

10. Corporate Risk Register

Risk register last reviewed by SMT on the 30th August.

Reputation risk (discussed at last Governance Committee) has now been considered across each of the risks rather than a risk on its own. SMT agreed where reputation risks are increasing these are to be raised and reflected on the register.

11. Integrated governance framework

The draft document was outlined in brief. It is a work in progress and was welcomed by members. The next steps are framework to be agreed by Trust Board in December. Outline Strategy due early 2018. Any changes resulting from structural review will be reflected within the document.

12. Information Governance

Update and report noted.

13. Draft governance committee annual report

Draft report welcomed by members. Committee is recommending it to Trust Board for approval.

14. Update on from Patient and Client Experience Committee

John provided a detailed update on progress to committee over the last year. Specifically around revised terms of reference and the inter-relationships and work with other work streams in the Trust.

15. Papers for noting:

Departmental controls assurance standards circular noted.

Governance Self-Assessment undertaken by the Non-Executive Directors present after the conclusion of the meeting.

Additional notes for discussion with Chair of the Trust Board and CEO at follow up meeting.

1. Dr Tracey Boyce's attendance is in her capacity as Pharmacy Director – not as alternative to Acute Director.

Governance Committee outcomes note from meeting held on Thursday 07th December 2017**Confidential Section: 0930 – 1030hrs****Agenda item 6:** Investigation into Dr Donal Duffins concerns:

The Committee was provided with a copy of the draft report from Eamon Molloy on the investigation into issues raised by Dr Donal Duffin.

This document was received on Tuesday followed by an action plan. Interim CEO provided the committee with an overview of the report and the process to get to this point.

Non-Executive Directors and Executive Directors expressed their dissatisfaction with the quality of the report, particularly it being unstructured, unclear and subjective.

The summary response was received and it highlighted a number of key learning points for the Trust moving forward. This document provided more clarity than the report itself.

It was understood and accepted by all that the approach to this process was to ensure that through an open and transparent process, Dr Duffin's concerns were fully listened to and where there were learnings for the Trust this would be embraced.

The Committee has requested that an executive summary is produced which will clearly outline and address the key questions that were asked at the commissioning of this work?

Next steps:

- Executive Summary to be produced and shared with Committee Members
- The Document and action plan to be provided to Dr Duffin
- Press and communications to be worked up and delivered
- Dr Duffin to be met in person and the outcomes from this investigation shared with him directly

Agenda item 5: Non-Executive Directors Children's Home Visits

There was one breach of statement of purpose, and done in line with the statutory regulator

Resumption in short service in Carrickore

There remain significant challenges for the Trust's children's home

Staffing shortages and demands through more complex cases continue to place significant pressures on the system.

Governance meeting: 1000 – 1345hrs

1. Apologies from Frances Rice, Geraldine Donaghy, Paul Morgan and Margaret Marshall
2. Declaration of interests - None
3. Chairs Business: None
4. Minutes of meeting held on 07th September - approved
5. Matters arising - all complete or on agenda for discussion/action today
6. Medicines Governance Report

Dr Boyce reported a positive last quarter. There has been an increase in reporting near misses with the increased number of pharmacists. There was one moderate incident which resulted in a patient with swallowing difficulties not receiving their medication for 6 days. Committee was disappointed at this and Dr Boyce detailed the learning processed that have come from this and that it is a one off incident rather than a trend.

7. Cyber Security

The committee received a presentation from the Siobhan Hanna Assistant Director of Informatics and Stephen Hylands Head of IT.

This was timely and highlighted the challenges facing the Trust to keep its data safe. The committee requested a quarterly progress update to be provided.

8. Clinical and Social Care Governance

The committee has requested inclusion of where categorisation has changed and why. This is to be included for the next meeting onwards.

The standard has been reset for the NEWS reporting at SHSCT.

Complaints reporting on the face of it down (numbers received v's number of patients and service users). There still remain a number of complex cases which involves a multi-disciplinary team which are outside of the timelines.

9. Sentinel Stroke National Audit Programme (SSNAP)

The committee received a startling presentation from Dr Michael McCormick on the delivery of stroke services within the Southern Health and Social Care Trust. Committee expressed its discontent with how the Trust is performing in this area. The Committee noted that whilst there is a regional consultation taking place on Stroke Services the Trust should seek to undertake local changes to improve service delivery and ultimately better outcomes for patients. The committee were very clear that having heard this presentation, sitting idle and doing nothing is not an option. The Trust Board will be made fully aware of it. The Acute Director to draft options for SMT to consider and this all to take place with a mind to the regional work being done, but the need for changes at a local level in the interim.

10. Corporate Risk Register

Following legal advice from DLS the Southern Trust will only pursue declaratory orders in some cases and these will be decided on a case by case basis. SMT to include within the risk register and outline this as a mitigation to de-escalate and to be managed at a Directorate level.

Medical staff shortages at South Tyrone Hospital have been mitigated in the short term; however there is volatility there. It's currently being mitigated and managed at Directorate Level. If there are any changes it will be escalated immediately.

SMT were asked to consider including within the register who the control monitor is and the timelines for each risk.

Question was posed around the full Trust Board exposure to the risk register. Whilst it comes to the Trust Board twice yearly it was asked whether the Trust Board should take one or two risks and explore in details. I proposed that this could be undertaken at a Board workshop, the concern raised, was that these are not that frequent.

11. Information Governance - all reports were received and noted.**12. Annual mortality review – was received and noted**

The draft document was outlined in brief. It is a work in progress and was welcomed by members. The next steps are framework to be agreed by Trust Board in December. Outline Strategy due early 2018. Any changes resulting from structural review will be reflected within the document.

13. Claims management

The committee received a presentation on claims management. This had come from the Audit Committee internal audit findings around the connectivity of claims management and the governance committee.

The committee has asked for a short note on the lessons learned to be brought forward to the governance committee

14. Carers Action Plan and Carers Annual report – received and noted

15. Leadership Walks – summary report – received and noted.

(Request for the walks to planned well in advance)

16. Non-Executive Directors visits to Children’s Home Report – received and noted

17. Update from Patient and Client Experience Committee – verbal update received from John Wilkinson (Chair of Committee)

18. Information for noting:

- Development of a Governance Framework for replacement of the Controls Assurance Initiative – Correspondence from Department of Health
- Agenda from Mid-Year Ground clearing meeting with Department of Health – notes are to follow

Eileen Mullan

Chair, Governance Committee
Southern Health and Social Care Trust
08th December 2017

Governance Committee outcomes note from meeting held on Thursday 08th February 2018**Confidential Section: 1:00pm – 1:20pm****Agenda item 4:** Investigation into Dr Donal Duffins concerns:

The Committee was provided with an update on progress since the last meeting.

- The report was finalised
- Dr Duffin was met with and the report shared with him
- A further meeting was held with Dr Duffin.
- The Trust offered for an additional step to be undertaken where three Consultants who informed the report along with three other members of the Trust staff would meet and explore the IR1's. This has yet to be undertaken.
- The committee will receive a further update at its next meeting.

The committee reinforced its disappointment at the quality of the report provided through the Leadership Centre and Vivienne Toal will relay that to the Centre when they next meet.

Governance Committee Open meeting: 1030 – 1:00pm

1. Apologies from Frances Rice
2. Declaration of interests - None
3. Chairs Business:

Following on from the confidential trust board meeting, the committee was notified that post the March Trust Board meeting the Hyponatraemia Inquiry will become a standing item on the agenda.

4. Minutes of meeting held on 07th December - approved
5. Matters arising - all complete or on agenda for discussion/action today

OPPC and Acute will bring options paper back to SMT regarding Stroke services. Most likely outcome all stroke services will move from Daisy Hill to Craigavon – resulting in better service to patients. An update will be provided to the next governance committee.

6. Information Governance

- 6.1 General Data Protection Regulation – Presentation
Committee received a presentation from Claire Graham, Head of Information Governance. Noted impact on trust with removal of fees will result in a cost to SHSCT of £140k plus staff time to be assumed within current resources. Next update will be provided at September Governance Committee.
- 6.2 Update on Cyber Security – noted by committee
- 6.3 Freedom of Information requests, Environmental Information and Subject Access requests - noted by committee

7. Medicines Governance

- 7.1 Medicines Governance Report
Dr Boyce reported a positive last quarter. Reporting near misses still above 70%. There were moderate incidents resulting in no harm. Patients and families notified immediately.
- 7.2 Report from Accountable Officer responsible for Controlled Drugs provided for Assurance. Noted by committee.

8. Clinical and Social Care Governance

The committee was provided assurances on improvements on NEWS reporting following changes made in the last quarter of 2017.

Committee noted concerns around increase in physical and verbal abuse on staff, with particular concern for lone workers within domiciliary care.

Committee discussed the reported top 5 issues. The questions were posed if the three falls and two abuse definition were collapsed into two, what would be the next main issues that the trust are facing. Medicines were offered, followed by communications, attitudes and behaviours of staff. Discussion followed on current reporting and if there was need for change. It was agreed that reporting remains as, but Directors must bring to the committee when trends are showing an increasing issue.

9. Corporate Risk Register

HMRC considerations regarding GPOH are currently being worked through. This may come on the to the risk register. SMT will keep an eye and inform Governance Committee in due course.

Following the publication of the Hyponatremia Inquiry the SMT are now considering actions as result and this is likely to be placed on the risk register in due course.

10. Claims Management

The committee received an update on claims management and the lessons learned from Vivienne Toal. This was noted.

11. Health and Safety Update

Vivienne Toal provided an update on the health and safety. Following the last report, the committee was pleased to hear that much progress has been made in this area.

12. Revised terms of reference

A few amendments were suggested/requested. Committee happy to approve and recommend to the Trust Board in March subject to the amends.

13. Annual Schedule of reporting

This was accepted and noted by the committee.

14. Update from Patient Client Experience Committee

John Wilkinson provided a detailed update on progress to date. Reference was made to request to HSCB for further support. It was also that the Patient and Client Council have not been present at the last three meetings.

15. Any other business

None

Eileen Mullan

Chair, Governance Committee
Southern Health and Social Care Trust
08th February 2018

Governance Committee outcomes note from meeting held on Friday 11th May 2018**Confidential Section: 0915 - 0940****Agenda item 4: Investigation into Dr Donal Duffins concerns:**

The Committee was provided with an update on progress since the last meeting.

- Dr Duffin has been unwell which has resulted in a delay for the IR1's to be reviewed.
- A meeting has been scheduled for the end of May.
- Committee will be updated at its meeting in May 2018

Agenda Item 5: NEDs visit to Children's Home

- NEDs found the training provided very supportive and a benefit to all
- NEDs have asked for confirmation on the statutory requirement on the number of visits per year

Governance Committee Open meeting: 0945 – 1:00pm

1. Apologies from Siobhan Rooney & Dr Khan
2. Declaration of interests - None
3. Presentation MBACE UK – Saving Lives, Improving Mothers Care. Dr Beverly Admans, Consultant Obstetrician.

Southern Trust had not performed particularly well. There has been look back exercises, changes applied and a constant eye to reviewing. Clear desire to improve.

4. Chairs Business:

Committee Chair had attended along with Trust Board Chair, the mortality and morbidity regional meeting on the 23rd March 2018. Each Trust outlined their current position and challenges.

Implementation of a facilitator post has benefited a number of the trusts
Recognition of the multi-disciplinary teams involved and the challenges with that.
Damian Scullion spoke as Associate Medical Director for the Southern Trust
Southern Trust has had challenges on meeting regionally agreed timescales. This has been down to disagreements on where responsibility lies for the reporting.

Following the Trust Board Meeting in March 2018. The Hyponatraemia Enquiry will not now be an agenda item on the Governance Committee. It will be reported directly to Trust Board.

5. Minutes of meeting held on 08th February 2018 - approved

6. Matters arising - all complete or on agenda for discussion/action today

Stroke Services update notes the local changes that can be made whilst the regional strategy is created. OPPC Director confirmed that there is a Stroke Services rehab shortfall, currently SHSCT are providing 15 mins rehab instead of the standard 45 mins. The Trust has not been commissioned for this work.

7. Medicines Governance

No significant trends emerging.

One catastrophic incident took place in the reporting quarter. SAI underway and due to conclude in the coming weeks. Immediate lessons learned and actioned.

8. Clinical and Social Care Governance

The committee talked with the CEO about the clinical and social care reporting. Whilst there have been modifications, there was a continual level of 'what exactly is this report telling us'. CEO asked for a small working group NEDS/ED to explore other models. CEO will distribute initial thoughts prior to the group meeting.

- NEDS, Eileen, Martin, Siobhan/Geraldine

9: Information Governance

Committee received and welcomed a cyber security update and outline of progress since last meeting.

A revised and refreshed reporting style for the a Freedom of Information, Environmental Information and Subject Access Requests (DPA) is currently being worked and will be presented at the September meeting.

10. Corporate Risk Register

Following the Trust Board workshop on the 26th April, the CEO is working with SMT to review the risk register in light of the deep dive on the two risks discussed that day. What are the overarching risks; are the risks we have more directorate, divisional and does the Trust Board need to have a smaller number of significant risks. CEO has requested that time is given at each Governance Committee to explore one risk, this was agreed.

11: Draft Governance Statement

The draft governance statement was presented. This has been reviewed by the Audit Committee. Further minor amends are likely. This will be presented to the Audit Committee and then the Trust Board.

12: Controls Assurance Standards

CEO noted the assurance and comfort he gets from these control assurance standards. Whilst work is underway at a regional level to replace the controls assurance standards, CEO will retain these standards until the replacements are in place.

13: Annual Mortality Review

CEO presented the paper in Dr Khans absence. It was noted that the Southern Health and Social Care Trust is sitting below the lower confidence limit and compares well to the peer hospitals.

