any conflicts of interest

REGULATORY & PROPRIETY FOR PUBLIC MONEY

Proper Conduct of Public Business

➢ Be even-handed

- Portcullis House: £10m in damages and costs due to bias in tendering

➢ Do not use public money for private benefit

- Credit cards; lease cars – private mileage; mobile phones

➢ Keep good records of reasons for decisions

➢ Be transparent – be able to accept scrutiny

- "Fear of embarrassment is no justification for withholding information" [Operation Wizard WDA]

Other Code of Conduct issues

General conduct

➤ Board members must not misuse facilities, equipment, stationery, telephony and services
- Onus on the organisation to have policies on this

➤ Interest groups and lobbying
- Expect lobbying but guard against undue influence
- Ensure a fair hearing for all

➤ Compliance with equality and diversity policies
- Provision of services (and take up of services)
- Staff recruitment, selection, training, conditions of service

Misuse of position

➢ Conduct must not bring the organisation or the board into disrepute (including social networking sites)

- If nominated as a director of a company, you have personal responsibilities under company law

- Must not use position on the board to promote private or company interests or to secure privileges or exemptions

- Confidentiality – must not leak information that is confidential or obtained through privileged access

- Must avoid words or conduct that could be bullying

- Treat employees, board colleagues and Chair with respect and your conduct at meetings should be exemplary

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Session 5

Principles of effective governance

Corporate governance

Organisational structures & processes (3)

➤ Statutory accountability

➤ Roles and responsibilities

➤ Balance of power and authority

➤ Accountability for public money

➤ Communication with stakeholders

Financial reporting, internal controls and risk (4)

➤ Annual reporting

➤ External and internal audit

➤ Managing risks

Standards of behaviour (5)

➤ Leadership

➤ Conduct

In conclusion

WIT-100993

Some final points

➢ Ensure clarity of purpose and a focus on outcomes

➢ Set clear corporate goals underpinned by effective performance management

➢ Maintain high level focus with clear schemes of delegation

➢ Identify key business risks and monitor regularly

➢ Ensure regular board and board member development including an annual review of board effectiveness and individual member development

Some final points

➢ Put in place a strong audit and risk committee with expertise and robust challenge function

➢ All board members must take their financial and compliance responsibilities seriously

➢ Use your committee structure but delegate do not abdicate!

➢ Ask and do not be satisfied until you see evidence. How much will this cost? What if? What if not?

Eileen Mullan

From:	Eileen Mullan Personal Information redacted by the USI
Sent:	01 June 2017 14:40
To:	Diane Taylor
Cc:	'heather.moorhead Personal Information redacted by the USI
Subject:	FW: NI Confideration for Health & Social Care / HFMA NI branch, NEDDevelopemnt Day, Wednesday 31st May 2017 Mossley Mill, Newtownabbey
Attachments:	hfma_NICON branch NED Programme - FINAL.docx; HFMA NI Branch Booking Form Wednesday 31st May 2017.docx; _Certification_.htm
Importance:	High

Diane

I met and spoke with Heather at the attached event yesterday. I talked briefly about our conversation earlier in the year about supporting Non Exec's particularly within the Health and Social Care Family.

Some elements that came out of yesterday was the desire for more opportunities for NED's to get together, share good practice and learn etc. I said to Heather I would send any email and link the three of us. I think there is merit in a conversation between you to explore . As ever I am committed to supporting initiatives that focus on developing the NED , so if there is anything I can do, please do just ask.

See you on the 20th Diane

Eileen

_____

Eileen Mullan

| Personal Information redacted by the USI | for Board Opportunities go to www.strictlyboardroom.com |

Hi colleagues,

Please note below and attached and circulate to your NEDs. Some many have already got the email but just incase.

Many thanks,
Cliona

Cliona McCarney
DDI: Personal Information redacted by the USI ext Personal
Mobile: Personal Information redacted by the USI
Personal Information redacted by the USI
www.nhsconfed.org

Subscribe to our member e-newsletters and login or register with us online to personalise your member services.

Follow us on twitter Follow us on LinkedIn

Please consider the environment before printing this e-mail.

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

From: Ferguson, Kim [Personal Information redacted by the USI]

Sent: 28 April 2017 14:29

To: Martin Dillon's email address; Peter McNaney's email address; Alex Coleman's email address; Liam McIvor's email address; Valerie Watts'email address; Ian Clements' email address; Stevens, Tony; McCann, Bob; Roisin O'Hara's email address; Personal Information redacted by the USI; Paul Simson's email address; Dale Ashford's email address; Carmel McKinney's email address; Personal Information redacted by the USI; Keith Gardner's email address; Alistair Joynes' email address; Angela McLernon's email address; Carol Curran's email address; Colum Conway's email address; Jim Perry's email address; Jim Lennon's email address; Edmondson Barrr Hall's email address; Andrew Dougal's email address; Alan Lennon's email address; Hugh McCaughey's email address; Colm McKenna's email address; Harkin, Owen; McMullan, David; Ferguson, Kim; Stephen McNally's email address; Roberta Brownlee's email address; Wendy Thompson's email address; Stephen McNally's email address; Martin Dillon's email address; Karen Bryson's email address; Crilly, Marjorie; Maureen Edwards' email address; Caroline Fleming's email address; Neil Guckian's email address; Andrea Henderson's email address; Paul Nicholson's email address; Brian Baker's email address; Simon Christie's email address; Aideen O'Doherty's email address; Helen O'Neill's email address; Elaine Way's email address

Cc: Vicky Clyde's email address; Amanda Mills' email address; Personal Information redacted by the USI; Johnston, Julie; Personal Information redacted by the USI; Hogg, Sharon; Pauline Dardis' email address; Helen Mallen's email address; Lianne Kelly's email address; June Turner's email address; Elaine Wright's email address; Alison Cracknell; Alison Cracknell's email address; Cliona McCarney

Subject: NI Confideration for Health & Social Care / HFMA NI branch, NED Developemnt Day, Wednesday 31st May 2017 Mossley Mill, Newtownabbey

Dear All

Many of the organisations across the HSC have new non-executive directors and while each individual organisation will lead its own induction process, the HSC Chairs Forum in conjunction with the Healthcare Financial Management Association NI Branch wanted to provide an opportunity for our NEDs to come together to reflect on good governance issues and consider how the system can work more collaboratively to drive change at pace and scale.

The programme will be of particular interest to newly appointed members of Trust Board and members of Audit Committee's but will be relevant to all Trust Board members and I would be grateful if you would circulate to your Trust Board.

The event will take place on Wednesday 31st May 2017 at Mossley Mill, Newtownabbey.

I have attached the conference programme and booking forms. Completed booking forms to be emailed to **_sharon.hogg_** [Personal Information redacted by the USI] by 5pm on Friday 19th May 2017.

The branch is running the event free of charge.

I would be grateful if Chief Executives would bring this to the attention of their Chairs and Non Executive Directors.

Best regards kim

Kim Ferguson   Owen Harkin
Honorary Secretary HFMA NI   Chair HFMA NI
                 owen.harkin [Personal Information redacted by the USI]
Tel [Personal Information redacted by the USI] Ext [Personal Information] [Personal Information redacted by the USI]

2

HFMA means the Healthcare Financial Management Association, which is a registered charity, no 1114463, and a limited company registered in England and Wales company no. 5787972. Registered office: 1 Temple Way, Bristol, BS2 0BU.

The Ockenden report 2022: summary of findings and relevance to SHSCT

Caroline Keown
Assistant Director IMWH
and
Beverley Adams
Divisional Medical Director IMWH

OCKENDEN REPORT

Emerging Findings and Recommendations
from the Independent Review of
MATERNITY SERVICES
AT THE SHREWSBURY
AND TELFORD HOSPITAL
NHS TRUST

https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions

HSC Southern Health
and Social Care Trust

Introduction

Reducing harm
Worldwide
Trust

The safety thread

Complex
Staffing
Wellbeing

Teamwork

Open behavior
Positive reporting
Communication
Escalation

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.
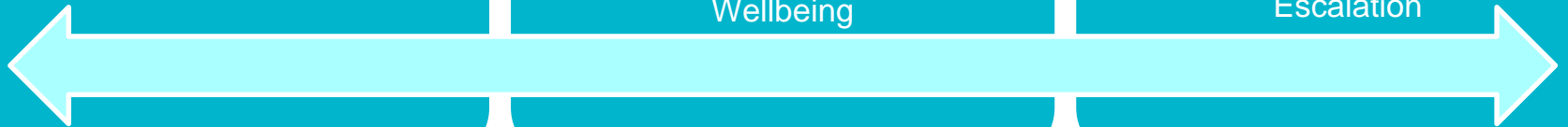
Delivery Suite – everyday risks

Delivery rooms

Theatre

DS recovery

Induction Bay

Southern Health and Social Care Trust

Background

Southern Health
and Social Care Trust

Quality Care - for you, with you
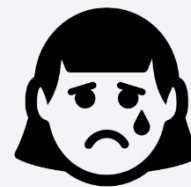
Organisation with a memory

(UK NHS)

Donaldson

2000

https://psnet.ahrq.gov/issue/organisation-memory-report-expert-group-learning-adverse-events-nhs-chaired-chief-medical

Northwick Park

Groves

2008

https://moderngov.harrow.gov.uk/documents/s30776/Maternity%20Review%20Report.pdf

Morecambe Bay

Kirkup

2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

Shrewsbury and Telford

Ockenden

2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

Southern Health and Social Care Trust

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Chrononology of Ockenden Report