14: Litigation Claims Management

Committee received an update on progress since last meeting. Pleased to hear that a new manager is in place and a revised approach focus has begun.

15: Formal Whistleblowing cases

Vivienne Toal presented an update on the work being undertaken. A meeting has been held with the assigned Non-Executive Director John Wilkinson. Trust Board are undertaking training that day to provide the overview and approach to be applied across the Trust.

16: Carers Action plan.

Melanie McClements presented a detailed carer action plan report and outlined the approach taken and the involvement of carers in its creation. The Committee discussed whether the Carers Action Plan is better placed being presented to the Patient Client Experience Committee. After discussion with the Board Assurance Manager and CEO, the committee agreed. Committee terms of reference and annual work plans to be updated for both committees.

17: NEDS visits to Children's Homes report.

The committee received and noted the report.

18: DAO Audit and Risk.

The Committee received the DAO (DoF) 03/18 – Audit and Risk Assurance Committee Handbook (NI) 2018

19: Mid-Year Accountability

The committee received and noted the minutes of the mid-year ground clearing meeting held on the 21st November 2018

20: Feedback from Audit Committee

The Committee received an update from Hilary McCartan Audit Committee Chair on

- Implementation of the DATIX Risk Management Module
- Clinical Audit – which will come to Governance in September

21: Update from Patient and Client Experience

Committee Chair John Wilkinson provided a verbal update on the work and progress being made by the committee since the last meeting.

Any other business

Acute Director Esther Gishkori updated the committee on the work being done by the Breast Team and the recent news coverage. The Committee were very impressed with the innovative work being undertaken and noted their appreciation and congratulations.

Eileen Mullan

Chair, Governance Committee
Southern Health and Social Care Trust
11th May 2018

Governance Committee outcomes note from meeting held on Thursday 06th September 2018**Confidential Section: 0915 - 0930****Agenda item 4:** Investigation into Dr Donal Duffins concerns:

The Committee was provided with an update on progress since the last meeting.

- The 6 Consultants have been assigned to review 24 DATIX Cases (8 selected by Dr Duffin and 16 randomly selected).
- Terms of reference currently being worked up. Focus is on adverse incidents and the process applied. A copy to be provided to the Governance Committee once agreed.
- This piece of work will be supported by the Clinical and Social Care Governance Team
- Work is anticipated to last 3 months

Governance Committee Open meeting: 0930 – 12:30pm

1. Apologies from Hilary McCartan (NED), Geraldine Donaghy (NED), Anita Carroll Interim Director of Acute Services (Dr Tracey Boyce deputised for Anita Carroll), Sandra Judy
2. Declaration of interests - None
3. Presentation from Clinical, Audit Strategy including reporting arrangements.

Simon Gibson Assistant Director, Medical Directorate provided a detailed presentation. He was joined by Anne Quinn Head of Service for M&M and Clinical Audit. The strategy has been created as a direct result of the Limited Assurance provided by internal audit in 2017. The committee welcomed the strategy; some changes were suggested by way of strengthening. The team were asked to remember social care with the realms of the audit. Many of those present acknowledge the work of Anne Quinn who is retiring in December.

4. Chairs Business:

None

5. Minutes of meeting held on 11th May 2018 - approved

6. Matters arising - all complete or on agenda for discussion/action today

Stroke Services – SHSCT is putting in place changes it can. Awaiting outcome of regional work. A further meeting is scheduled for early 2019.

Working group met regarding the Clinical and Social Care Governance report. Revised approach to reporting in line with the key corporate risks will be provided for the next meeting.

Corporate Risk Register – new register provided for the meeting under agenda item 9.

Update on DATIX Risk Management Module and Presentation on the Trusts arrangements for Clinical Audit on the agenda.

7. Medicines Governance

No significant trends emerging.

Five moderate incidents took place in the period. One catastrophic incident took place and is currently being screened to determine if incident was preventable.

8. Clinical and Social Care Governance

Eileen, Shane, Aldrina, Margaret and Siobhan met in August to discuss how the CCSG report could be reported in a meaningful way. Draft revised reporting will be in place for the December meeting.

Committee member found the additional information on the independent sector helpful.

Training for SAI to begin shortly for panel Chairs, with training to be rolled out for other members following this.

A mobile App will be provided to all SAI chairs which will support them through an SAI process.

9: Corporate Risk Register

Shane presented the revised risk register. Substantive work undertaking since the last meeting within the SMT to create the key current risk register.

The committee was provided with a drill down on two risks: Loss of Electricity to Craigavon Area Hospital and Workforce Pressures.

10. Information Governance

Revised reporting will come into effect at the next meeting.

Committee noted reports on Cyber Security, FOI, Environmental Information, Subject Access Requests and GDPR.

11: Litigation: Claims Management

The Committee approved the Claims Management report presented by Vivienne.

12: Annual Health and Safety Report

The committee received a detailed health and safety report for assurance. Committed noted SMT are to discuss and decide where health and safety will sit within the new SMT structure.

Paper to come back to the committee re need for resourcing MAPA training.

13: Draft Annual Governance Report

The committee approved the report and are recommending it the Board.

14: Leadership Walkabouts

Committee noted the leadership walk reports that had been deferred from the May meeting.

15: Update from lessons learned committee

The committee has met once. Non Executive assigned is Martin. Focus is on identifying and disseminating learning.

16: Patient and Client Experience Committee

John provided and update on the outcomes from the last meeting.

17: For information.

Letter to ALB Chief Executives – Risk Management

Controls Assurance Standards meeting on the 13th June

Governance Self-Assessment – Non Executives met after the meeting to complete.

18: Proposed meeting dates 2019

The committee agreed and noted the dates.

19: Any Other Business

None

Eileen Mullan

Chair, Governance Committee
Southern Health and Social Care Trust
11th September 2018

Governance Committee outcomes note from meeting held the 06th December 2018**Confidential Section: 0915 - 0930**

Apologies from Dr Maria O’Kane Medical Director

Update on investigation into Dr Duffins concerns

- Terms of reference for the Adverse Incident Audit group have been agreed. The group met on the 26th October and is next meeting on the 07th December.
- The group have agreed the following milestones:
- 14th December – finalise audit of 24 incidents, agree further actions to explore incidents if required
- January 2019 – draft report to be created complete with recommendations. Group to meet and agree the findings.
- February/March 2019 – Report to be submitted to the Medical Director
- Governance Committee to receive an update at its next meeting.

Governance meeting: 0930 -1300

1. Apologies from Dr Maria O’Kane Medical Director.
2. **Matters arising:**

Items either complete on today’s agenda

6. Medicines Governance Report

Dr Boyce reported a positive last quarter. There has been an increase in reporting and in particular from within the Domiciliary Care Team.

Four moderate incidents took place during the quarter. Two where omission of a patient’s antiepileptic medicine resulted in a seizure. One patient was discharged from ward without prescription being sent to pharmacy. Patient subsequently took pre-admission medicines following discharge and was readmitted three days later with medication related hypotension. The fourth incident was a result of a GP not updated their IT systems when they had reduced and analgesic dose by 50%.

7i. Clinical and Social Care Governance.

Frist cut at a revised report structure provided was well received, which was well received.

No initial learning from the three catastrophic incidents reported. SMT to seek clarity on length of time for initial screening verses 72 hour notification period.

Physical abuse, assault or violence still remains the highest number of incidence occurrence.

44 SAI’s investigations currently being progressed.

3 of these are paused due to ongoing investigations by external bodies.

8 SAI's remain within the HSCB timescale for submission

33 SAI's remain outside the HSCB for submission

Job Planning will play role in improving the progress of SAI's.

NEWS Bundle Compliance is at 80%. Whilst we have seen an improving picture since Q2 2017, it remains static in line with Q2 2018. Of the eight measures, only one 'escalation' has resulted in this score. Work is underway to improve.

Communication/information remains the number one complaint received (50), followed by Professional Assessment of Need (46). Committee has asked for some further details behind the numbers to understand the validity and nature. SMT are to look at whether introducing a withheld or not withheld system would support the reporting.

7.ii Management of Standards and Guidelines

455 Standard and guidelines have been between 01st September 2016 – 24th October 2018.

Key points:

- Internal Audit conducted an audit which has received Limited Assurance. This report, management response and action plan is going to the Audit Committee in February 2019
- Identifying change leads
- Not enough resources to manage the number of S&G coming in
- Standards and Guidelines reporting to be incorporated with C&SCG report
- Job Planning will be critical to progress on SAI's, SPA's and S&G
- Option to utilise technology to support the implementation of S&G

7.iii Lessons Learned Forum

The Forum has been in place since April 2018. It is early days for the forum. They have agreed the terms of their work, undertaken a SWOT analysis.

Key points:

- Need to ensure connectivity with IHRD work stream on Lessons Learned
- Clinical input is critical to the forum and consistency in attendance is important

7.iv Complaints annual report was received for information

7. v National Audit Assurance Report 17/18

Key corporate issues:

- Need to ensure that all audits are reported and monitored on a regular basis within operational directorate governance arrangements
- Requirements for clarity in relation to strategic direction for clinical audit and the interface with quality improvement

- Requirement for additional resources to support the Trust's proposed clinical audit work programme 2018/2019
- Compliance with GDPR requirements
- Organisational recognition that, to be successful, many audits require multi-disciplinary input across divisions and directorates

Key service issues

- Cardiac rehabilitation
- Regional inpatient diabetes audit
- Stroke audit

8: Risk Register

The risk register has been reviewed by SMT three times since the last Governance meeting. A few minor adjustments in relation to medical and nursing workforce risks.

The committee received a walk-through of the BSO Share Service 'Lack of Data Processing Contract.

Key points:

No contract in place

BSO is not an organisation that can be prosecuted (SHSCT is)

Has been raised informally with the department

The committee has asked for the Chief Executive to write to the BSO CEO to raise the risk and implications particularly for the Trust.

9 Information Governance

9.i Cyber Security

Cyber Security Report was received for information.

Regional bid is being put together for March 2019. In the meantime the Trust will where it can within resources address local issues until the regional bid has been decided upon.

9.ii Freedom of Information

FOI report was received for information

Increase in public requests

Increase in 1-5 days outside of 20 day turnaround

10 RQIA Baseline review of trust governance arrangements for services commissioned from the Independent Sector.

- Terms of reference has not yet been agreed
- Baseline information in place
- Review due to get started soon
- Nursing to be involved within the process

11 Litigation: Claims Management

Litigation Claims Management report was received for information

12 Formal Whistleblowing Cases

Number of whistleblowing cases has increased

A case has been submitted to provide an additional resource to support the department. Currently they are able to process cases in line with resources.

Cases are all being processed in line with the policy and procedure

13 Update on Controls Assurance Process – this item was deferred until the next meeting

14 Leadership Walks

Leadership walks reports received for information

Work in ongoing to review the template and create an annual cycle of leadership walks

There was discussion on Non Execs and Execs buddying for visits – this wasn't overly accepted. There was also discussion on having the opportunity to undertake walks outside of the 'structured leadership walk framework'

15 Non-Executive Directors visits to Children's Homes – summary report

Summary report was received for assurance

16 Update from Patient Client Experience Committee

John provided a verbal update on progress being undertaken by the committee.

17 Mid-Year Ground Clearing meeting

Agenda and Minutes received for information

18 AOB

Thanks were extended to Carmel Harney and Dr Ahmed Khan for their work and commitment to the committee during their interim role.

Dr Maria O'Kane and Barney McNeany will be in attending at the next meeting scheduled for Thursday 07th February 2019.

Governance Committee meeting held the 07th February 2019

Confidential Section: 0915 - 0930

Apologies from Martin McDonald – Non Executive Director

Matter Arising:

Children's Home Visits – Pro-Forma Non Executives to feed through to Paul their thoughts on the pro-forma to support his discussions at a regional level.

Update on investigation into Dr Duffins concerns

The panel has finished its work. The panel's outcomes were finalised and given to Dr Maria O'Kane Medical Director. A written report will now be draft for the next Governance Committee meeting and shared with Dr Duffin also.

Overall findings:

- No systematic downgrading of Serious Adverse Incidents on DATIX
- The 24 cases reviewed (8 from Dr Duffin and 16 randomly selected there was overall appropriate and accurate recording

Open Governance Committee meeting: 0930 -1300

1. Apologies from Martin McDonald – Non Executive Director.
2. Welcome to Dr Maria O'Kane, Medical Director and Barney McNeany and Trudy Reid to their first meeting
3. Presentation on Quality Assurance Visit to Southern Breast Screening Unit. Presented by Dr Linda Johnston Consultant Radiologist/Director of Breast Screen SHSCT, Wendy Clayton Head of Service, and Damien Bennett, Consultant in Public Health Medicine PHA.

Key points to note:

- No areas of serious concern were identified
- The team provides a high quality service for local women
- The recommendations made are intended to further improve the quality of an already high quality service
- Staff are committed to continuing to improve the quality of the service provided
- The Southern Breast Screening Unit is performing well against the quality standards
- Difficulty in recruiting breast radiologists has potential implications for the future sustainability of the unit

6: Matters arising:

Stroke Services verbal update. SMT noted lack of written update as a result of continuing conversations locally and regionally. Key points:

- Regional discussion taking place
- Snap audits are showing improvement in service delivery
- Early supported discharge is no in place
- Some further scoping needed to inform a fuller paper
- Regional Stroke consultation to be concluded by end of March

All other points coming up on the agenda.

7: Information Governance

- I. Cyber Security Update received for Information. Note for full Trust Board is to support the continuing efforts to raise awareness at regional level on need for scale and pace of regional investment programme in light of extant accountability arrangements and action plan to enable risk mitigation at Trust and system level.
- II. Freedom of Information, Environmental Information and Subject Access Requests: 01st October to 31st December 2018 – received for Assurance
- III. Information Governance Framework (SIRO Report) received for Assurance.

8: Claims Management

Litigation Claims Management – Quarterly Report was received for Assurance.

Integrated maternity and women's health was discussed (as the paper showed a number of litigation claims). As a result of the discussions, SMT committed to bringing report/presentation to the next governance committee to explore further (this will include Obs & Gynae, M&M and current processes).

9: Corporate Risk Register

- The Risk Register was received for approval.
- SMT currently exploring the how best the EU Withdrawal can be reflected within the Register. Acknowledged that it is a risk to the trust, however so many external factors that shift daily are making it difficult to identify appropriate mitigations. Further update will be provided.
- SMT were asked to ensure that all actions have identified time lines – acknowledged
- Query on the role the Trust Board plays in relation to the Corporate Risk Register and creating and agreeing a risk appetite for the Trust. Acknowledged that at Governance Committee the detail on the register and deeper dive into risks is the best place to happen. Trust Board received the risk register twice yearly.

Deep Dive into HCAI Risk by Dr Maria O’Kane Medical Director

The deep dive highlighted areas where early intervention and mitigations could be strengthened these included:

- Training through OPPC for the Independent Care Sector particular around hand over and transfer of patients
- Training for GP’s on the antibiotic prescribing and infection control measures
- Infection Prevention Control strategy is early in its life cycle, ideas have already flowed from that of improvement, amends that would be supportive. The Strategy to remain in place, where it can be built up then it should.

10: Clinical and Social Care Governance.

Clinical and Social Care Governance report received for assurance.

- Incidents Classification – 443 incidents recorded on physical abuse, assault or violence against staff. Committee concerned about the high level of incidents in this regards. SMT noted a meeting has been arranged for the 19th February to explore how Southern Trust can look to address. SMT members noted the need to ensure there was combined and informed approach/response regionally and locally and this it is all connected and not working in silos.
- Serious Adverse Incidents: 60 days or more for notification Serious Adverse Incidents to HSCB 12 Cases with the 2018 year. SMT outlined that these notification delays are down to resource to undertake, timelines for sudden death notifications in line with PSNI approach, process can lengthen in time due to DATIX and in particular relation to suicide.

Key actions:

- Work to be done with the PSNI in terms of the transfer of patients and sudden death notifications.
- Whilst lessons learned are raised and noted, it is hard to evidence where lessons learned have been applied. A piece of work to be done to go out and test it.

11: Update on Controls Assurance

Controls Assurance update was received for Assurance.

CEO provided an update on the Control Assurance process for 2018/2019. Transitional year and CEO content with the measures retaining until a regional approach has been agreed.

12: Medicines Governance

- I. Medicines Governance Report was received for Information.

Key points:

- No major or catastrophic incidents during the 3rd quarter of 2018/2019
- Reported incidents are still dominated by prescribing errors and this is done to handwriting. Computerised approach currently being worked up – this should address.
- Medication Safety Newsletter now being created 6-monthly and high lights key areas of focus and learning for staff

- II. Report from Accountable Officer Responsible for Controlled Drugs received for Assurance.

13: Update from Patient Client Experience Committee – 11th December 2018

- John Wilkinson provided an update. Key points:
- A piece of work around complaints is being looked at with the London School of Economics
- What matters to you project highlighted communication and feeling valued and supported as key areas.
- Patient Client Council reports are shared with and within Directorates and the committee takes comfort from that
- Impact of transformation funding and created three additional posts to support transformation, co-production and co-design.

14: Governance Committee Terms of Reference received for Approval

This will be presented to the next Trust Board Meeting recommended for approval

15: Scheduled of Reporting for 2019 was received for approval

This will be presented to the next Trust Board Meeting recommended for approval

16: Any other business

None

Next meeting - Thursday 16th May 2019 at 0915am.

Governance Committee meeting held the 21st May 2019

Confidential Section: 0830 - 0900

Apologies:

- Hilary McCartan, Non-Executive Director
- Helen O'Neill, Director of Finance and Estates
- Heather Trouton, Interim Director of Nursing
- Esther Gishkori, Director of Acute Services

Update on investigation into Dr Duffins concerns

The panel has completed its work. Thematic report has been prepared and Governance Committee reviewed the same. A meeting with Dr Duff will take place over the coming weeks and the report and themed outcomes will be shared in full. This will conclude this process and the committee will be updated at its meeting in September to confirm the same.

Overall findings:

- No systematic downgrading of Serious Adverse Incidents on DATIX
- The 24 cases reviewed (8 from Dr Duffin and 16 randomly selected there was overall appropriate and accurate recording

Non-Executive Directors visits to Children's Home Report: October 2018 to March 2019

The Trust has received a number of failure to comply notices. There has been an increase in the number of complex needs. Reality of the situation is the system is struggling to respond to the increase in complex cases. Urgent need for a regional strategy for Children with Disabilities.

Open Governance Committee meeting: 0900 - 1230

1. Apologies: Hilary McCartan, Non-Executive Director, Helen O'Neill, Director of Finance and Estates, Heather Trouton, Interim Director of Nursing and Esther Gishkori, Director of Acute Services
Welcome to Margaret Marshall
2. Declarations of interest – none
3. Chairs business – none
4. Minutes of meeting held on 07th February – approved
5. Matters arising – remaining items on the agenda
 - a. Update on Stroke Services: Regional consultation closes in June. Department of Health will be running public meetings. NED's and ED will be invited to attend.
 - b. SSNA audit showing improvement (Oct-Nov)

6: Clinical and Social Care Services

Early learning being identified from SAI's is being recorded. My of which are showing no early learning.

Trust like others is still struggling to secure Chairs for the SAI's –which is having significant impact on the Trust meeting regionally agreed timelines.

Key notes for the Governance Committee:

- Securing SAI Chairs – remains challenging
- Incident date for SAI to be included for future reports
- Increasing number of suicides within the Southern Trust
- Hot debriefs are still bedding in – however early signs are positive

❖ Report was received for Assurance

6.1: Management of Standard and Guidelines

547 New standard and guidelines were received from 01st September to the 31st March 2019.

Executive Directors report that there are challenges to progress them due to operational capacity.

Committee requested that future reports include detail on how long the S&G has been under review. Directors noted information is readily available and will be produced for next report.

Committee noted that the Standard and Guidelines co-ordinator post is a vulnerable post.

❖ Report was received for Assurance.

7: Annual Mortality Review

Committee received the Annual Mortality Review January 2018 to December 2018 for assurance. Chief Executive outlined that that Southern Trust mortality data remains within limits.

❖ Report was received for Assurance

15.1: Internal Audit Report. Morbidity and Mortality 2018/2019

Committee received for information a copy of the internal audit report on Morbidity and Mortality which was presented to the Audit Committee on 11th April 2019.

Audit Report action plan will come to the Governance Committee in September 2019

June Champion is undertaking a wider governance review currently and its outcomes will come to Committee in September also.

Committee acknowledged the review and recommendations papers and took assurance from it.

Key question from Committee to Executive Directors is culturally – how do we free people up to really drive learning from morbidity and mortality.

- ❖ Report received for Assurance

8. Medicines Governance Report.

No major or catastrophic incidents. Continued increase in reporting which is welcomed. Pharmacy is undertaking a specific piece of work to focus on insulin administration.

- ❖ Committee received report for Assurance.

9. Information Governance Report**9.1 Cyber Security**

Work is currently underway to bring clarity to the interpretation of the cyber security requirements by the competent authority.

Risk appetite, technical understanding and application will impact how best cyber security will be managed for Southern Trust.

- ❖ Committee received report for Information.

9.ii Freedom of Information

- Increase of 35% of FOI's.
- 20 day response time has decreased in line with demand and capacity
- Awareness raising sessions currently being rolled out to inform and support in understanding and processing FOI's.

Committee acknowledge work behind the scenes that support FOI's to be processed and supported.

- ❖ Committee received report for Information.

10. Corporate Risk Register

No risks have been added or removed. Risk ratings were reviewed no amendment have been made in the period.

The Committee spent time undergoing a deep dive in the Medicine Workforce. Key points:

- Emergency Medicine has currently 6 applications for 4 posts. Interviews are imminent.
- Radiologist remains a concern. This more difficult as there are not enough being trained.
- Trainee distribution across the Trusts still causes concern, with Belfast Trust still getting 60% of trainee doctors.
- Southern Trust is offering an additional 0.5SPA to include induction and getting started on quality improvement.
- Southern Trust is embracing innovative and alternative measures to attract people for posts here.
- Link between connectivity with having a good training experience has shown strength in having Doctors wanting to come back and work at the Southern Trust.

11. Draft Governance Statement received for assurance.

12. Controls assurance report 2018/2019 received for assurance.

13. Draft Annual Report of the Governance Committee 2018/2019 was approved by the Committee.

14. Leadership Walk Arouds: Summary report received for information

15.ii Internal Audit Report on Specific Elements of Infection Prevention & Control (IPC) Governance (Satisfactory) report received for information.

16. Litigation Claims Management report received for Assurance

17. Update on 'See Something, Say Something' received for Assurance

18. Any other business - None

Governance Committee meeting held on the 05th September 2019

Confidential Section: 0925 - 0935

Apologies:

- Martin McDonald Non-Executive Director
- Esther Gishkori, Director of Acute Services

Update on investigation into Dr Duffins concerns

- Dr Duffin has been met with and the report shared with him. Action plan is now in place. There are regional and local learning points which have been welcomed.
- This now concludes this process with Dr Duffin

Open Governance Committee meeting: 0940 - 1245

1. Apologies:

Martin McDonald – Non Executive Director
Esther Gishkori – Director of Acute Services

2. Welcome to Trust Board Chair and Brian Beattie, Acting Director of OPPC

3. Declarations of interest – none

4. Chairs business

Attendance at Cyber Security Training, which is taking place across a number of locations.

5. Minutes of meeting held on 21st May 2019 – approved

6. Matters arising – remaining items on the agenda

- a. Presentation on Obs and Gynae deferred to 05th December 2019 as the data requires to be looked at in more detail.
- b. Update on Stroke Services.
 - i. Work being undertaken by Southern Trust will complement the regional work
 - ii. Update to be provided to Trust Board in October/November
- c. All remaining items were included on today's agenda

6: Litigation

Claims management report was received for assurance.

Further detail was included following last committee meeting to support understanding.

A triangulated report on obs and gynae to deep dive into the stats to provide assurance that nothing systemically taking place.

7 Medicines Governance Report

One catastrophic incident which involved the death of a patient.

SAI has begun and family is involved.

Shortage of medicines is a key concern currently and not all related to the EU withdrawal. This is being monitored closely across the region through the Trusts.

8 Feedback from Audit Committee

8.1 Action plan on internal audit report on Morbidity and Mortality was noted for information.

8.2 Action plan on internal audit report on specific elements of infection prevention & control (IPC) Governance was noted for information.

Committed noted that these action plans belong to the audit committee for discussion.

Committed noted the helpful detail included within the action plans

9: Corporate Risk Register

Tax Charges for high earners has been discussed at SMT. This is resulting in staff withdrawing services due to the high level of tax being applied on additional work. This will become a named risk within the risk register.

GP OOH is being added back on the Corporate Risk Register. The Trust currently 17% participation from GP's. This is not sustainable. The Trust has put forward 12 options for consideration to the Board/Department.

Deep dive was undertaken on the corporate risk – inability to manage patient care within clinically indicated times.

28K people on a waiting list across the full directorates

Urgent and red are being dealt with

Routine reviews don't have priority and there is no link back to the GP's

The monitoring and tracking is good

Big question is how we can work differently to help change the waiting lists for our patients and service users.

Action needed in

- Creating a culture of bringing ideas and developing solutions
- Multi-disciplinary teams and approach
- Patient taking a lead on the own care

An update to be provided at the next governance meeting.

10: Clinical and social care governance**10.1 Clinical and Social Care Governance Report**

Revised report was presented. This is work in progress and further changes are expected following the Governance Review being undertaken by June Champion.

Report received for information.

Key points:

- Securing SAI Chairs – remains challenging
- Training for SAI Chairs to take place in September
- A number of SAI's to be concluded in the short term
- Getting SAI's staffed still proving challenging

10.2 Interim Safety and Risk Management Strategy 2019 – 2022 was presented

Committee approved

10.3 Management of Standards and Guidelines

Challenged remain in assuring all standards and guidelines are being delivered in full.

Where there are change champions who are change leads – there is a rigorous process.

There is a possibility of using technology to support – but this is medium to long term.

Received for assurance.

10.4 Clinical and Social Care Governance Review

A review is currently being undertaken by June Champion from the leadership centre. First iteration is with the Medical Director for review.

Committee asked for the report to be shared. Chief Executive has yet to see it and will decide when he has had a chance to review.

11: Information Governance

11: 1 Cyber Security: Progress Update received for information

11: 2 Freedom of Information, Environmental Information and Subject access requests report received for information.

12: Update on Lessons Learned Committee

Dr O'Kane provided an update for information.

13: Minutes of SHSCT 2018/2019 End Year Ground Clearing meeting held on 05th June 2019 provided for information.

14: Proposed meeting dates for 2020 were approved.

15: AOB

Organ Donation week – members were asked to share the message have the conversation.

Governance Committee meeting held on the 13th February 2020***Timeline 0930 – 1245*****1. Apologies:**

Martin McDonald – Non Executive Director

Hilary McCartan – Non Executive Director

John Wilkinson – Non Executive Director

Paul Morgan – Director of Children's and Young People's Services

Esther Gishkori – Director of Acute Services

Welcome to Colm McCafferty, Assistant Director Corporate Parenting (deputising for Paul Morgan).