Process

2 families lost babies in 2009 and 2016

The families identified 23 cases of concern

Secretary of State for HSC commissioned NHS Improvement to review

Commenced 2017, expanded to include 1486 families

1592 incidents reviewed between 1973 and 2020

HSC Southern Health and Social Care Trust

Evidence:

Accounts from families and staff

12 maternal deaths

498 stillbirths

Neonatal deaths reviewed for evidence of good care in and around labour

HSC Southern Health and Social Care Trust

Findings of the Ockenden Report

Southern Health
and Social Care Trust

Quality Care - for you, with you

…*is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives.*

Final report, introductory letter, March 22

HSC Southern Health and Social Care Trust

Maternal Deaths:

None had care in line with best practice; could have been better in 75%

Failure of internal investigation

Failure to use external investigators

HSC Southern Health and Social Care Trust

Stillbirths:

498 cases of stillbirth

25% involved significant/major concerns, where better care could have resulted in better outcome

In cases of hypoxic brain damage, 69% demonstrated significant/major concerns about care before delivery

HSC Southern Health and Social Care Trust

Governance & Leadership:

Failure to follow national guidance

Overconfidence in managing complex pregnancies

Failure to escalate

Toxic workplace culture

HSC Southern Health and Social Care Trust

Governance & Leadership within Senior Management Team

Constant change up to level of Trust Board

Staffing shortages (medical and midwifery)

Lack of oversight at Board level

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Southern Trust Context

Southern Health
and Social Care Trust

Quality Care - for you, with you

Birth rate:

Year	18/19	19/20	20/21	21/22
Craigavon Hospital	4049	3838	3236	3231
Daisy Hill Hospital	1642	1726	1955	2019
Total	5691	5564	5191	5250

HSC Southern Health and Social Care Trust

Regional comparison of birth rate

Western
16.9%

Belfast
22.9%

Northern
17.5%

South Eastern
18.6%
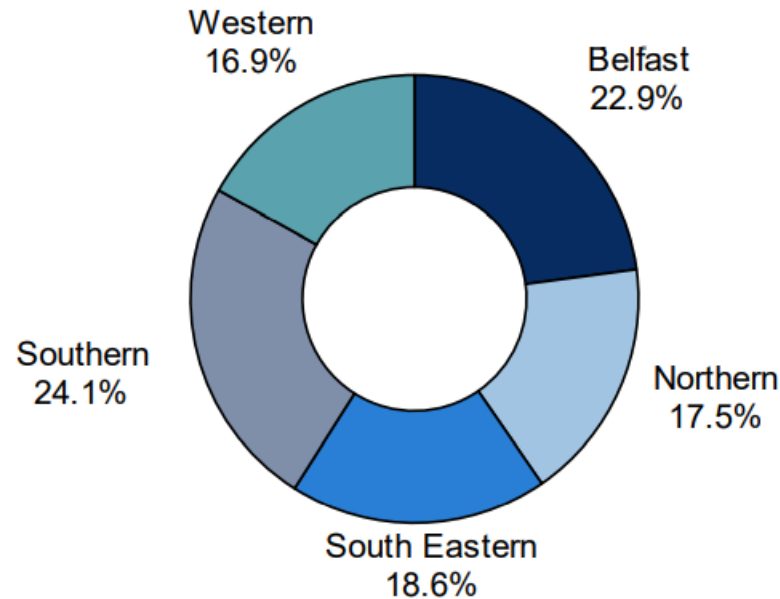
Southern
24.1%

Figure 31: Total Births in HSC Hospitals by HSC Trust, (2020/21)

Southern Health and Social Care Trust

HSC

Hospital Statistics: Inpatient and Day Case Activity Statistics 2020/21 (health-ni.gov.uk)

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Glossary of Terms

Crude Death Rate	The number of stillbirths and neonatal deaths occurring among the population of a given geographical area
Adjusted Stillbirth Rate	Adjustments made to exclude fatal congenital abnormalities
Adjusted Neonatal death rate	Adjustments made to exclude <22 weeks gestation and congenital abnormalities
Perinatal Mortality Rate	The number of perinatal deaths (stillbirths and neonatal deaths) per 1000 births

HSC Southern Health and Social Care Trust

Figure 1: Stillbirth, neonatal, and extended perinatal mortality rates for the UK and by country of residence: United Kingdom, for births from 2013 to 2019

2018
MBRRACE

Stabilised extended perinatal mortality rates[§][○]

- more than 15% lower than the UK average
- more than 5% and up to 15% lower than the UK average
- up to 5% higher or up to 5% lower than the UK average
- more than 5% higher than the UK average

The size of the symbol is proportionate to the number of births

Greater Manchester and Merseyside

Birmingham and the Black Country

London

[§] excluding terminations of pregnancy and births less than 24[+0] weeks gestational age.
[○] different laws exist in Northern Ireland for the termination of pregnancy.
Data sources: MBRRACE-UK, PDS, ONS, NRS, ISD, NIMATS, States of Guernsey, States of Jersey.
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Contains Ordnance Survey data © Crown Copyright and database right 2019

HSC South... and So...

Adjusted extended perinatal mortality rate for ST

| Year	Ext PNMR	Colour rating
2013	5.71	
2014	6.61	
2015	6.75	
2016	5.52	
2017	5.05	
2018	5.26	

HSC Southern Health and Social Care Trust

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Existing Failsafes in SHSCT

**Southern Health
and Social Care Trust**

Quality Care - for you, with you

Existing processes in SHSCT Obstetrics & Gynae

General Medical Council
Regulating doctors
Ensuring good medical practice

PMRT
Supporting high quality local perinatal reviews

Nursing & Midwifery Council
NMC

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Royal College of Obstetricians & Gynaecologists

UKOSS
UK Obstetric Surveillance System

Royal College of Midwives

each baby COUNTS.

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

WIT-101020

MBRRACE

Regional working groups led by PHA + DoH

Acute governance meetings (Monthly)

DATIX/SAI/SEA/SJR/Round Table Discussion

Perinatal Mortality Review (PMRT)

Screening meetings (MDT weekly)

O&G governance

Guideline Development & Review Forum (MDT Quartely)

Multi professional Audit programme

Labour Ward Forum (MDT quarterly)

Maternity Voices Partnership

Regional Maternity Collaborative

Maternity Strategy Implementation Group

HSC Southern Health and Social Care Trust

Top 3 Datix themes in CAH:
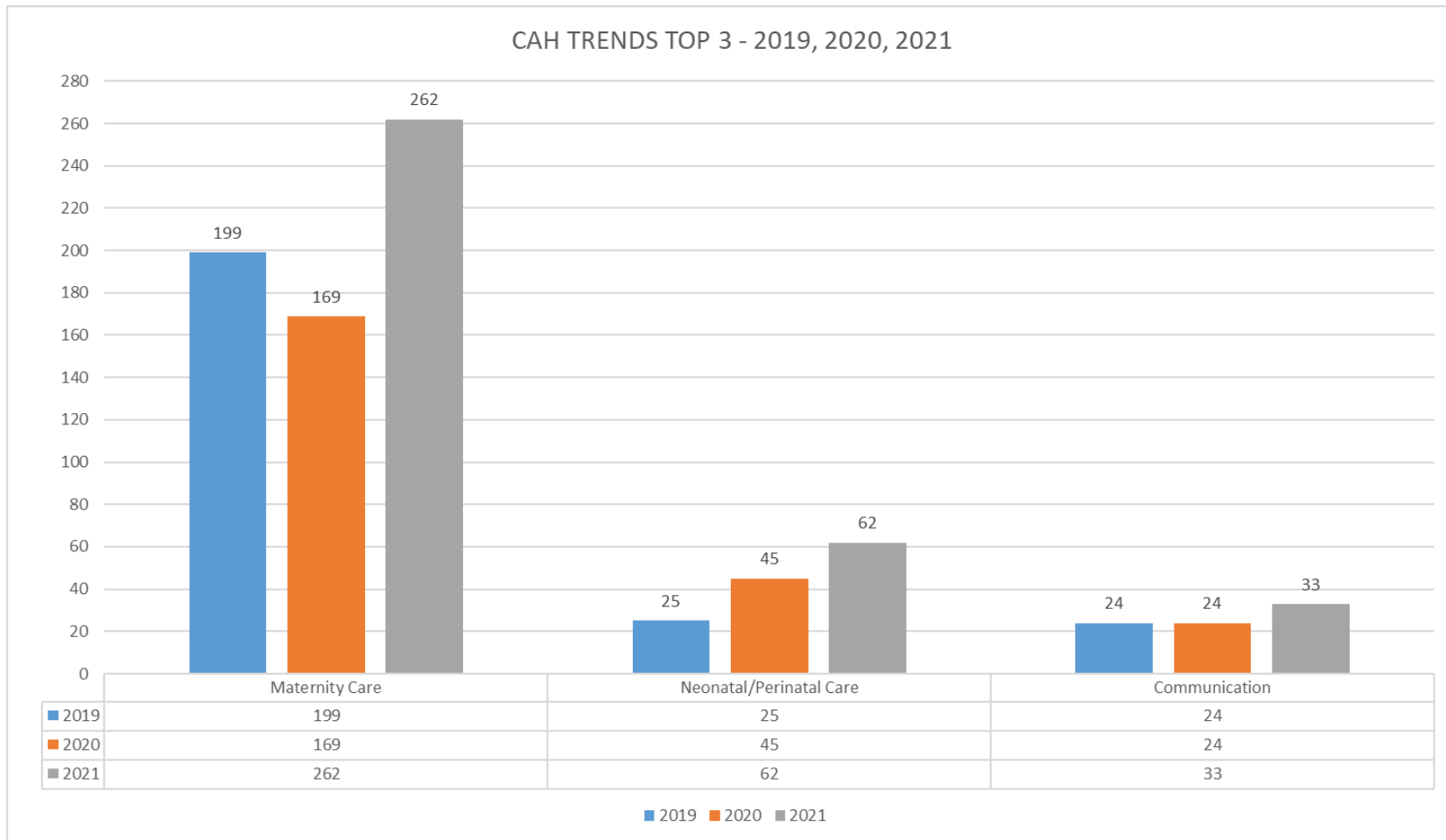
CAH TRENDS TOP 3 - 2019, 2020, 2021