2. Presentation: Research and Development Annual Report 2018/2019

a. Dr Peter Sharpe Associate Medical Director, Research & Development

b. Irene Knox, Research and Development Manager

Committee received the annual report which showed an increase in the number of studies undertaken and the work that has been carried out over the year. Committee acknowledged the detail, the breadth and depth of the research at a time of significant challenge along with the continual approach to learning and development.

Committee recommends the annual report to the Trust Board and note that a small part of this report reflects on moneys received from Endowments and Gifts.

3. Declarations of interest – none**4. Chairs business - none****5. Minutes of meeting held on the 05th December 2019 - approved****6. Matters arising – remaining items on the agenda**

a. Obs and Gynae – NIMATS regional maternity dashboard update for 19/20 awaited which contains SHSCT site specific data compared to regional position.

b. Clinical and Social Care Governance Report – Letter sent to Karen Bailey at BSO. Response and assurance received.

c. National Audit Assurance Report – recommendation contained within the Trust CSCG Review recommendations.

d. Corporate Risk Register – OOH cover, letter sent to HSCB

e. Litigation Claims Management – the high value claims relate to cases from 1997 and 1998 (people have up to the age of 21 to bring a claim against the trust)

f. Medicines Governance Report – medical representatives guidance circulated to members

7: Information Governance – for information**7.1: Cyber Security: Progress Update**

Committee received the progress report for information.

7.2: Freedom of Information, Environmental Information and Subject Access Requests

Committee received the update for information.

Points to note:

- Resource intensive, response remains high with higher level of requests coming in.
- Risk of non-compliance with timescales and the complaints to the Information Commissioners Office.

8 Clinical and Social Care Governance**8.1 Clinical and Social Care Governance Report – for Information****Points to note:**

- Reduction in long term SAI from 40 down to 12 as at January 2020
- Joint protocol with PSNI still causing concerns
- Further work to be done to understand increase in patient pressure ulcers
- There are 14 Ombudsman cases with another 4 pending
- Independent sector required to share incidents and complaints with Trusts
- Committee Chair and Chief Executive have discussed how best to utilise this report (as it continues to develop) at Governance Committee meetings. Have agreed as a first step to have a deep dive on one of the key areas at each committee meeting. This will be in May 2020 – with Standards and Guidelines.

8.2 Review of Clinical and Social Care Governance – for Information**Points to note**

- Report still in draft
- 3 areas (SAI, Complaints, Standards and Guidelines) are being progressed.
- Trust Board workshop on the 27th February will discuss the report further

8.3: SAI Framework – for Information**Points to note**

- This is a Southern Trust revised approach to SAI's
- Will complement current regional work
- Document was shared with Non Executives at their meeting with Chair of Trust Board in January
- Shared with Governance Committee Chair in January at meeting with Chief Executive
- Work is currently underway to implement

- Review period for Governance Committee will be September 2020
- Inclusion of family liaison officers welcomed by all

8.4 Management of Standards and Guidelines – for Assurance

Point to note:

- 63 standards and guidelines received in the last ¼
- Resources available and complexity of the standard and guidelines impacting on processing
- Significant challenge for the Southern Trust to meet the timelines required
- As an outcome from the Review of Clinical and Social Care Governance, a paper will come to the May Governance Committee outlining a Southern Trust revised approach.
- The risks are being managed at Directorate level and therefore it has been removed from the corporate risk register.

8.5 Cerebral Spinal Fluid (CSF) Transport time - for Assurance

Points to note:

- Work still being done to understand the reasons behind the delays
- Work being undertaken to improve time and mandatory recording from the labs
- Will be reported at May Governance Committee

9 Medicines Governance – Information and Assurance

9.1 Medicines Governance Report – for Information

Points to note:

- There were no catastrophic or major medication incidents. However one incident has not yet had its impact determined.
- Over 70% of reporting results in no harm
- The most common prescribing incident in the Trust was 'Wrong dose'
- The Trusts top administration incident was 'Failure to administer'
- The Trusts most common dispensing incident was 'incorrect medication'
- Top 5 five medicines involved
 - Insulin
 - Opiates
 - Enoxaparin
 - Paracetamol
 - Warfarin
- Action resulting from Trust incident monitoring in this quarter
 - Review of training in syringe pumps
 - Consideration of integrated gentamicin chart
 - Development of guidelines for patients admitted to hospital on continuous subcutaneous insulin pumps

- Pilot of new blood glucose monitoring and SC insulin chart
- Lanyard cards with allergy information for staff

9.2 Report from the Accountable Officer responsible for Controlled Drugs – for Assurance

Points to note:

- Increase in the number of occurrences which cause concern were shared
- Trust requires an investigatory role in pharmacy to support the investigations in a timely manner to resolution.

10: Corporate Risk Register – for Approval

Points to note:

- SMT reviewed the corporate risk register on 04th February.
- Tax Charges for high earners remains a concern, which has resulted in SMT including in the Corporate Risk Register.
- Non-compliance of Standards and Guidelines issued to the Trust. SMT have agreed not to include on the Corporate Risk Register as standards and guidelines will be one of the priority areas from the review of Clinical and Social Care Governance. This item is also a standing item at regional performance meetings.

Deep Dive into Corporate Risk – Potential reduction in sessional work carried out by medical staff to accommodate changes in pension tax legislation.

- Medical staff are making decision not to work
- Impacts on Trusts ability to deliver services
- Now has become a patient safety issue
- Staff wellbeing now significant part of support
- Staff leaving work earlier than planned – which means losing skilled and experience staff members
- Trust has sought support from pension's branch to provide additional support and advice
- This sits outside the gift of the Southern Trust

Committee approved the Risk Register

11: Litigation: Claims Management - for Assurance

Points to note:

- There has been a decrease in the overall number of claims this quarter
- Overall figure for pending claims has risen to £1, 182,200
- There has been a reduction in compliance with statutory time frames set by GDPR legislation
- Compliance has this ¼ by 13% to 40% compliance
- Staffing levels and high volumes of requests make it a challenging environment
- This has been logged onto the HROD Risk Register

12: Minutes of SHSCT 2019/2020 Mid-Year Ground Clearing meeting held on 13th November 2019

Minutes received for information

13 Governance Committee Terms of Reference – for Approval

Committee approved and recommends the Terms of Reference to Trust Board

14: AOB

Information loss reported through the media on the morning of the 13th February 2020

Investigation has been instigated.

Date of next meeting 14th May 2020 at 0930am

Chairs notes**Southern Trust Governance Committee****10th September 2020*****Note***

Meeting agenda and time was altered to allow for the inclusion of agenda item Covid-19 Outbreak at Craigavon Area Hospital.

Apologies:

- Dr Maria O’Kane (Medical Director) Dr Damien Gormley deputising
- Paul Morgan (Director of Children and Young People) Marita Magennis deputising
- Martin McDonald (Non-Executive Director)

In attendance:

- Roberta Brownlee Trust Board Chair

Opening remarks Chair of Governance

This is our first meeting since the Covid-19 outbreak at Craigavon Area Hospital. Four patients have tragically lost their lives, this is a huge loss to their families, loved ones and our staff who had been caring for them. Our thoughts are with them all.

Our thoughts are also with the family, friends and colleagues of the Trust staff member who tragically passed last week.

The seriousness of the situation the Trust is currently in cannot be underestimated. The leadership and governance review on Muckamore Abbey were released at the end of July and provides for an uncomfortable read on the work and reporting from and to the Trust Board. This report will be coming to a Trust Board workshop in the coming months for a detailed review. The questions we must all ask ourselves is what blind spots do we have and what are we doing about it. The governance committee is only one part of our governing structure. A key component of how we work is getting the right information and asking the right questions.

Covid-19 Outbreak

A paper detailing the timeline of events was provided to the Governance Committee from the Medical Director. Chief Executive provided an update on the current situation in the Emergency Department, Haematology and 3 North. A range of questions were asked in relation to when the trust first knew it had an outbreak, PPE, testing of staff, staff morale, capacity of the outbreak team, early learning and time line of root cause analysis and the SAI Panel formation. Due to time constraints Committee Chair committed to sending to Trust Board Chair and CEO her questions for answering.

2: Presentation Obstetrics and Gynaecology by Dr Aoife Currie: Consultant Obstetrician

The committee received a detailed presentation which focused on Post-Partum Haemorrhage (PPH) and Regional Maternity Dashboard.

3: Declarations of Interest

- None

4: Chairs Business

- Previously notified in opening remarks

5: Minutes of meeting held 14th May

- Minutes approved

6: Matters arising from previous minutes

- All item updates noted or on the agenda.

One additional item included: Update on the Invited Review:

The committee was updated on the invited review which has been delayed as a result of staffing levels within the Royal College of Nursing. There was a whistleblowing case, which has been concluded, showing no major concerns, however staffing levels remain a concern within the department.

7: Clinical and Social Care Governance**7.1: Clinical and Social Care Governance Report**

- Covid-19 caused a delay in the screening process. However, SAI's completed within the timescales were up by 18% on last quarter.
- Overall incident reporting on Datix down for Acute and MHLD. Projecting a rise in moderate, major and catastrophic incidents.
- Complaints down by 50%
- HCAT analysis pilot for June will lead to benchmarkable complaint comparison.
- SAI process needs further investment to get back on track with screening and completion within agreed timescales.
- Committee requested that Trust Early alerts to be reported on at Governance Committee
- Report provided for Information

7.2: Management of Trust Standards and Guidelines

- The management of trust standards and guidelines formed part of the outgoings of the clinical and social care governance review.
- Now being standardised through one corporate process. Investment in the system is required to deliver on the full intent.
- Between 07th April and 24th June Trusts were not expected to provide assurance on safety and quality alerts unless the alert impacts on managing HSC services during COVID 19.
- Any alerts which were outstanding or were not due for return were suspended and were not followed up by the Alerts office until July 2020.
- Identification of a fit for purpose IT solution support the management of trust standards and guidelines is still ongoing.

- Between 01/04 and 30/06 the Trust received 67 standards and guidelines. 66 were applicable to the Trust.
- Overall assurance for those standards and guidelines which have a priority on patients' safety is being addressed.
- Examples of where the patient safety and quality improvement work associated with standards and guidelines was provided.
- It was agreed that at the next meeting on further work to improve standards and guidelines along with a drill of 1-2.
- Paper provided for Information

7.3: SAI Framework

- A revised SAI process came out of the Clinical and Social Care Governance Review. The new framework was approved in advance of Covid 19. There has been a delay on implementation as a direct result of pandemic.
- 58 SAI's recorded up until August 2020. 90% increase in Acute and 100% increase in OPPC (year on year).
- Family Liaison Officer has been appointed, delay in start date as currently on maternity.
- Formal SAI guidance timeline implemented for MHLA in July. Acute, CYP and OPPC implementation in September.
- 2 Independent SAI Chairs appointed.
- Clinical and Social Care Governance Co-ordinator appointed in February 2020, but has not been able to start as they are over seeing Mental Health and Learning Disability governance activity.
- Report provided for Information

7.4: Mortality Report

- Reporting period October 2018 – September 2019. 1120 deaths recorded.
- Trust monthly crude mortality is between 0.75% and 1.67%
- Trust RAMI is 80.68, meaning there were 19.32% less deaths than expected.
- Specialist mortality indicators demonstrate Trust performing well compared to peers, with improvements in 3 of the 5 indicators.
- Report provided for Assurance

8: Risk Management

8.1: Risk Management Strategy

- Risk Management Strategy was reviewed in light of the HM Treasury Orange Book: Management of risk – Principles and Concepts (revised 2020).
- The strategy was welcomed with the addition of the need for the Trust Board to hold a workshop on defining its risk appetite and this to be adopted into the strategy.
- Committee will recommend to the Trust Board
- Strategy received for Approval

8.2: Corporate Risk Register (for Approval)

- De-escalation of Risk No.14 (ii) Risk to the safety of Trust service users as a result of the Covid 19 pandemic who are resident in private care accommodation from the corporate risk register. This risk to be managed at Directorate Risk Register level.
- The committee discussed with the CEO the role the risk register had in relation to managing the current Covid 19 outbreak and what changes /alteration/considerations are needed by way of reflection. CEO committee to reflecting on the discussions with the SMT.
- A rapid learning event is being arranged across all the Trusts to ensure all learning is captured to support Trusts in the management of outbreaks with Covid 19.
- Risk Register received for approval

9: Medicines Governance**9.1: Medicines Governance Report**

- Detailed report provided.
- A decrease in reporting of all types of incidents has been noted regionally and nationally during 2020.
- There were no new trends of specific concern amongst the incident reports received.
- Top five medicines incidents involved:
 - Insulin
 - Clozapine
 - Opiates
 - Enoxaparin
 - Paracetamol
- Report provided for Assurance

10: Information Governance**10.1: Freedom of Information, Environmental Information and Subject Access Requests 01.04.20 – 30.06.20**

- Performance remains high with the increase in number of requests.
- FOI Request response trends including compliance with the legal 20 working day response timescale.
- DPA Subject Access Request response trends including compliance with the legal 30-day response timescale (90 days for complex requests)
- Risks of non-compliance with timescales and the complaints to the Information Commissioners Office
- No complaints received from the Information Commissioner's Office.
- Report provided for Information

10.2: Cyber Security – Progress Update

- Increase in hacking attacks and spam email.
- Trust implemented Zoom to support continuation of services.
- 1800 users holding over 150 meetings daily.
- Increase purchased and donated devices were installed across the Trust network during the last 6 months. these all needs revisited and assessed from a cyber security perspective.
- Update provided for Information

10.3: Data Analytics for the planning and management of the COVID-19 response – GDPR considerations

- Trusts response to the pandemic included significant changes to the way data is analysed and presented.
- The use of data analytics in response to the Covid 19 is a change to large scale processing of personal information and as such must be assessed in line with GDPR.
- The report was provided for Assurance.