	Maternity Care	Neonatal/Perinatal Care	Communication
2019	199	25	24
2020	169	45	24
2021	262	62	33

■ 2019 ■ 2020 ■ 2021

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Top 3 Datix Themes in DHH:

DHH TRENDS TOP 3 - 2019, 2020, 2021

	Maternity Care	Neonatal/Perinatal Care	Communication
2019	90	7	13
2020	76	17	15
2021	115	25	14

■ 2019 ■ 2020 ■ 2021

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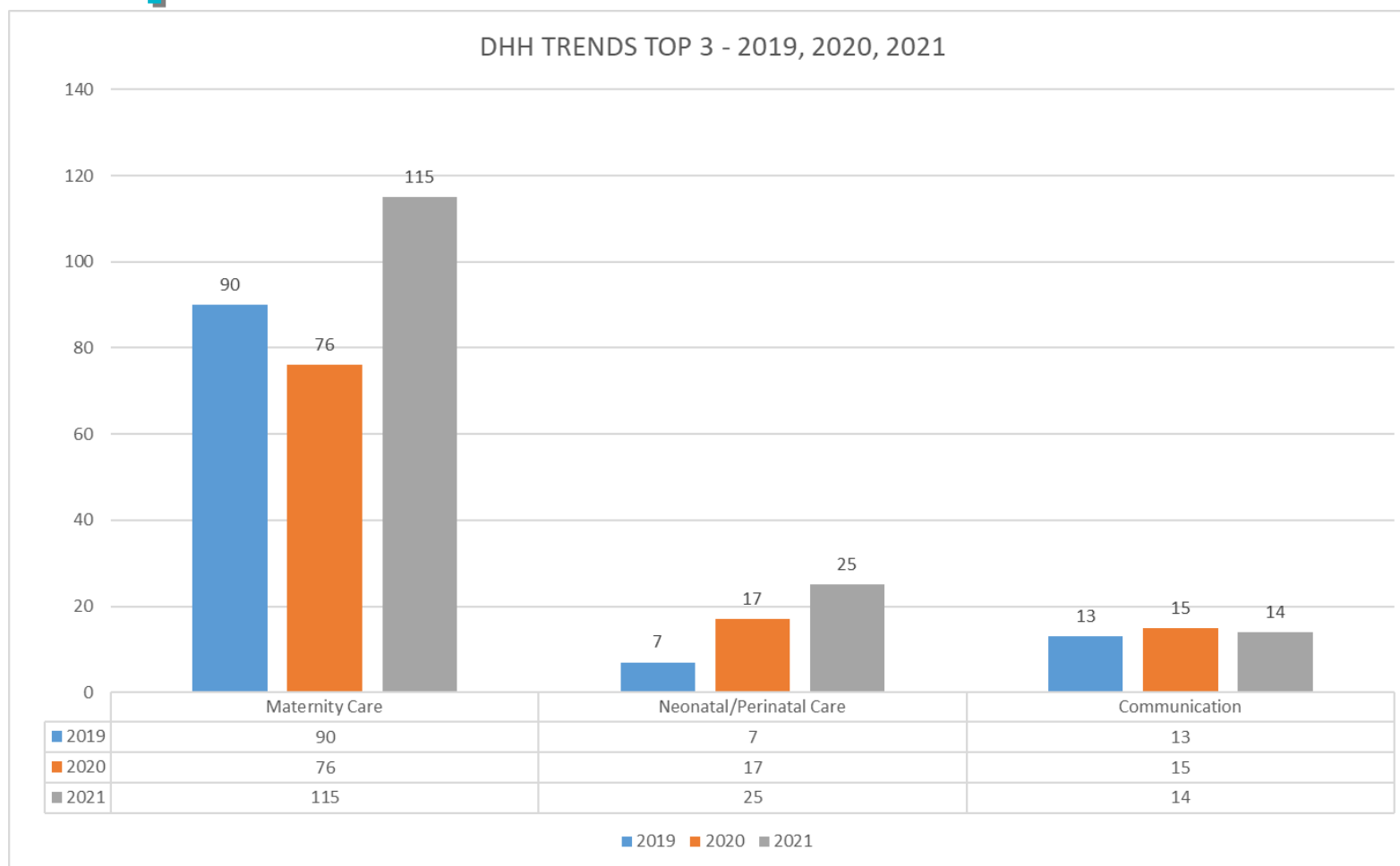
IMWH Performance relating to complaints:

No. of complaints over the last 3 years

	2019/2020	2020/2021	2021/2022
No. of complaints	69	54	64
Answered within 20 days	69	16	41
Greater than 20 days	0	38	23

■ No. of complaints ■ Answered within 20 days ■ Greater than 20 days

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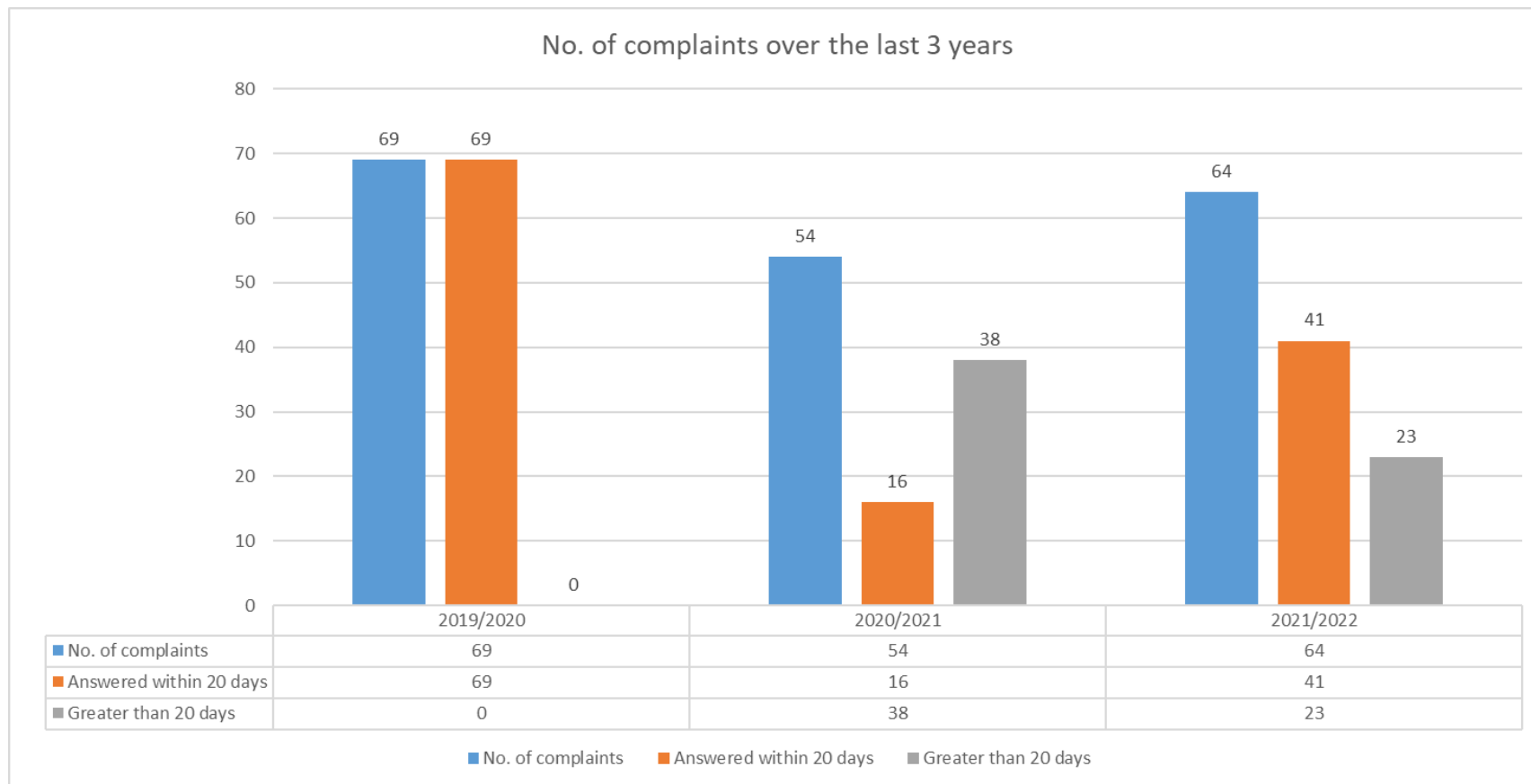
Number of SEA / SAI:

	2019	2020	2021	2022
Level 1 SEA review (not including interface SAI's with other Trusts)	0	0	6	1
Level 2 SAI review	1	8	5	0
Level 3 SAI review	3	2	0	0
Interface SAI reviews with other Trusts	1	0	0	0
Total by year	5	10	11	1