11: Litigation

11.1 Claims Management

- Number of claims 504.
- Total pending figure for claims has risen by £9.35million.
- Inquest hearings were postponed due to Covid 19.
- Significant reduction in the amount of subject access requests received. Team have processed in excess of 1000 requests during the quarter.
- Additional resources required to support redaction work.
- Paper received for Assurance

12: Lessons Learned Committee

- Committee received an update on the work of the committee.
- A copy of the framework and terms of reference was provided.
- Committee asked for a more overt role of PPI and the service user and asked for a joined-up approach
- Committee also noted the importance of this forum to effect change by creating a culture of learning across the trust.
- Update provided for Information.

13: Hyponatraemia Update

- Committee received an update on progress within the Trust against all recommendations of the
- Report on Hyponatremia Related Deaths (105).
- Hyponatraemia update will now be a standing agenda item at the Governance Committee.
- Update provided for Assurance

14: Governance Committee Self-Assessment

- Deferred. Will take place either before or at the next Governance Committee.

15: Proposed Meeting dates 2021

- Meeting dates were approved.

16: Any Other Business

- None

**Notes of a Virtual Directors' Workshop held on
Thursday, 27th August 2020 at 9.15 a.m.**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services /
Executive Director of Social Work
Dr M O'Kane, Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr Brian Beattie, Acting Director of Older People and Primary Care
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Acute Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (*Notes*)

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were noted from Mr Martin McDonald, Non-Executive Director. On behalf of Board members, the Chair recorded

Personal Information redacted by the USI

The Chair advised that Mrs Rooney's term of office as a Non-Executive Director ends on 28 August 2020. On behalf of colleagues the Chair acknowledged Mrs Rooney's contribution to the Southern Trust over the past nine years and on behalf of Non-Executive Director colleagues, recorded sincere thanks for her support and commitment. The Chief Executive concurred and recorded his appreciation to Mrs Rooney for the balanced contribution she has brought to the Trust Board in terms of providing support and challenge over her term of office and wished her well for the future.

2. CHIEF EXECUTIVE'S BUSINESS

The Chief Executive provided updates on the following 3 areas: i) Covid-19 and Outbreak ii) Daisy Hill Pathfinder and iii) Bluestone Unit.

i) Covid-19 and Outbreak

The Chief Executive referred to the recent negative media coverage regarding Covid-19 clusters at Craigavon Area Hospital and Mrs McClements provided a comprehensive update on both outbreaks within ED and Haematology Ward. Affected staff are isolating and testing and contact tracing is progressing. Ten patients connected with the Haematology Ward have tested positive for the virus and the ward remains closed to new admissions. Patients and families have been communicated with. Mrs McClements advised the number of ED staff currently off self-isolating is impacting on the team's ability to function and assistance from other Trusts has been sought to cover shifts. The safety of patients, staff and wider contacts remains a priority.

Dr O'Kane spoke about the pressure on staff who are already stretched, the challenges around PPE and the importance of social distancing. She also highlighted capacity issues within the IPC team. Nursing cover is being provided into Care Homes. Dr O'Kane highlighted the opportunities for learning across the region and she stated other Trusts have indicated they are learning from the Trust's current experience in terms of Covid-19 outbreaks. Members noted the ongoing challenges for staff in terms of wearing PPE for long periods and social

distancing on breaks. The Chief Executive gave assurance that the outbreak situation is being managed well.

The Chair asked how the Organisation can effectively communicate messages in relation to the pandemic across the community. Mrs McKimm stated the Trust was extensively engaging with the media to get a balanced message out to the public. Mrs McKimm advised a series of interviews with Dr Hedderwick has proved positive. The Chair asked about staff morale and sufficient breaks. Members were advised the Acute Services operational teams were engaging with staff at Ward level. Mrs McClements updated on the challenges around the provision of space for staff to take breaks and ensuring compliance with social distancing restrictions. Members noted a letter and video to all staff thanking them for their efforts throughout Covid-19 and into the future will be released later in the week.

Mrs McClements updated on workforce challenges and advised assistance has been sought regionally to help cover shifts and staff are being redeployed when necessary. Members were reminded the Staff Psychology Support Service is available to staff.

ii) Daisy Hill Hospital Emergency Department (DHH ED)

The Chief Executive advised it is envisaged DHH ED will re-open at the end of September 2020. He stated partnership working has been ongoing with the Daisy Hill Pathfinder group and a way forward agreed. An update will be provided to Trust Board in due course.

In response to a question from Ms Donaghy on workforce challenges, Mrs McClements updated members on the appointment of two new Consultants in Emergency Medicine at DHH. She went on to highlight the ongoing work regionally looking at how EDs will work in the future.

iii) Bluestone Unit

Mr McNeany provided an update on the RQIA Unannounced Inspection at Bluestone Unit, CAH, carried out on 16th July 2020 as a result of a Whistleblowing allegation. Mr McNeany advised

that following a comprehensive review, informal feedback was positive and RQIA are content the Trust has provided clear evidence of good management. A number of areas have been identified for improvement. Members were advised a further anonymous complaint had been lodged regarding the Dorsy Unit and the Trust will feedback to RQIA following a self-assurance exercise.

Mr McNeany referred to the challenges for In-patient Mental Health in terms of gaps with normative staff and reliance on agency workers, alongside occupancy and patient acuity pressures. He stated the Trust is working to mitigate risk and continues to engage at a regional level on the risks to continued safe, high quality nursing care in Mental Health and Learning Disability In-patient Units.

The Chair requested that the final outcome report would be shared with Trust Board members once issued by RQIA.

Action – Mr McNeany

The Chair referred to the recently published report, *‘Lessons Learned from a review of Leadership and Governance at Muckamore Abbey Hospital’ (MAH)* and asked that the document would be shared with Non-Executive Director colleagues. She emphasised the importance of the Trust considering the report and applying learning to Governance and Leadership arrangements. The Chair advised the Chief Executive will discuss the report initially with the Senior Management Team (SMT) in advance of consideration at a future Confidential Trust Board meeting.

Action – Chief Executive

Mrs Rooney welcomed this, however she pointed out the outcomes report for the Neurology review was also expected in the near future and this was also anticipated to bring with it valuable learning. The Chair concurred and asked that it would be kept under review via the Chief Executive’s Office.

3. BOARD GOVERNANCE SELF-ASSESSMENT 2019/20

At the outset, the Chair pointed out the self-assessment tool is intended to help ALBs improve the effectiveness of their Board and provide Board members with assurance that it is conducting its business in accordance with best practice. Members were reminded there is no requirement to submit the document to the Department of Health however it must be available on request.

The Chief Executive advised the tool had been reviewed separately by the SMT and no issues of concern identified.

The Chair drew attention to Board composition and advised that in light of terms of office due to expire for both Mrs Rooney and herself she had reviewed the Committee Structure and advised of a number of adjustments. Mrs Leeson commented that in the absence of Mrs Rooney, there would be no Non-Executive Director with a clinical nurse background which she felt would be a deficit in Trust Board composition going forward. Mrs McCartan asked about the risk to overall Board function in light of a number of Non-Executive Director colleagues first tenure due to expire at the end of 2020. The Chair stated she had raised these matters with the Department of Health.

A case study was completed on the Board's Governance during Covid-19. Members agreed the RAG ratings applied.

The RAG ratings will be formally agreed by the Board at its Board meeting on 24th September 2020.

4. REBUILDING HEALTH AND SOCIAL CARE SERVICES

i) Management Board update to include Stakeholder participation update

The Chief Executive provided a brief overview on the function of the recently established Programme Management Board and updated on 3 major pieces of work i) Elective Care ii) Orthopaedics and iii) No more silos. The challenges of engagement were raised to which the Chief Executive advised that the Regional Board was working with the Patient and Client Council to build an engagement process.

ii) Rebuild Plans**a. Executive Summary**

Mrs Magwood referred to the Trust's Stage 2 recovery plan covering the period 1 July 2020 to 30 September 2020, which sets out the next phase of how the Trust plans to rebuild services as part of the Covid-19 response. Mrs Magwood advised that of the 134 individual actions included in the Stage 2 plan, 93% have been completed or are progressing and welcomed the position. Members noted that whilst implementing effective compliance with the safety requirement of Covid-19 is the principle challenge, other associated challenges across areas including Finance, Accommodation, Staffing and Technology are being worked through.

b. Performance Monitoring

Mrs Magwood highlighted the RAG rating on the performance monitoring template and Directors responded to questions in relation to their own areas.

Ms O'Neill referred to the rigorous process in place by the Department of Health in relation to securing Covid funding. She stated there had been significant accommodation issues and achieving effective implementation of social distancing measures had presented significant challenges. Minor works requests remain subject to funding approval. She welcomed the additional £600m allocated to Stormont and advised the Trust has submitted capital bids and it was hoped funding will be secured for the cost of Covid-19 incurred to date.

Mrs McCartan asked why Unscheduled Care had not been included within the Executive Summary detail on the four areas expected to be most challenged moving forward. Mrs Magwood pointed out Unscheduled Care will be worked through once work streams get up and going. She acknowledged the large scale transformational change ahead and stated with all the issues taken into account the biggest challenge moving forward is going to be staffing and emphasised all Directors will be monitoring their own areas.

5. REVIEW OF ARM'S LENGTH BODIES – CORRESPONDENCE FROM THE DOH DATED 8.8.2020

Members noted the purpose of the review of Arm's Length Bodies (ALBs) to be carried out in accordance with the New Decade New Approach deal. Stage One is now complete. Stage Two will be completed by the Department of Finance, however due to Covid-19 pressures and priorities, it is envisaged the original timeline will not be achieved. It is proposed that stage two of the review will be completed within around two months from receiving the information from Departments, with its conclusions being brought to the Executive for comment and consideration after the summer.

6. UPDATE FROM EXECUTIVE DIRECTORS (VERBAL)

The Chair asked the Executive Directors if there were any other issues relating to their professional roles they wished to bring to the Board's attention.

Mrs Trouton referred to the Bluestone Unit and raised concern at the significant increase in those presenting acutely unwell and the associated pressure impacting on the patient/nurse ratio and stated she would keep the matter under review. Mrs Trouton also raised Workforce pressures in relation to high levels of staff absence within Midwifery at CAH, particularly the Delivery Suite. A programme of short term bolstering from agency staff across the mainland has commenced and longer term recruitment and retention work will take place. Members were assured there were no patient safety issues at that time and the number of SAls were being monitored. Members were alerted to a number of issues raised around a Ward in CAH. Mrs Trouton and Mrs McClements provided assurance that staff have been met with and an improvement plan has been implemented.

Mr Morgan advised he had had discussions with colleagues across programmes of care in terms of social work and social care and advised of issues relating to Covid-19 including alcohol abuse, domestic violence and child protection and the expected pressure on adult mental health and CAMHS services moving into the future. Members noted the first meeting of the Welfare Reform Group has taken place.

The Chair left the meeting at this point.

Dr O’Kane brought to the Board’s attention SAI investigations into clinical concerns involving a recently retired Consultant Urologist. Members asked that this matter be discussed at the confidential Trust Board meeting following the Workshop.

The Chair returned to the meeting at this point.

Dr O’Kane drew member’s attention to staffing issues within the Infection Prevention Control (IPC) team along with a significant increase in workload due to Covid-19. She also alerted members to particular medical workforce challenges in the GP Out of Hours Service and Acute Physicians.

The Chair thanked Executive Directors for providing updates on important issues within their areas of responsibility.

7. ANY OTHER BUSINESS

None.

The workshop concluded at 12 noon

**Notes of a meeting of the Non-Executive Directors and Chair held on
Thursday 29th September 2016 at 8 am in the Meeting Room, Trust
Headquarters**

Present:

Mrs Roberta Brownlee (Chair)
Mr Edwin Graham
Dr Raymond Mullan
Mrs Elizabeth Mahood
Mr John Wilkinson
Mrs Hilary McCartan
Mrs Siobhan Rooney

In Attendance:

Mrs Elizabeth Mahood (Notes)

1. Welcome and Apologies

Mrs Roberta Brownlee welcomed members to the meeting and advised that Ms Eileen Mullan was an apology.

2. Notes of the previous meeting

Mrs Brownlee spoke to the above and members approved same.

Mrs Brownlee advised members that the Pension Case report was available if members wanted to read it. She noted the learning that took place from this report. Mrs Brownlee also advised that appropriate action had been taken in relation to this case. Dr Mullan commented on the lack of clarity on pension's process generally. Members discussed briefly and also the new Director of Human Resources appointment.

3. Matters Arising

Mrs Brownlee advised members that all matters arising had been actioned from the previous meeting.

4. Topics/issues from Non Executive Directors which require discussion

There were no specific issues to raise.

5. Non Executive Directors' Visits – Statutory/Non-Statutory

The Chair advised members that it is important to keep Children's Home visits up-to-date and submit reports on time to her PA. She added that it is up to each member to make their own arrangements for visits as prompts from her PA are not always possible.

Mrs McCartan enquired about training on the legal status of a corporate parent and what is the Non Executive Director status in this regard. The Chair advised that the Trust has an e-learning programme for statutory training and it is important for Non Executive Directors to do this.

Mr Wilkinson spoke about concerns from Children's Home visits and asked if there is a list of areas that NED's should be looking at i.e. risk assessments, fire drills etc and can NEDs stand over what they are told by Managers. A detailed discussion about Children's Homes followed.

Mr Graham advised that it would be better to keep the homes members currently visit to provide continuity of understanding staff and young people.

Mrs McCartan enquired about engaging with children and the importance of this despite their reluctance.