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Complaints and SAI themes

Order	Complaints	SAI
1		Communication
2		Documentation
3		Guidelines and Policy
		IT systems

Southern Health and Social Care Trust

Multi-professional training:

Challenges:

- Protected time for all members of MDT
- Dedicated time within existing job plans to develop, lead and facilitate

Opportunities:

- Programme can be adapted easily to incorporate local learning
- Evidence suggests more effective method of learning

PROMPT

CTG face to face and E-Learning

Simulation training

Adhoc sessions – topic based

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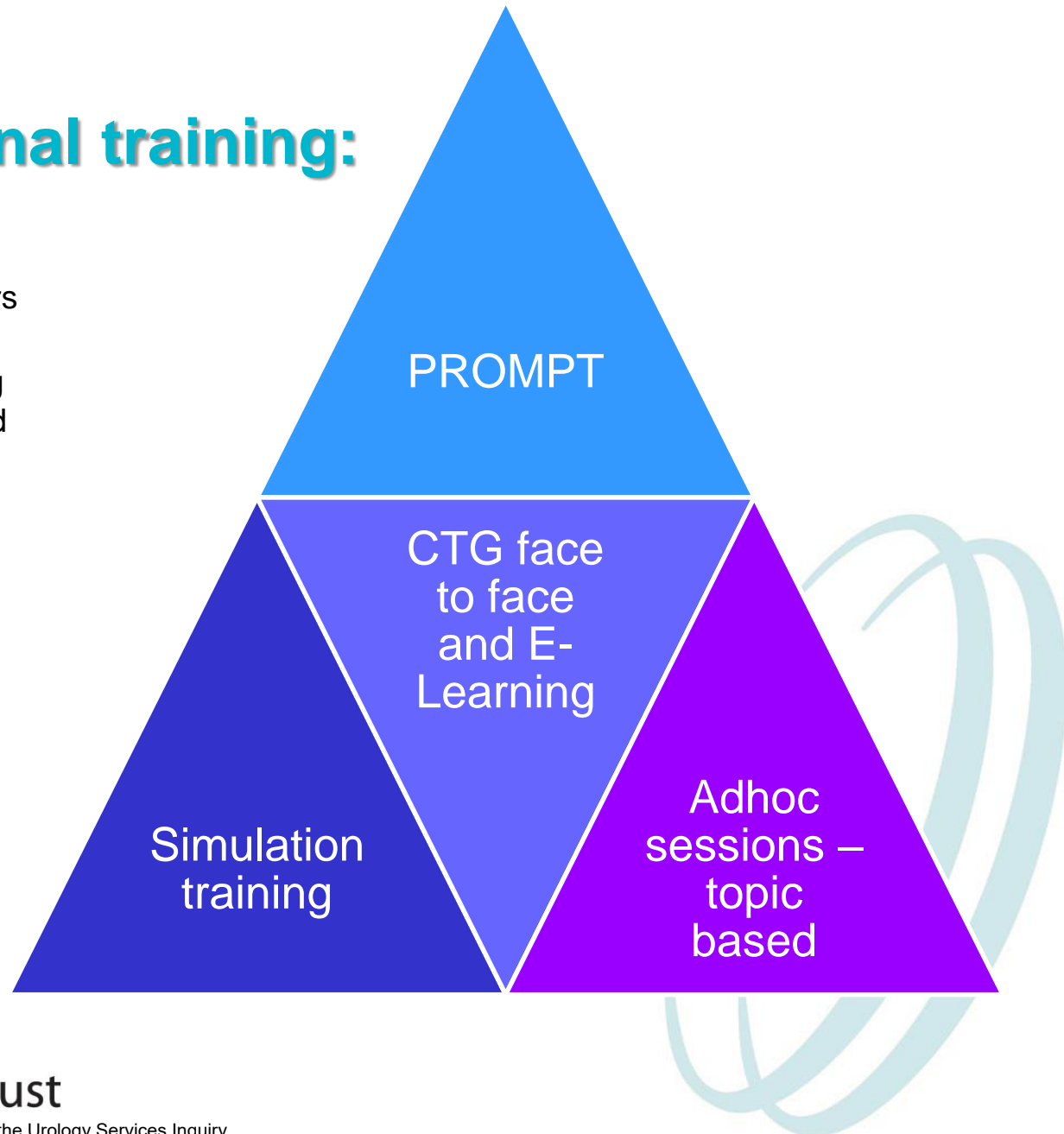
Comparison with Ockenden findings

S&T	ST	S&T	ST
Maternal deaths	Maternal deaths	Stillbirths	Stillbirths
1973-2020	2010-2022	1973-2020	2010-2021
12/47 years	4/12 years	498	241

HSC Southern Health and Social Care Trust
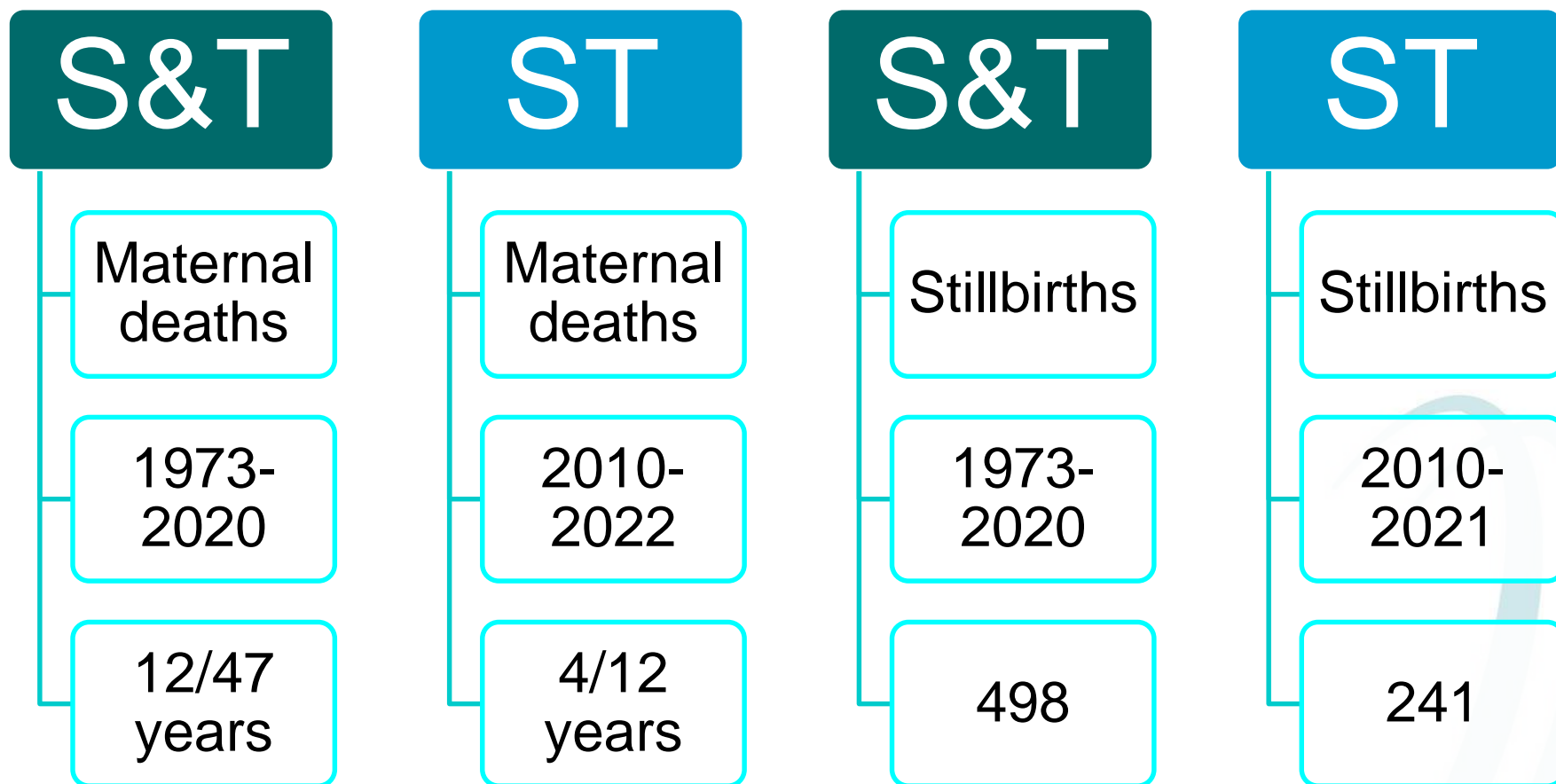
Ockenden outputs RAG rated in ST

Local Actions for Learning

Immediate and Essential Actions

60

7

6 36

13 12

HSC Southern Health and Social Care Trust

Summary and challenges

Southern Health
and Social Care Trust

HSC

Quality Care - for you, with you

"Even now, early in 2022 there remains concern that NHS maternity services and their trust boards are still failing to adequately address and learn lessons from serious maternity events occurring now. We recognise that maternity services have very significant workforce challenges and this must change. Clearly, workforce challenges that have existed for more than a decade cannot be put right overnight. However, it is our belief that if the 'whole system' underpinning maternity services commits to implementation of all the Immediate and Essential Actions within this report with the necessary funding provided then this review could be said to have led to far reaching improvements for all families and all NHS staff working within maternity services."

HSC Southern Health and Social Care Trust

Next steps

Regional endorsement?	• ? Include with Maternity Strategy
Trust training hub	• Simulation training • Quality Improvement support • Staff wellbeing focus
Safety, Quality, Experience	• Sustainable workforce • SQE behaviours consistently throughout
Maternity Services Trust Board Assurance	• Format • Frequency

HSC Southern Health and Social Care Trust

Questions?

Southern Health
and Social Care Trust

Tuesday 13th December 2022

Southern Health and Social Care Trust

Whistleblowing Masterclass

Protect
Speak up, stop harm

Introductions

REBECCA DURKIN
Legal Officer

Who we are/what we do

Advice Line

We provide free confidential advice to individuals who are unsure whether or how to raise their concern.

Training & Consultancy

We support, train and review organisations on best practice in whistleblowing.

Research & Policy

We campaign for better public policy and laws on whistleblowing.

Whistleblowing:

Why is it important?

around **3,000**

Calls to Protect Advice Line every year

Advice Line Statistics

HR urged to be proactive as HMRC receives 14,000 furlough fraud whistleblower reports

Both government and employees are stepping up efforts to ensure employers that claimed fraudulently on the coronavirus job retention scheme face consequences

by Dan Cave | 11 August 2022
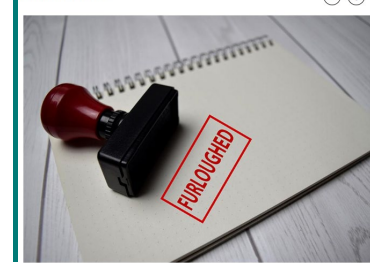
4/5

Of workers do not feel comfortable reporting sexual harassment to their employer

2019 research by the Trade Union Congress

Twitter covered up security flaws and fake accounts, says whistleblower

Social network dismisses 'false' claims that could bolster Elon Musk's attempt to abandon $44bn takeover

65%

Of whistleblowers contacting Protect for advice in the last 5 years have received negative treatment for raising their concerns.

Preventing Victimisation Guide 2022

North Tees NHS nurse awarded £460k after unfair dismissal

14th June   COURT

Belfast Telegraph   News   Opinion   Business   Sport   Life   Entertainment   Trave

Third whistleblower letter alleges misconduct at Housing Executive

Over **52,360**

Reports were made to prescribed persons in the year 2020 21

Protect s Better Regulation Project

BBC 👤 🔔   Home News Sport Weath

NEWS

Home | Cost of Living | War in Ukraine | Coronavirus | Climate | UK

Science

N. Ireland | N. Ireland Politics | Local News

Whistleblower vet awarded £1.25m settlement and apology from DAERA

🕐 25 April

33%

Of whistleblowers raising concerns in the financial sector said they were ignored by their employer

Silence in the City 2, Protect

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Proven: the benefits of whistleblowing

85% say a history of being **transparent** means they are more likely to give an organisation a second chance after a bad experience.
Sprout Social, From Risk to Responsibility: Social Media and the Evolution of Transparency , 2019

43% of all **fraud** is detected via a whistleblowing tip
Only 15% of fraud cases are detected through internal audits.
Association of Certified Fraud Examiners (ACFE) Report to the Nations 2020

50% average time taken to **detect fraud**. Organisations with a strong Code of Conduct reduced the average time to detect fraud by 50% - from 24 months to 12 months
Association of Certified Fraud Examiners (ACFE) Report to the Nations 2020

Research has found a significant link between higher volumes of internal whistleblowing and **fewer and lower fines and lawsuits** for organisations.
"Evidence on the Use and Efficacy of Internal Whistleblowing Systems", February 2020, Stubben, Stephen and Welch, Kyle

Key Questions:

What is whistleblowing?

What is the difference between a whistleblowing concern and a grievance?

How do you encourage staff to raise concerns and build a culture where they feel safe to do so?

How do you handle a whistleblowing concern?

How do you protect staff who come forward?

Schedule:

Part 1 – Context and culture

Key concepts, identifying whistleblowing versus grievances, the whistleblower's dilemma, speak up culture and good speak-up policies

Break

Part 2 – Handling the whistleblower

Receiving a whistleblowing report, top tips for handling concerns, protecting the whistleblower

Part I

Context and Culture

Protect
Speak up, stop harm

What is whistleblowing?

Rece

Whistleblowing is...

A worker raising a

concern with someone in authority –

 internally and/or

externally (e.g. regulators, MPs, the

media) – about wrongdoing, risk or

malpractice that affects others.

Source: Protect

Grievance or whistleblowing?

Grievance

Nabiha is back from maternity leave in her old role but feels that she works on less prestigious clients than before. Her performance is scrutinised more than anyone else in the team. Her manager seems to pick on her work a lot more, sometimes in front of others. She thinks he does not trust her because she is a new mother and wants to force her to resign.

Whistleblowing

A new patient database is being rolled out. John is in charge of implementing it on the paediatrics ward but keeps criticising it and says it does not comply with data protection law. His manager, Kate, has found him difficult ever since she took on the role 3 months ago. Matters come to a head when he flat out (and in her view insolently) refuses to obey his line manager's clear instruction on the database. He says cannot be disciplined for just 'doing the right thing'.

It depends

Since she started in her new role, Lisa has being sexually harassed by a consultant at the hospital she works at. When she has spoken to her colleagues, they have told her, "That's just what he's like, he's always done that". Lisa wants to report what has been happening but isn't sure what route to go down.

Triaging: Grievance or Whistleblowing?

Grievance

- risk is to self
- need to prove case
- rigid process
- legal determination
- private redress

Whistleblowing

- risk is to others
- tip off or witness
- pragmatic approach
- accountability
- public interest

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Is there a shift in what is considered as whistleblowing?

WIT-101046

Patel guilty of bullying staff, leaked report finds

Home secretary breached ministerial code

Oliver Wright Policy Editor

Weinstein whistleblower calls for end to gagging clauses

Perkins says non-disclosure agreement rules still favour the powerful in covering up workplace harassment

BBC NEWS BREAKING
Home Office boss resigns
Rutnam says he's the victim of an orchestrated campaign

THANK YOU FOR YOUR COURAGE, AZEEM
New chairman praises racism

Good Morning Britain
7:44
EXCLUSIVE
WEINSTEIN WHISTLEBLOWER
Rose McGowan helped launch the #MeToo move
itv WEATHER
NEWCASTLE 19°C

Case Study

The Whistleblower's Dilemma

Protect
Speak up, stop harm

Rece

Suraj is a radiologist within the Southern Health and Social Care Trust and has been there for 10 years.

Suraj dislikes his new manager, Nick. Suraj was very angry that Nick got promoted as he thinks he is a bully.

Nick regularly belittles and shouts at other staff members – sometimes making them cry. In one meeting, Nick mocked Suraj's colleague, Lucy, in front of the whole team.

He said, "Women are too emotional; they just can't handle this work".

When Suraj called Lucy to ask how she was, Lucy said that she has found it hard to respond to patients' needs, because Nick has been putting so much pressure on the team. He seems to particularly micromanage female staff and has on occasion been verbally aggressive. She says she is not alone in feeling overworked and unhappy. Lucy has had to be signed off from work due to stress.

- What should Suraj do now?

- What might stop him from saying something? Why would he keep quiet?

- Why would he choose to go externally?

With a number of staff off sick and staff morale at an all time low, Suraj decides to raise his concerns.

Suraj contacts Constance, a senior manager with whom he has previously had a good relationship. Suraj sends Constance a lengthy email in which he sets out all of his concerns about Nick and the treatment of staff, particularly the bullying and misogynistic behaviour. He explains he wants her help in raising this as a whistleblowing matter.

Constance tells Suraj that this is not whistleblowing and she cannot do anything to help. She suggests that Suraj speaks to HR and raise a formal grievance instead and should tell Lucy to do the same.

When Suraj approaches Jerome, a senior Director in HR, he tells him that because Nick hasn't said anything to Suraj personally they cannot do anything. They suggest he gets another member of staff, like Lucy, to complain. Suraj knows Lucy and the other staff are too scared.

Suraj doesn't know what to do. Suraj tells Jerome that he has no other choice but to contact the Regulation and Quality Improvement Authority. Jerome says there is no way that the RQIA will look into bullying allegations so this is a waste of time.

- Was Suraj right to raise this to the whistleblowing champion?
- Is this a grievance matter?
- Can Suraj raise concerns he has heard from someone else?
- Was Constance right to say it should be dealt with as a grievance?
- Was Jerome right to tell Suraj he couldn't report his concerns externally?

RAISE INTERNALLY

- **Clear process**
- **Trust in process and people**
- **Potential for protection from retaliation**
- **Confidentiality maintained**
- **Support from organisation**
- **Investigation and resolution of concerns**

RAISE EXTERNALLY

- **Lack of trust in internal process**
- **Independence**
- **Perceived risk of victimisation**
- **Maintenance of confidentiality**

KEEPING QUIET

- **Fear of being ignored**
- **Fear of reprisal**
- **Unsure how to raise a concern**
- **Suspicion only**
- **Impact on reputation**
- **"Not my job"**
- **Suspicion that senior colleague is involved in wrongdoing**

Speak-Up Culture

What makes a good policy?

- Policy is written for the 'silent majority' offering them a safe alternative to silence

- Approach is that they should raise concerns openly

- Distinguish whistleblowing from grievances and bullying

- Provide internal and external options

- Avoid any defensive or legalistic terms in the policy

Why culture is important

A good whistleblowing culture provides staff with a clear message that there is a safe alternative to silence.