The Chair advised members that they will be required to do one leadership walk between now and Christmas. Mrs McCartan enquired how often leadership walks are completed.

6. Reflection as a new Non Executive Director six months into the position

Mrs McCartan said that the position was a huge commitment and much more than expected. Mr Wilkinson advised that he is now beginning to settle into the position. He added that possibly a few sessions before their first Trust Board to get up to speed may have been helpful. Mr Wilkinson also raised concerns about waiting list issues and concerns about structure and no report from Bengoa. The Chair advised that working in networks across Northern Ireland seems to be the way forward.

Dr Mullan noted enthusiastic staff in DHH following a recent appointment. Mr Wilkinson noted concerns around issues over recruitment and members discussed.

Both Mrs McCartan and Mr Wilkinson advised that they weren't receiving global e-mails. The Chair advised she would get her PA to follow-up.

7. Any Other Business

Training and Commitment: The Chair advised members on the importance of achieving training on Maintaining High Professional Standards and added that a further date will be arranged for those who missed the last session. The Chair asked members to look out for Medical Training and report of Medical supervision to Trust Board.

The Chair then highlighted E-Learning and advised members that the following should be completed: Fire Safety – every year; Record Keeping/Data Protection – every three years; Infection Control – every two years; Moving and Handling – every three years; Safeguarding and Child Protection – every two-three years.

The Chair advised members to read and understand the Whistleblowing Policy. She asked members to look at the RQIA analysis of the HSC outcome for Whistleblowing report and to observe how long to bring this to Trust Board or Governance.

The Chair reminded members about Strictly Come Dancing and requested everyone attend at least one heat where possible.

She also reminded members that the Trust is hosting the Regional Social Work Awards this year and advised there were limited tickets for Non Executive Directors but to check with the Chair who was attending.

The Chair also reminded members of the Quality Improvement Event in Dungannon and thanked those who had agreed to chair break-out sessions and encouraged everyone to attend.

The Chair advised members to keep abreast of performance and issues around access times to Mental Health, Psychology and waiting list times. The need for NEDs to challenge this information when presented to Trust Board is very important – looking to see how improvement will be achieved.

In conclusion, the Chair advised that from time to time, she will ask members to deputise for her as there are often many events on one date

and impossible to attend everything and this would be shared among all Non Executive Directors.

8. Date of Next Meeting

Date of the next Non Executive Directors meeting to be agreed.

SIGNATURE:

DATE OF APPROVAL:

**Notes of a meeting of the Non-Executive Directors and Chair held on
Thursday 29th November 2018 at 8.15 am in the Chairs Office, Trust
Headquarters**

Present:

Mrs Roberta Brownlee (Chair)
Mr John Wilkinson
Mrs Siobhan Rooney
Ms Eileen Mullan
Ms Geraldine Donaghy
Mrs Pauline Leeson
Mrs Hilary McCartan

Apologies:

Mr Martin McDonald

In Attendance:

Mr Shane Devlin (Chief Executive) (joined at 9 am)
Mrs Jennifer Comac (notes along with Ms G Donaghy)
Mrs Sandra Judt

1. Welcome and Apologies

The Chair welcomed members to the meeting and noted apologies from Mr Martin McDonald.

2. Notes of the previous meeting

The Chair spoke to the above and members approved same.

3. Matters Arising

Trust Organisational Management Structure – Members requested an update. The Chair advised that the Chief Executive is continuing to look at the final structure and decision on whether a Chief Operations Officer is required.

ACTION: Chief Executive

The Chair updated members on the Daisy Hill Hospital Pathfinder and advised that staff shortages are still an ongoing challenge, plus she highlighted the need for a designated staff member to head up this project.

4. Topics/issues from Non Executive Directors which require discussion

NED Role – MPHS Investigations – The Chair discussed with members and advised that she had talked previously to the Chief Executive regarding the role of Non Executive Directors in these investigations and also the length of time taken to complete the investigation. Mr Wilkinson expressed his views on the process and the role of the Non Executive Director. The Chief Executive advised that he will discuss with the new Medical Director and report back to members.

ACTION: Chief Executive

5. Feedback from Non Executive Director's following Board Development Day

The Chair spoke to the above and members discussed. All agreed that the workshop was productive and board meetings had improved with better reporting. The Board cohesion had also been enhanced with the appointment of the new Chief Executive and permanent Directors who for the most part were now all in post.

6. Non Executive Directors' Visits – Statutory/Non-Statutory

Discussion on Children's Home visits took place and all agreed this was an important function for Non Executive Directors. Visits were recognised as an important part of governance and a useful way for Non Executive Directors to see and get assurance. The Chair added that four visits per year to each home were required.

Members discussed Leadership Walk visits and the suggestion that an Executive Director accompany Non Executive Directors on these visits. Overall consensus was that this would not be appropriate as these visits were an extra layer of accountability and assurance for and by Non Executive Directors.

Members noted that the Leadership Walk Template was under review. Members welcomed this as it was felt that some of the questions were perhaps too detailed and the restructuring of some questions might create a more fluid engagement between managers and Non Executive Directors.

The Chair briefed the Chief Executive on discussions surrounding Leadership Walks and member's thoughts in relation to same. The Chair also highlighted actions arising from visits and how can members be assured that these have been followed up. The Chief Executive advised that he discusses with the relevant Director. Mrs Judt also added that the Leadership Walk Summary Report goes to SMT for assurance and then to Governance Committee twice per year. The Chief Executive acknowledged points made and agreed to look at further.

ACTION: Chief Executive

7. Gala Ball to support PIPS

The Chair highlighted the importance of this charity and said it would be appreciated if Trust Board was represented by some of the Non Executive Directors. Ms Donaghy and Mrs McCartan advised that they would attend.

8. Chair's Christmas Receptions for all staff

The Chair highlighted her Christmas Receptions for staff and members noted dates which they agreed to attend to support.

9. Any Other Business

Director Interview Panels – the Chair advised that a record is kept in her office so that all Non Executive's are represented fairly. She added that occasionally the next person on the list may not be called due to panel composition requirements.

Mrs Brownlee thanked members for attending.

10. Date of Next Meeting

Date of the next Non Executive Directors meeting to be agreed.



**Notes of a meeting of the Non-Executive Directors and Chair held on
Tuesday 21st May 2019 at 1.30 pm in the Meeting Room, Trust HQ**

Present:

Mrs Roberta Brownlee (Chair)
Mr John Wilkinson
Mrs Siobhan Rooney
Mr Martin McDonald
Ms Geraldine Donaghy
Mrs Pauline Leeson

Apologies:

Mrs Hilary McCartan
Ms Eileen Mullan

In Attendance:

Mr Shane Devlin (Chief Executive)
Mrs Jennifer Comac (notes)
Mrs Sandra Judt

1. Welcome and Apologies

The Chair welcomed members to the meeting and noted apologies from Mrs Hilary McCartan and Ms Eileen Mullan. The Chair highlighted Mrs McCartan's upcoming surgery and noted members' good wishes. The Chair also advised that Ms Mullan had forwarded comments on agenda items for today's meeting which she would take on board.

The Chief Executive and Mrs Judt joined the meeting at this stage.

The Chief Executive updated members on the Director of Acute Services and members discussed in detail. The Chief Executive advised members that he wants to restructure the Acute Services Directorate and look at a Chief Operating Officer role. He also discussed a programme of work for the Acute Directorate. The Chair asked that the Chief Executive share proposals with members prior to submission to Trust Board for approval.

ACTION: Chief Executive

The Chief Executive updated members on the Personal Information
redacted by the USI Case and advised that the report had been shared with the family last Friday. He added that the report should be available to the public around the end of June.

ACTION: Chief Executive

2. Notes of the previous meeting

The Chair spoke to the above and members approved same.

3. Matters Arising

- Provide update to members on the Trust Organisational Management Structure (Chief Executive) (Matter arising from previous NED Meeting)
- Clarify the Role of Non Executive Directors in MHPS Investigations (Chief Executive) (Matter arising from previous NED Meeting)
- Acute Services Directorate restructuring/Programme of Work – share proposals with members prior to submission to Trust Board (Chief Executive)
- Personal Information
redacted by the USI Case – provide update (Chief Executive)
- Discuss NED Sub-Committee Membership/Other Interested areas/roles and Responsibilities (Chair)
- E-Learning – Members to do collectively (Chair's PA) (scheduled for 21st January 2020)
- NED Section of Annual Report – NEDS to receive earlier so that they can contribute (Chief Executive)

4. Topics/issues from Non Executive Directors which require discussion

No topics/issues highlighted for discussion.

5. Non Executive Directors' Visits – Statutory/Non-Statutory

The Chair highlighted Children's Home visits and asked members if they were happy with their current homes or would they prefer to change. The majority of members present wished to continue visiting their current homes for continuity of relationships with the Home and young people.

The Chair discussed Leadership Walk visits by Non Executive Directors and asked members if they were in agreement to continue to undertake

visits on their own, without the relevant Director being in attendance as suggested. Overall consensus from members present was to continue as is. The Chair added that if any member feels they wish to be accompanied by a Director/Assistant Director on a Leadership Walk then this can be arranged.

6. Non Executive Director Sub-Committee Membership/Other Interested Areas/Roles And Responsibilities

The Chair advised that she will discuss this with members at their Performance Appraisal meeting.

ACTION: Chair

7. E-Learning

The Chair highlighted mandatory E-Learning requirements and following discussion members agreed to doing collectively. Chair's PA to make arrangements regarding same.

ACTION: Chair's PA

8. Any Other Business

The Chair advised members if anyone wishes to amend their profiles that they should forward same through to her PA who will then forward to Communications.

The Chair also advised members that cover, if she is off for a long period of time, will be provided in alphabetical order by members.

The Chair highlighted the Annual Report, in particular the Non Executive Director section, and informed members that she has spoken to the Chief Executive regarding the need for members to receive this earlier so that they can contribute.

ACTION: Chief Executive

The Chair thanked members for attending.

9. Date of Next Meeting

Date of the next Non Executive Directors meeting to be agreed.

**Notes of a meeting of the Non-Executive Directors and Chair held on
Wednesday 22nd January 2020 at 2.15 pm in the Chair's Office, Trust HQ**

Present:

Mrs Roberta Brownlee (Chair)
Mr John Wilkinson
Mrs Siobhan Rooney
Mr Martin McDonald
Ms Geraldine Donaghy
Mrs Pauline Leeson
Mrs Hilary McCartan
Ms Eileen Mullan

In Attendance:

Mr Shane Devlin (Chief Executive)
Mrs Jennifer Comac (notes)
Mrs Sandra Judt

1. Welcome and Apologies

The Chair welcomed everyone to the meeting.

The Chief Executive updated members as follows:

Unscheduled Care Performance:- The Chief Executive advised that this area remains a huge challenge for the Trust and at regional level.

The Chair highlighted the meeting with the HSCB in relation to unscheduled care, details of which had been shared with Non Executive Directors via email. She specifically highlighted the 12 hour waits and the percentage growth in demand; the £1.5m extra funding which the Trust had received and the HSCB comments in relation to the Trust having given back monies in the past.

The Chair added that we would need to dispute the comments in relation to the Trust having given monies back and should put this in writing to the HSCB.

The Chief Executive advised that Ms O'Neill also disputes these comments and she will be working with the HSCB to reconcile same. The Chair added that the Trust would need to be replying back to HSCB as soon as possible.

SAI's:- The Chief Executive circulated copies of the new SAI Framework which was approved at SMT and added that this will be tabled at a future Governance Committee meeting. The Chair raised the issue of the perception from media reports that some families feel they aren't involved in the process and the length of time taken, specifically in relation to the Personal Information redacted by the USI case. The Chief Executive advised that the Trust had put in a lot of effort to engage with this family but unfortunately the family didn't want to work with the Trust.

Governance Review Report:- The Chief Executive advised that SMT is moving forward with three operational areas of the report – SAI's; Standards and Guidelines; and Complaints.

Members highlighted their concerns regarding areas of the report which focused on Corporate Governance including Trust Board and Sub-Committees. The Chief Executive advised that the Trust isn't obliged to take on board any of the recommendations. The Chair added that she was very unhappy with the report, specifically the areas covered under Corporate Governance which weren't detailed in the Terms of Reference. She also added that her name was noted as having input into the report which wasn't the case. The Chair advised that when she met with Ms Champion the report was already completed. The Chair said that she feels the report puts her Chairmanship into disrepute and the Trust Board/Sub-Committees and that the report should not be finalised or accepted.

In conclusion the Chair added that a full discussion on the report will need to be tabled at the next Directors' Workshop.

Industrial Action:- The Chief Executive advised members that NIPSA is continuing with industrial action and working to rule. He paid regard to everyone within the Trust for their remarkable work during the industrial action.

Personal Information redacted by the USI Nursing Home:- The Chief Executive informed members that the Trust is working closely with RQIA and the home owners. He added that the Trust are very content with the care being provided by the home.

Director of Acute Services:- The Chief Executive updated members on the current position regarding the Director of Acute Services. The Chair summarised the discussion and asked that members are kept updated.

Personal Information redacted by the USI:- The Chief Executive informed members that the Trust had gained Counsel advise and updated members regarding same.

The Chief Executive left the meeting at 3.40 pm

2. Notes of the previous meeting

The Chair spoke to the above and members approved same.