✓ **Deter wrongdoing**

✓ **Detect wrongdoing early**

✓ **Help managers respond correctly when staff raise concerns**

✓ **Demonstrate an accountable organisation**

✓ **Key to staff wellbeing, loyalty and productivity**

Top Tips for CULTURE

✓ **PROMOTE POLICIES, COMMUNICATE AND REFRESH REGULARLY**
Ensure all policies are implemented correctly, reviewed periodically, promoted regularly

✓ **MAKE IT PERSONAL; MODEL THE BEHAVIOUR YOU WANT TO SEE**
Think about the message, how to deliver it and who is delivering it

✓ **TRAIN STAFF**
Ensure training of all staff and target training to their role in the process. Training should be comprehensive

✓ **FOLLOW THROUGH**
Take action and deal with incidents promptly, appropriately and effectively

✓ **FOLLOW UP**
Check policies are being effectively applied, staff are appropriately trained, action is being taken

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Speak Up Culture Indicators

- Types of concerns
- Manner of raising concerns
  - Are whistleblowers asking for anonymity or confidentiality?
  - Are whistleblowers approaching their line managers?

- Outcomes
  - Are concerns resolved?
  - Are whistleblowers victimised?
  - Is confidentiality maintained?

- Staff awareness and confidence
  - Do staff understand the process?
  - Do they feel they can use the arrangements?
  - What feedback do whistleblowers have about the arrangements?

- Are adverse incidents happening where staff didn't speak up?

Elsewhere in the NHS

Freedom to Speak Up Guardians

o 818 across NHS England trusts

o Possible source of support and advocacy

Independent National Whistleblowing Officer

o Set standards for NHS Scotland

o Can investigate concerns themselves

o Can investigate problems with internal investigations and advise whistleblowers
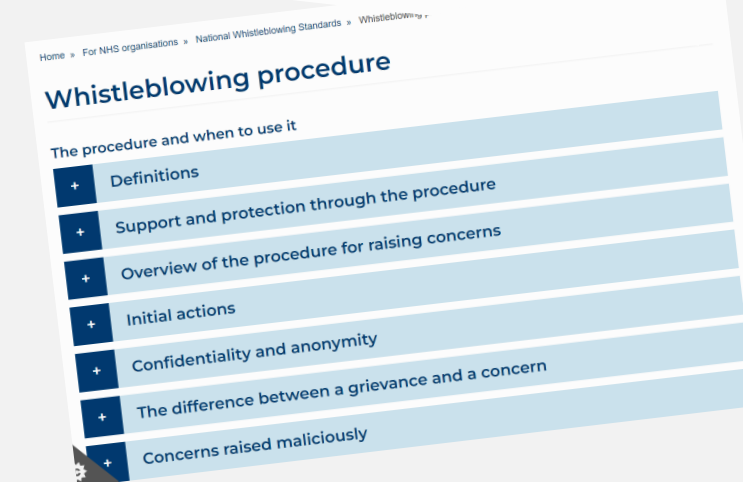
Reflections

What are you doing well when it comes to building a strong speak up culture?

Where can you make improvements?

Break

Part II

Handling the whistleblower

Protect
Speak up, stop harm

Receiving a Concern

Protect
Speak up, stop harm

New Message from Penny

To: Whistleblowing Team
Subject: Anonymous concerns

Dear whistleblowing team,

I'm emailing to raise concerns. I have been working as a Support Worker for about a year. I am speaking up because I feel like it's the right thing to do, but I am scared about what will happen if my line manager finds out that I have contacted you. Everyone knows she doesn't like me. My team has a toxic culture. One of the shift managers is a bully who rules by fear and none of the staff feel comfortable raising concerns. I can't wait any longer, I need a resolution on this.

I also have some safeguarding concerns. One evening I noticed that a young boy, George, who I was looking after had bruised wrists, which looked like finger marks. When I asked him how he got the bruise he told me that his uncle, Fred, had been upset with him the previous evening. I'm not the only one with concerns, several staff members also made comments about the bruises - you should ask them.

As my line manager was not available at the time, I raised my concerns to another manager, Lauren, but she said that safeguarding is not her responsibility. She also said that she has known Fred for years and she knows that he would never harm the young boy. I then raised it with my line manager the next day, but she has not taken any action. I don't think action will ever be taken because Lauren and Fred are very good friends.

I'm not sure who else I can go to? I would welcome the opportunity to meet with you and discuss my concerns in more detail. Please can you guarantee that I will remain anonymous.

Yours sincerely,

Penny

Handling a concern

As a senior member of the Trust, Penny has asked to meet you to raise some concerns about her workplace.

- What information do you need to seek from Penny?

- What assurances do you need to make to Penny?

- What are the red flags for possible victimisation?

- What are the implications if others know or if Penny has raised it already?

- Is it relevant to ask what outcome Penny wants?

- What if Penny has an agenda?

- What if Penny is implicated?

- How do you close the conversation?

Do...

- Ask if Penny thought of a reasonable step to prevent victimisation

- Keep an open mind

- Separate the message from the messenger

- Manage expectations

- Check-in regularly, looking at performance, bonus, wellbeing

- Involve the whistleblower

- Learn the lessons

- Share the good news

Don't...

- Become defensive

- Dismiss before investigating

- Make assumptions

- Fail to discuss feedback

- Fail to involve the whistleblower

- 'Wait and see' until the whistleblower complains

- Reactive instead of proactive

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

TOP TIPS for Handling a Whistleblower

① Stage One: When they first raise concerns with you

THANK

EXPLAIN

REASSURE

ASSESS RISK

MANAGE EXPECTATIONS

REFER

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

TOP TIPS for Handling a Whistleblower

② Stage Two: During the investigation

What is the scope of the investigation? Is there a process for the investigator to follow?

Who will investigate? Who else should be notified? Any external agencies?

Consider how to investigate without revealing identity

Consider the confidentiality of others, e.g. the accused

Provide support throughout the process, e.g. point of contact to report victimisation

Progress updates

Keep records of actions taken and justifications

★ Communicate (and agree ideally) what exact allegations are going to be investigated

★ Assess the risk of victimisation – consider using a decoy for the investigation

★ Show your working!

TOP TIPS for Handling a Whistleblower

③ Stage Three: When the investigation has completed

OUTCOME

Explain and justify the outcome (consider the confidentiality of others)

Ask for the whistleblower's feedback

FEEDBACK

WELFARE

Assess the whistleblower's welfare, e.g. victimisation or any extra support they may require

Preventing Victimisation

Why is it important to prevent victimisation?

- Prevent harm to whistleblower and avoid legal claims

- Risk losing a valued member of staff who had the courage to speak up

- Bad news travels fast – victimisation may have a ripple effect on other staff members and undermine the whole whistleblowing system

- Regulatory and reputational risks

When is it victimisation?

An act or omission can still amount to detriment, even where:

- The employer does not think it was a negative measure

- The wrongdoer has been punished (employer liable for staff?)

- The employer did not know about it

- Wrongdoer was individually liable (Osipov)

- The whistleblower has left

New Message from Penny

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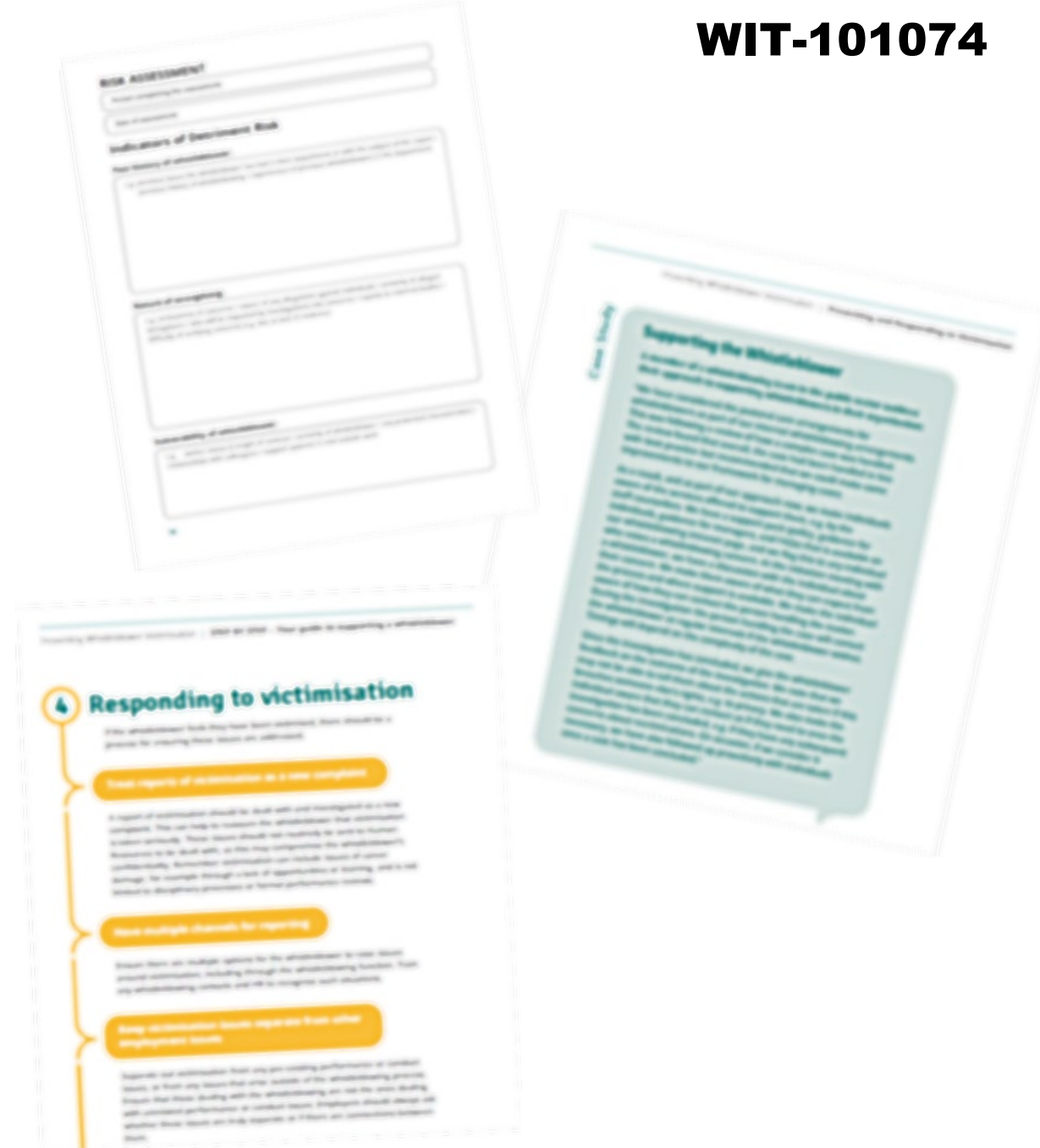
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Yours sincerely,

Penny

Best Practice

➢ Risk assessments

➢ Routes for reporting victimisation

➢ Monitoring

➢ Reporting on actions taken

➢ Culture

Reflections

What are you doing well in preventing or responding to retaliation?

Where can you make improvements?

YouGov Survey – Whistleblowers 2021

Q: Do you know how to raise a whistleblowing concern at work?

Legend: Yes (green), No (red), Unsure (yellow)

Categories: Financial Services, Medical and Health, Education, Retail, Hospitality and leisure

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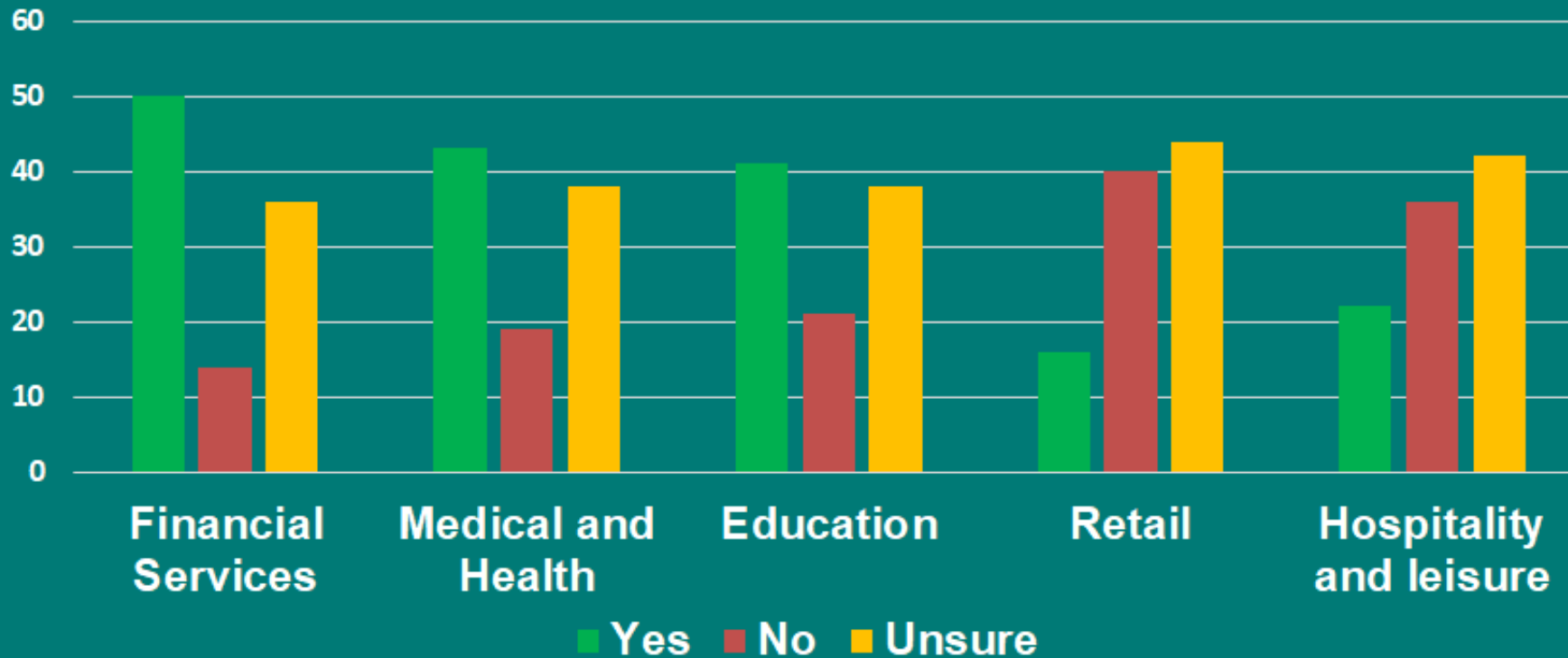
Reflections

- **What have you learned in today's session?**

- **What is your organisation doing well?**

- **Where do you think your organisation could improve?**

- **What action points are you taking forward?**

Thank You.

Rebecca Durkin

Legal Officer

Personal Information redacted by the USI

![Protect — Speak up, stop harm]

Southern Health
and Social Care Trust

Quality Care - for you, with you

Southern Trust Induction
For Board Members and those who report to the Board

It does not need a public inquiry to recognise that this elaborate system failed dramatically in the case of Stafford. As a result, it is clear that not just the Trust's Board but the system as a whole failed in its most essential duty – to protect patients from unacceptable risks of harm and from unacceptable, and in some cases inhumane, treatment that should never be tolerated in any hospital.

Quote from Mid-Staff

Mid Staffordshire **NHS**
NHS Foundation Trust

Stafford Hospital

Focus

- Understanding the foundations

- Southern Trust Corporate Governance
  - Roles and Responsibilities

- Preparing for Trust Board/Committee meetings

- Boardroom dynamics and protocol

Working together   Excellence   Openness & Honesty   Compassion

How to get it right

- Know your role and the role of others
- Deliver on your roles & responsibilities
- Be open, honest and transparent in all you do
- Challenge and support in equal measures
- Prepare, prepare and prepare

Southern Health
and Social Care Trust

Quality Care - for you, with you

Understanding the foundations

STANDING ORDERS

including
RESERVATION AND DELEGATION of POWERS

June 2020

MANAGEMENT STATEMENT

BETWEEN

DEPARTMENT OF HEALTH FOR NORTHERN IRELAND

&

SOUTHERN HEALTH & SOCIAL CARE TRUST

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

From the Permanent Secretary
and HSC Chief Executive

Dr Andrew McCormick

and Public Safety
www.dhsspsni.gov.uk

To: Chairs of Health & Social Care Bodies

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: Personal Information redacted by the
Fax:
Email: Personal Information redacted by the USI

Our Ref: AMCC 3932

Date: 18 July 2012

Dear Colleagues

CODE OF CONDUCT AND CODE OF ACCOUNTABILITY FOR BOARD MEMBERS OF HEALTH AND SOCIAL CARE BODIES

I am writing to advise you that the Department has updated the Code of Conduct and Code of Accountability for board members of HSC bodies to reflect the considerable changes made to the HSC under the RPA reforms, as well as relevant best practice developments in this field.

While the fundamentals of the documents remain unaltered, I would draw your attention to the following changes:

STANDING FINANCIAL INSTRUCTIONS

BOARD ASSURANCE FRAMEWORK

Currently reviewing the Corporate, Clinical and Social Care Governance

Southern Trust as an Arms Length Body

- **ALBs or Arm's Length Body** is the commonly used term covering a wide range of public bodies, including Non-Ministerial Departments, Non-Departmental Public Bodies (NDPB), executive agencies and other bodies, such as public corporations. In the HSC system in Northern Ireland ALBs regulate the HSC system, establish national standards, protect patients and the public, and provide central services to the HSC.

- ALBs have a role in the process of government but are not a Government Department or part of one. They operate at arm's length from Ministers but remain accountable to the Department for the discharge of the functions set out in their founding legislation.

Received from Eileen Mullan on 26/09/2023. Annotated by the Urology Services Inquiry.

Who attends Trust Board

Trust Board Members

- Chair
- Chief Executive
- Executive Medical Director
- Executive Finance Director
- Executive Director of Social Work
- Executive Director of Nursing
- 7 Non Executives

Operational Directors

- Director HROD
- Director OPPC
- Director MHLD
- Director Performance and Reform
- Director Surgery CCS, IMWH
- Director Medicine & Unscheduled Care

Support staff

- Board Assurance Manager
- Committee Secretary(s)

As a Trust Board, we promise to be open, honest and transparent in all that we do. We will listen to our patients, clients and staff to ensure their interests are at the heart of all decisions we take.

Southern Health and Social Care Trust
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BOARD BEHAVIOURS

We are committed to:-

- Mutual trust and respect; honesty and confidentiality.

- Our role on the Board and contributing to the wider business of the Trust.

- Embracing all aspects of challenge, dialogue, opinions and valuing all contributions.

- Learning from others by listening to understand.