3. Matters Arising

- Provide update to members on the Trust Organisational Management Structure:- The Chief Executive advised that a paper was produced and shared with members in September.
- Clarify the Role of Non Executive Directors in MHPS Investigations:- The Chair advised this would need to be discussed at a future Workshop. The Chief Executive highlighted the description of what the Non Executive Director role is but would need clear guidance on what this actually means. The Chair added that this should be an item on the Medical Director's report for Trust Board.
- Acute Services Directorate restructuring/Programme of Work – share proposals with members prior to submission to Trust Board:- Proposals on hold until a decision has been made about the Director of Acute Services position.
- Personal Information redacted by the USI Case:- The Chief Executive advised that an update was provided to members at the Trust Board meeting in June and the executive summary was shared. He added that there has been very good engagement with the family over the last four months and the Trust have asked the family to become involved in looking at the overall SAI process.
- NED Section of Annual Report:- The Chair highlighted the need for NEDs input to be sought early in the process.

4. **Topics/issues from Non Executive Directors which require discussion**

No topics/issues highlighted for discussion.

5. **Non Executive Director's Visits to Children's Homes reports and planning to 31/3/2020**

The Chair advised that all Children's Homes visits were up-to-date. Members highlighted the report template which is being reviewed regionally and asked if there was any update on this. The Chair asked her PA to follow-up with Mr Morgan, Director of Children and Young People's Services.

6. **Non Executive Director's Leadership Walks reports and planning to 31/3/2020**

The Chair advised that Leadership Walk visits were up-to-date, with majority of NEDs having completed their three visits for this financial year and those who haven't were being scheduled for completion before the end of March.

7. **Other Important Outstanding Issues for update to Non Executive Directors and to be carried forward**

The Chair highlighted the email from Personal Information redacted by the USI re Bluestone which she had copied to members for their information.

The Chair updated members on the Mid-Year Accountability meeting attended by herself and the Chief Executive.

The Chair then detailed other important outstanding issues to be carried forward:

Unscheduled Care Performance
 HCAI outbreak and update
 Feedback on HSCB Meeting held on 18/11
 Industrial Action
 RQIA and Personal Information redacted by the USI Care Home
 Director of Acute Services update
 PPS – Personal Information redacted by the USI case
Irrelevant information redacted by the USI update
 Governance Review Report
 Maternity SAI

Learning from Coroner's case re Personal Information redacted by the USI

Update on the missing patients from CAH and YP

Newry CTC

Cap X Budget and Oakridge update

Obs and Gynae invited review (Chair advised this has been put on hold)

Young People's Pledge

Baby Personal Information redacted by the USI – SAI discussed at October 2019 workshop

IA on Board Effectiveness – 5 recommendations to be implemented by end of March 200

Planning and Strategy – on agenda for 27.02.2020 Workshop

'Being Open' – building on from BDD work

New Trust Strategy for Patient and Client Experience

DoH documents – Partnership Agreement and Proportionate Autonomy with ALBs

The Chair also highlighted the Volunteers and asked members not to lose sight of the important role that they play within the Trust.

8. Any Other Business

Mrs Rooney highlighted the recent global email regarding CSF Transport Time and highlighted her concerns. The Chair advised Mrs Rooney that this should be raised via the Governance Committee Meeting. Mrs Rooney agreed to do this.

9. Date of Next Meeting

Date of the next Non Executive Directors meeting to be agreed.

DRAFT

Notes of a virtual meeting of the Non-Executive Directors and Chair held on Wednesday 8th July 2020 at 2.30 pm

Present:

Mrs Roberta Brownlee (Chair)
Mr John Wilkinson
Mrs Siobhan Rooney
Mr Martin McDonald
Ms Geraldine Donaghy
Mrs Pauline Leeson
Ms Eileen Mullan

In Attendance:

Mrs Jennifer Comac (notes)

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and noted apologies from Mrs McCartan.

The Chair advised members that her term of office extension is due to finish at the start of September and to date she hasn't been advised when the interviews for her replacement will be held.

The Chair highlighted the Chairs Forum Meetings which have been taking place and added that she circulates notes from these meetings to Non Executive Director colleagues. The Chair also advised members that the Minister, along with senior civil servants, has met with the Chairs Forum and will be meeting again in around six weeks time.

The Chair then went on to discuss the Management Board meetings which the Chief Executive attends. She advised that the Chief Executive finds these meetings very different to what we as a Trust Board have been principled by in relation to engagement with stakeholders. She added that in correspondence to the Department she had highlighted this.

DRAFT

Members voiced their support for the Chief Executive. Members also discussed in detail their concerns regarding their role as Non Executive Directors during this period of change and their accountability. The Chair advised that she has highlighted Non Executive Directors concerns.

2. Notes of the previous meeting – 22nd January 2020

The Chair spoke to the above and members approved same.

3. Matters Arising

- Unscheduled Care Performance – Meeting with the HSCB:- The Chair highlighted comments raised in relation to the Trust having given back monies in the past. She asked Mrs Comac to follow-up with Ms O'Neill, Director of Finance in relation to conclusion of same.
- Children's Home Visits Report Template:- The Chair informed members that Mr Morgan had advised that the report template has been raised regionally, through several forums, but an agreed position has not yet been reached with regard to the template and its content. She added that Mr Morgan continues to pursue the matter.

4. Questions/suggestions from Non Executive Directors

Ms Donaghy raised the lack of communication in relation to no ambulance cover in the South Armagh/Newry area at the weekend. Mrs Rooney also raised her concerns on the impact on the population in these areas. The Chair said that she has raised the issue of communication previously with the Chief Executive and she would ask Mrs Judt to put this on the agenda for the next 1:1 with the Chief Executive and members.

5. Topics for discussion:

- Senior Executive Pay

The Chair updated members on the Senior Executive Pay issue. She advised that she has written to the Department on numerous occasions over the past number of years to try and resolve this. She added that this is a problem across all Trusts and that advice has been sought from DLS. The Chair assured Non Executive Directors that she has spoken to the Permanent Secretary regarding these issues and most recently just last week.

DRAFT

- How has Trust Board business been delivered during COVID-19

The Chair highlighted that the Chief Executive has been very accommodating during the pandemic in keeping Non Executive Directors updated. She asked if members had anything else to raise. Members reiterated the Chairs comments in relation to the Chief Executive and added that they have found the weekly meetings very beneficial.

6. Non Executive Director's Visits – Statutory/Non-Statutory

The Chair advised that visits to Children's Homes are currently still being done virtually across the region. She added that this will be reviewed again in September.

The Chair also advised that Leadership Walk visits unfortunately still can't take place due to Covid-19.

7. Sub-Committee's/Other Interested Areas

The Chair advised that she would like to recommence Sub-Committee feedback meetings from September. She also advised that she wants to review the Chairs of Sub-Committee's in September as well. The Chair added that she has been really pleased with the virtual sub-committee meetings which have taken place to date.

8. Any Other Business

The Chair advised members that Mrs Leeson has been asked to be the NED representative for an upcoming MHPS investigation. She added that Mrs Rooney and Mr Wilkinson are currently representatives for other cases. The Chair highlighted the process and concerns regarding timescales of same. Mr Wilkinson reiterated this point. The Chair added that the Chief Executive was to have discussions with the Medical Director to clarify the role of the Non Executive Director in these investigations.

The Chair informed members that the Chief Executive is taking annual leave at the end of July/August and suggested meeting on 23rd July before he goes off. Mrs Comac to circulate date to all members and confirm same.

9. Date of Next Meeting

Date of the next Non Executive Directors meeting to be agreed.



**Notes of a virtual meeting of the Chair and Non-Executive Directors held
on Tuesday 22nd June 2021 at 2 pm**

Present:

Ms Eileen Mullan (Chair)
Mr John Wilkinson
Mr Martin McDonald
Ms Geraldine Donaghy
Mrs Pauline Leeson
Mrs Hilary McCartan

In Attendance:

Mrs Sandra Judt, Board Assurance Manager
Mrs Jennifer Comac, Personal Assistant to Chair (notes)

1. Welcome and apologies

Ms Mullan welcomed everyone to the meeting. There were no apologies.

2. Notes of previous meeting held on 16th March 2021

Members approved the notes from meeting of 16th March 2021.

3. Matters arising

Ms Mullan noted that all matters arising had been actioned and completed.

4. Topics/Issues from Non Executive Directors which require Discussion

Chief Executive's Training Course – Members discussed and while they were supportive of learning and development, they would prefer an options paper if training was to be progressed, especially considering costs involved.

SAI – Members noted their sadness and concerns regarding highlighted SAI. Members also discussed concerns around performance management and the performance appraisal process, specifically in relation to culture/bullying etc. Ms Mullan advised that she had asked the Chief Executive to brief members on the SAI this afternoon, rather than members having to wait until September Trust Board Meeting. She added that Mrs Toal had been invited to attend as she had initially raised this issue.

5. Leadership Walks

Ms Mullan advised members that she would like to start leadership walks again, either in person or via zoom. She added that this will be dependent on the Delta variant. Members asked if Directors would be accompanying them on their visit. Ms Mullan advised that she would like visit to be with a Non-Executive Director, Director and member of the team. Some members expressed their preference not to have a Director in attendance.

Members suggested visiting areas such as HR, QI, Dorsy, Bluestone and areas which may be more remote from Trust Board such as South Tyrone Hospital, Loane House and Lurgan Hospital.

Ms Mullan also advised that she hopes to carry out visits on a weekly basis – either a Leadership Walk or general walk about. Ms Mullan suggested a one page template to reflect on the visit and detail any keys issues for escalation.

Members discussed and agreed with Ms Mullan's suggestion for template and also suggested the title should be changed from Leadership Walks. Ms Mullan to draft template and circulate to members.

Action: Ms Mullan

6. MHPS

Ms Mullan advised that work is still ongoing regarding the Non Executive Director role in MHPS Cases and she has asked the Chief Executive, Dr O'Kane and Mrs Toal to look at further.

7. Consultant Interviews

Ms Mullan advised members that, from September, Consultant Interviews will be chaired by all members on a rota basis.

8. August Workshop

Ms Mullan briefed members on the August Workshop and the importance of same.

9. Links for Trust meetings

Ms Mullan highlighted zoom links for Trust meetings and advised that these are circulated via Outlook which then appears in members Trust Outlook Calendar. Members asked if agenda/papers/zoom link for all Trust/Chair/CX meetings could be put onto Decision Time for ease of access.

Action: Mrs Comac/Mrs Judt

10. Any Other Business

Ms Mullan highlighted the People Strategy which is being presented at the October Trust Board Meeting. She advised that a workshop has been scheduled into the diary for Tuesday 7th September to enable Mrs Toal (Director of Human Resources and Organisational Development) and her team to brief members prior to October Board meeting.

Mr McDonald highlighted Non-Executive Director appointments and progress with same. Ms Mullan advised that she would follow-up.

Action: Ms Mullan

11. Date of Next Meeting

Date of the next meeting – Tuesday 5th October at 11 am (via Zoom).

**Notes of a Virtual Directors' Workshop held on
Thursday, 9th December 2021 at 2.00 p.m.**

PRESENT

Ms E Mullan, Chair
Mr S Devlin, Chief Executive
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr C McCafferty, Director of Children and Young People's Services /
Executive Director of Social Work
Dr M O'Kane, Medical Director / Interim Director of Mental Health and
Learning Disability
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health
Professionals

IN ATTENDANCE

Mr B Beattie, Interim Director of Older People and Primary Care
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational
Development
Mr B Conway, Assistant Director of Acute Services; Cancer and Clinical
Services (*for Mrs McClements*)
Mrs J McKimm, Head of Communications
Mrs R Rogers, Head of Communications
Mrs S McKinney, Boardroom Apprentice 2021
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (*Notes*)

APOLOGIES

Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs M McClements, Director of Acute Services

1. CHAIR'S WELCOME AND APOLOGIES

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

2. NOTES OF PREVIOUS WORKSHOPS HELD ON 26TH AUGUST, 7TH SEPTEMBER AND 27TH SEPTEMBER 2021

The notes of the previous Workshops were agreed as accurate records and approved by members.

3. MATTERS ARISING FROM PREVIOUS WORKSHOPS

The Chair verbally updated members on the progress of the actions from the last meeting.

4. MUCKAMORE ABBEY HOSPITAL – INDEPENDENT LEADERSHIP AND GOVERNANCE REVIEW UPDATE

At the outset, the Chair reminded everyone the Chief Executive and herself had reviewed the outcomes and feedback collated at the previous workshop in April 2021 to identify the way forward in terms of Lessons for the Southern Trust.

The Chair guided members through the outcomes in terms of:-

- ***‘What we said..... What we did’***

Leadership Walks

A new approach is now in place for ‘Leadership Walks’ and Director’s Visits have been in place since November 2021. Mr McDonald commended the new approach which he felt was less rigid and provided a good platform to engage in a more informal and meaningful way with staff.

Mrs Magwood reflected on the move to being more virtually visible and updated members on a survey being undertaken within her area in relation to how the Organisation is currently working. The feedback will help inform Organisational direction into the future. She advised she will be reporting through to the Senior Management Team (SMT) on the outcome of the survey and highlighted the links to the current work being led by Mrs Toal on the ‘Home Working Policy’.

Mr Wilkinson welcomed the new template, which he felt assisted good levels of engagement. He pointed out it was important to note how much staff appreciated the contact with Leaders and emphasised the importance of maintaining this in a virtual world.

Growing our Leaders – Succession Planning

Members noted the Regional Succession Planning programme commenced in November 2021 at which the Trust is represented.

From an internal perspective, the Trust continues to work through its restructuring process, with a number of posts going out for recruitment in January 2022. The Chief Executive shared some feedback on perceived barriers to succession planning including, the nature of roles, the level of responsibility/intensity and political difficulty, as well as the remuneration framework. He posed the question “How do we as an Organisation, prepare Assistant Directors to become Directors in the political world”? The Chair welcomed the anticipated roll out of the restructuring process and its impact and reminded members of the opportunity for Assistant Directors to attend Trust Board meetings and that Directors’ Workshops should be encouraged as an assist to succession planning.