- Demonstrating compassion to group members by being sensitive to the needs and feelings of others.

- Ensuring time is focused on issues that matter most to the Trust and the public.

- Allowing time out to build relationships.

- Recognising and utilising Trust Board members' individual expertise and experience.

- Considering and learning from all organisations external to the Trust.

Working together   Excellence   Openness & Honesty   Compassion

What does a Health Trust do?

They manage and administer hospitals, health centres, residential homes, day centres and other HSC facilities and they provide a wide range of HSC services to the community. The Northern Ireland Ambulance Service (NIAS) is the sixth HSC Trust dedicated to providing a range of transport services, from a Helicopter Emergency Medical Service (HEMS) to the rapid response vehicles needed for emergency call outs, the Northern Ireland Critical Care Transfer Service (NICCATS), the Northern Ireland Specialist Transfer and Retrieval Service (NISTAR) as well a regular patient transport service.

While ALBs should operate with a level of autonomy to deliver their services, the Minister is answerable to the Assembly for the overall performance and delivery of its ALBs and, therefore, ultimate accountability for the exercise of proper control of financial, corporate, clinical and social care governance in the HSC system rests with the Minister.

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What does a Health Trust do?
Cont'd

• HSC Trusts were established to provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust, are also responsible for exercising, on behalf of the HSCB, certain statutory functions which are delegated to them by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. Each HSC Trust also has a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provides to individuals and the environment in which it provides them (Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003), and to do so in a way that meets their obligations under equality legislation.

• Each Trust has a duty to exercise its functions with the aim of improving the health and social well-being of, and reducing the health inequalities between, those for whom it provides, or may provide, health and social care.

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The environment within which the Southern Trust works

Health and social care

Health and Social Care system in Northern Ireland

Health and social care

Northern Ireland Assembly - devolved legislator.
It is responsible for making laws on transferred matters in Northern Ireland, including health, and work of Ministers and Government Departments.

The Minister is responsible and answerable to the Assembly for the exercise of the powers on which the administration of the Department depends. The Minister has a duty to the Assembly to account, and be held to account, for all the policies, decisions and actions of the Department and its ALBs.
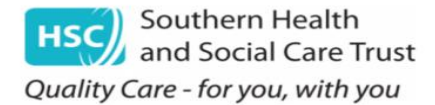

Northern Ireland Assembly Health Committee advises the Minister on developing policy in specific areas and have a role in the scrutiny of performance and governance of the Department and ALBs.
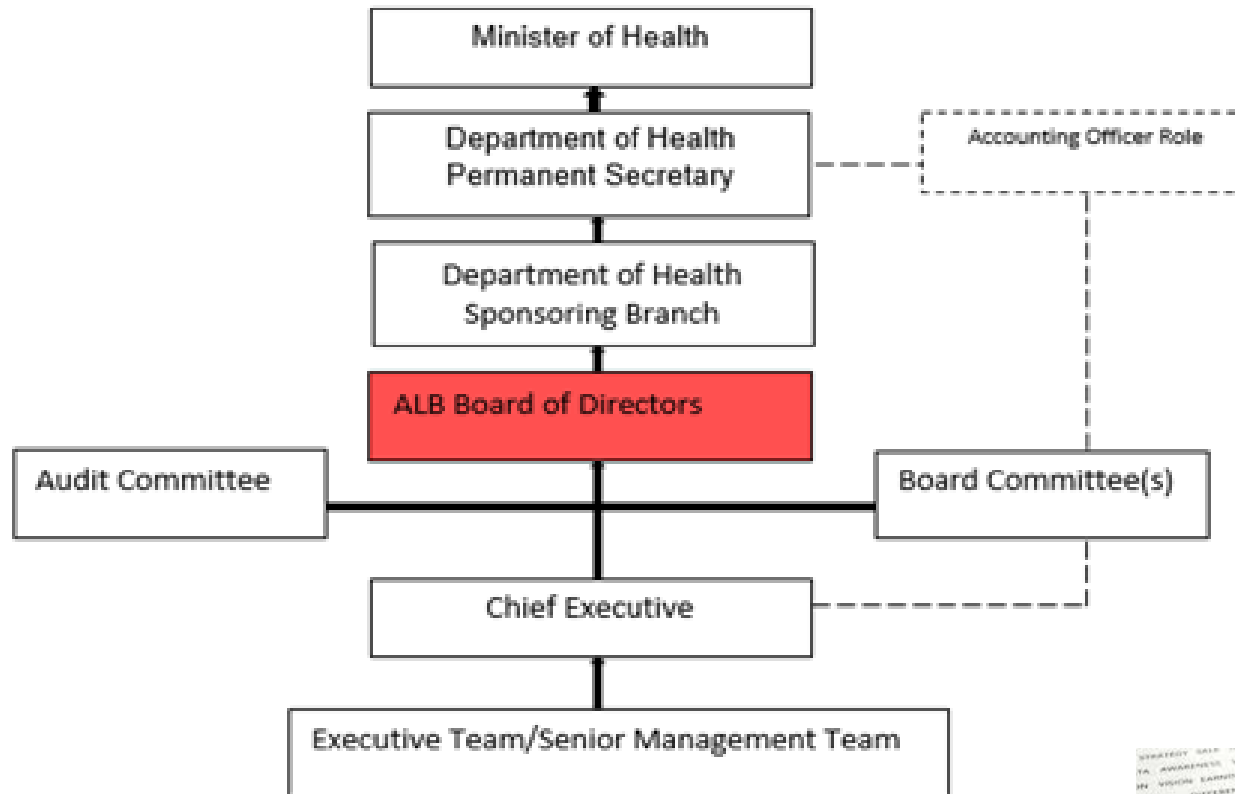

The Permanent Secretary is the Departmental Accounting Officer and is personally responsible and accountable to the Assembly for the organisation and quality of management of the Department, including its use of public money and the stewardship of its assets.

Department of **Health**
www.health-ni.gov.uk

HSC Health and Social Care Board

HSC Public Health Agency

HSC Business Services Organisation

NIGALA
NI Guardian Ad Litem Agency
A voice for Children and Young People in Family Courts

HSC Southern Health and Social Care Trust
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N.I.A.S.

HSC Northern Ireland Ambulance Service Health and Social Care Trust

HSC Western Health and Social Care Trust

The **Regulation** and **Quality Improvement Authority**

HSC Northern Health and Social Care Trust

NIPEC

HSC South Eastern Health and Social Care Trust

Northern Ireland Fire & Rescue Service

HSC Belfast Health and Social Care Trust
caring supporting improving together

Northern Ireland **Blood Transfusion Service**
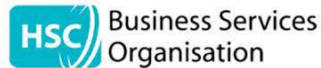
Patient and Client Council
Your voice in health and social care

Northern Ireland
mdta
Medical & Dental Training Agency

Social Care Council

Accountability Process

Figure 2: Accountability process for HSC ALBs

Role of the Minister

Founding legislation gives the Minister the power to issue a formal direction requiring the ALB to take particular action. However, the use of these formal powers is rare.

The Minister is mainly responsible for:

- Considering and approving the ALB's strategic objectives and the policy and performance framework within which it operates;

- Securing and approving the allocation of public funds for the ALB;

- Approval of key documents such as the Management Statement and Financial Memorandum and the ALB's corporate plan;

- Making appointments to the Board;

- Approving the terms, conditions and remuneration of the Chair and Board Members, and in most cases the Chief Executive; and

- Issuing letters of strategic guidance.

The Minister may also seek to increase his/her understanding of the ALB through formal meetings with the Chair and Board and other more informal events. The Minister is responsible to the Northern Ireland Assembly and may be asked at any time to attend the Assembly or one of its committees to answer questions from Members of the Legislative Assembly (MLAs).

Representing the interests of the Minister

Board Members of an HSC ALB are appointed by the Minister in order to ensure the delivery of, or advise upon, his/her policies and priorities. The representation of an ALB's views to the Minister by the Board is of course perfectly legitimate and acceptable, but such action should be viewed within this wider context. Crucially, Board Members and the Board corporately should be clear about the Minister's policies and expectations for their ALB.

If they are in any doubt on this point at any time, they should seek clarification from the Chair.

As a 'fit and proper person', there is an expectation that Board Members should cause no embarrassment to Ministers during their time with the ALB.

Role of the Department

It is the Department's mission to improve the health and social well-being of the people of Northern Ireland and it has three main business responsibilities:

- Health and Social Care, which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;

- Public Health, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population; and

- Public Safety, which covers policy and legislation for fire and rescue services.

The Minister in charge of the DoH is responsible and answerable to the Assembly for the exercise of the powers on which the administration of the Department depends. The Minister has a duty to the Assembly to account, and be held to account, for all the policies, decisions and actions of the Department and its ALBs.

The Permanent Secretary is the Departmental Accounting Officer and is personally responsible and accountable to the Assembly for the organisation and quality of management of the Department, including its use of public money and the stewardship of its assets.

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Accounting Officer

Dr Maria O'Kane CEO and Accounting Officer

- Regularity and Propriety

- Selection and appraisal of programmes and projects

- Value for money

- Management of opportunity and risk

- Learning from experience

- Accounting accurately for the organisation's financial position and transactions:

Department of Health
www.health-ni.gov.uk

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Corporate Governance

Southern Health
and Social Care Trust

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Southern Trust Corporate Governance

Trust Board

| Governance Committee | Audit Committee | Performance Committee | Patient Client Experience Committee | Remuneration Committee | Endowments and Gifts Committee |

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