Discharge of Statutory functions

The Chair said the Trust’s new approach in taking time to review the Delegated Statutory Functions report in full under Workshop conditions prior to Trust Board has been very helpful. The new Workshop approach has also been implemented for other items e.g. the People Plan and the Clinical and Social Care Governance Review.

Be Brave

The Chair referred to the Trust’s proactive approach to restricted visiting.

Governance Committee – should there be a smaller ground clearing meeting

The Medical Director to present options to members under Item 6, Review of Operational Clinical and Social Care Governance.

The Chief Executive continued and guided members through the outcomes in terms of:-

- ***‘What we said..... What we still need to achieve’***

The Chief Executive stated the challenge now is to ask the question, “Are the things we have planned enough to address some of the challenges we have?” He suggested applying a ‘Tolerance and Risk’ approach would be very helpful.

In the area of Effective Communication and Leadership Development the Chief Executive posed a number of questions:-

- “Are the things we have committed to in our People Plan enough, when we reflect on lessons learned from Muckamore”?
He suggested it would be beneficial to have a conversation around ‘Leadership and Culture’.
- “Have we as Trust Board thought enough about what our Leadership role is”?
- “In terms of Leadership Development, has our Organisation got its own culture that was not informed by the leadership values of our Trust and is our Leadership as a Trust Board effective and does it challenge that culture”.
- As a Trust Board are we doing enough about culture change?

In concluding his comments, the Chief Executive stated he believed further work was required in developing both Leadership and Culture.

Discussion ensued around ‘Values’ and ‘Culture’ and linking these into the Organisations proposed Corporate Strategy.

Mrs Toal stated she linked the work in terms of Muckamore, with Recommendation 9 of the Hyponatremia Report – *“the highest priority should be recorded to the development and improvement of leadership skills at every level of the health service including both Executive and Non-Executive Board members”*.

She advised the Trust was currently working with the Leadership Centre on a Corporate Baseline piece of work around Leadership Development. Once this work has concluded, she suggested it would be helpful to report the outcome to Trust Board for further

consideration and apply it in terms of how the Organisation moves forward aligned to the People Plan. She stated the work will assist in helping to consider:-

- What is the practical application of Collective Leadership within our Organisation?
 - Where are the Gaps?
 - Where do we need to be from a Collective Leadership perspective?
- What is Trust Board's Role in this?

ACTION - Leadership Development and the role of Trust Board to come back to a future Workshop.

Chair to liaise with Mrs Toal in the interim prior to receipt of the Leadership Centre proposal.

5. INDEPENDENT REVIEW INTO THE CIRCUMSTANCES OF THE RQIA BOARD MEMBER RESIGNATIONS

The Chair explained that the purpose of this session was to reflect on the key messages from the Independent Review Report into the circumstances of the RQIA Board member resignations and collectively consider, what are the lessons for us as a Trust Board?

Members were asked to reflect on overall conclusion (7) in the process:-

“However, it is also clear that this crisis could not have happened if the Department and the RQIA had had the basics of good governance in place - clear roles, well established and functioning relationships, clearly understood lines of communication, reporting and accountability etc”.

Feedback from the four Groups is included at Appendix 1

6. REVIEW OF OPERATIONAL CLINICAL AND SOCIAL CARE GOVERNANCE (C&SCG)

The Chair invited Dr O’Kane to speak to the review of Operational Clinical and Social Care Governance and she began by providing a

comprehensive overview of the work to date including the recommendations from the C&SCG review of 2019. Members noted the areas developed so far including, Standards and Guidelines, Serious Adverse Incidents, Complaints and Clinical Audit.

Moving forward Dr O’Kane advised the next steps include:-

- A proposed move to a CSCG Business Partner Model by March 2022.
- Implementation of a Quality and Safety Working Group and she outlined its purpose and role, as well as the positive impact it will bring to the Trust Governance Committee in terms of the provision of intelligence/data, driving improvement and importantly ensuring that issues of concern are highlighted to the Committee.
- Further develop operational clinical leads to undertake local assurance around CSCG and implementation of quality improvement activity
- Development of Collective Leadership Models at Directorate level (to include professional leaders, governance leads, Service user representatives and operational managers)
- Development of a strengthened Clinical Audit function including corporate level supports
- Strengthening of SAI function with introduction of executive oversight group

Two key areas for focus were identified as:-

- The integration of the CSCG leads and
- The establishment of the Quality and Safety Oversight group

The Chief Executive welcomed the proposed establishment of the Quality and Safety Oversight Group and alluded to the benefits the new process will bring to reporting information based on intelligence rather than data through to the Governance Committee. He pointed out it was important members be mindful the role of the Governance Committee and Trust Board will change in light of the reporting by exception pathway.

Members added their feedback and in the main welcomed the proposed way forward in terms of the Triangulation of Data concept and aligning quality and safety together as part of the Quality and Safety Oversight Group. However some worries were raised by Operational Directors, in relation to the proposed change of line management roles for C&SCG Leads and indicated they would

welcomed further discussion and clarity on roles and responsibilities. Dr O’Kane was mindful of the concerns raised.

Mr Wilkinson asked about the investment required to which the Chief Executive outlined the estimated funding required. Mrs McCartan asked regarding a timescale for implementation on changes to reporting through to the Trust Governance Committee to which Dr O’Kane advised she would envisage new reporting by the end of 2022.

Mrs Toal stated the presentation had provided her with good clarity, and will assist in reviewing the third strand of the People Plan and added, she would welcome further discussion with Dr O’Kane on the way forward.

In concluding discussion the Chair welcomed the proposed new way of working in terms of refining the information reported through to the Trust Governance Committee. She acknowledged the investment required for the project and the degree of support amongst colleagues but emphasised the need to be mindful of relationships and the importance of clarifying roles and responsibilities.

7. ANY OTHER BUSINESS

None.

The workshop concluded at 4.50 p.m.

Appendix 1

FEEDBACK FROM GROUPS

Group	Question	Feedback
Group 1 – <i>(Eileen, Aldrina, Vivienne, Brian, Susan)</i>	<p>Question 1:- What are the lessons for us?</p> <p>Question 2:- What are we doing/going to do as a Trust Board? – <i>‘the so what question’</i></p>	<ul style="list-style-type: none"> • Importance of Relationships <p>Lessons –</p> <ul style="list-style-type: none"> • We need to dedicate the time to maintain the relationships both internally and externally • Values we have and others hold and if we saying open and honest <ul style="list-style-type: none"> - Need to be clear and upfront Courage to bring our values to the relationship and don't compromise our values
Group 2 – <i>(John, Shane, Catherine, Jane)</i>	<p>Question 1:- What are the lessons for us?</p>	<ul style="list-style-type: none"> • Communication is Key: Communication was strong throughout the pandemic and Non-Executive Directors benefitted from this. • Are we united as a Board to be open and transparent? • Challenges around <ul style="list-style-type: none"> - when something is good not to undo it - the risk with changing personalities need to keep Board and Non-Executive's informed - the fears of someone leaving the Board and SMT • Safe practice is key <ul style="list-style-type: none"> - the role of Non-Executive Directors and Executives is to check and challenge and ensure

Group	Question	Feedback
	<p>Question 2:- What are we doing/going to do as a Trust Board? – <i>‘the so what question’</i></p>	<p>that culture and our view of culture is driven throughout the organisation</p> <ul style="list-style-type: none"> - Cultures differ, therefore we need collective leadership to ensure the culture is driven throughout the Organisation - Broad, common understanding required so we can check and challenge in what we do <p>Create a document:- how the Board will work; the role of the board and Non-Executive Directors, set out and agree how we will conduct our business and drive being more dynamic, living through difficult times.</p> <p><i>Ref. paragraph 9 of the Independent Report – from the outset the Board should have set out and agreed with the Executives a common understanding of how business would be conducted. This links with paragraph 33 – They didn’t want to engage with the Board. (Also ref. para. 38, 39 and 40)</i></p> <p>It’s about the Organisation – not the Individuals!!</p> <p><i>We need to ask ourselves – “Do we have a clear set of rules to ensure we don’t accidentally go there ”?</i></p>
<p>Group 3 – <i>(Hilary, Maria, Colm, Ruth)</i></p>	<p>Question 1:- What are the lessons for us?</p>	<ul style="list-style-type: none"> • Need for openness and transparency, good communication

Group	Question	Feedback
	<p>Question 2:- What are we doing/going to do as a Trust Board? – <i>‘the so what question’</i></p>	<ul style="list-style-type: none"> • Chair must work collectively with the entire Board and Chief Executive should keep the Board informed <ul style="list-style-type: none"> - Regular meetings with Chief: quarterly meetings with Chair/Chief were useful to keep Non-Executive Directors on board and informed during the pandemic. • Important to have a robust Governance Framework to support this • Relationships are key to success • ‘Command and Control Model’ of DOH during pandemic. <ul style="list-style-type: none"> - It was counter intuitive - They were championing the collective leadership model, holding the Trust to account in a very direct way. Could they have supported the Trust differently? Are there lessons going forward? Do Trusts need to, in a constructive way, challenge the ‘Command and Control’ structure adopted by the DOH? • Staff at a lower level need more exposed and understanding of the role/work of the Board. <ul style="list-style-type: none"> - Consider how we can disseminate the work of the Board going forward. (post board meeting brief to the MLAs, can this be issued as a global circular with key messages, keeping general staff informed?

Group	Question	Feedback
		<p>- Staff below Assistant Director tier should be better informed in the significance and role Trust Board plays in the Organisation to ensure the appropriate escalation of issues.</p> <p>ACTION – Communications</p>
Action: Communication Team to look into sharing relevant messages from Trust Board with staff.		
Group 4 – (Martin, Heather, Barry, Sandra)	Question 1:- What are the lessons for us?	<p>Our focus was the external relationship between ALBs and the DOH.</p> <ul style="list-style-type: none"> • In terms of feedback sessions there seems to be inconsistencies across the various Governance Departments and this feeds into relationships <p>Lessons –</p> <ul style="list-style-type: none"> • need to be clear on consistency of relationships across the various departments and Trust Board <ul style="list-style-type: none"> - The DOH Partnership Agreements, are still not finalised and this would set out very clearly the roles and responsibilities in terms of engagement. • “Learn from behind to look forward” – moving forward with new commissioning way of working and new Integrated Partnerships, clarity is needed on the role and function of Trust Board and how they align with the new commissioning arrangements to help maintain relationships.

Group	Question	Feedback
	<p>Question 2:- What are we doing/going to do as a Trust Board? – <i>‘the so what question’</i></p>	<ul style="list-style-type: none"> • Value of Communication <ul style="list-style-type: none"> - Maintain the relationship built up with Chairs and the Health Minister who now meet regularly. Must keep these communication paths open and disseminate information back down to Trust Board. <p>Key Points:-</p> <ul style="list-style-type: none"> • Set out - “What is our relationship with the DOH? • Pin down our Partnership Agreement. <ul style="list-style-type: none"> - Chairs need to ask the DOH, where those are now? When is there going to be a draft Agreement and what is going to be in it? <p>So What Question</p> <ul style="list-style-type: none"> - Someone needs to pursue where the partnership agreements sits. This is the only place the lessons learned in this report are going to be hardwired. - Sponsorship branch within departments play a key role in Communication between DOH and ALBs. <ul style="list-style-type: none"> • What is the role of the Board of an ALB? • Requires a HSC Conversation?



Southern Health
and Social Care Trust

Quality Care - for you, with you

WIT-101582

BOARD DEVELOPMENT DAY

Thursday, 25th August 2022
Craigavon Civic Centre



The journey since 2019

Clinical and Social Care Governance
(Corporate)

Eileen Mullan
Chair



Southern Health
and Social Care Trust

3 years later

The review is still draft and has **never been adopted or agreed by Trust Board**

Pandemic unfolded and system focused on response

External environment:

- Extreme pressures across HSC
- Urology Public Inquiry
- Lessons from Muckamore, Neurology, IHRD and others
- New Permanent Secretary (productivity and efficiency)
- System changes/workforce
- Pending Minister

Internal Environment

- New Chair
- New Chief Executive
- New SMT members
- **Organisational tiredness**

2019

- Clinical and social care governance review completed by June Champion
- Final Draft Report November

2020

- Directors workshop 27th February 2020
- Agreement focus of report is on the Clinical and Social Care Governance and reporting below Trust Board Committees
- Three areas of improvement work
 - SAI's, Standards and Guidelines and Complaints

2021

- Directors workshop 09th December 2021
- Review of operational clinical and social care governance
- Next area of improvement work
 - Clinical Audit
 - Integration of the CSCG Leads
 - Establishment of the Quality and Safety Oversight Group
- Envisage new reporting to governance committee by the end of 2022

Providing safe, high quality care



Corporate Governance

- Trust Board
 - Receiving the right reports and information
 - Are we focused on the right areas?
 - Are we curious enough?
- Committees
 - Have we the right committees?
 - Receiving the right intelligent information
 - Where does the assurance sit?
- Lessons from Inquiries

This is the right time to take a considered look at how our governance works

Clinical and Social Care Governance

- Operational reporting
- Triangulation
- Reporting by exception
- Ground clearing

Early
alerts/SAI's

Open minded

Up for change (but
not for change sake)

Strengthen our
structures and
systems

What is right
for the Trust

Pending
New
Minister

The Role of Trust Board Regarding Governance

Regional Drivers for Change



**NO
MORE
SILOS**

No More Silos



Bengoa Report



Regional Management Board (RMB)



Integrated Care Boards



Dissolution of HSCB



Public Inquiries



Regional Changes to Services

Trust Level SWOT Analysis

Strengths

- New ways of working developed
- Decision making brought closer to front lines
- Increased integration of services e.g. Ops meeting
- Use of remote consultations
- Cross boundary working within Directorates

Weaknesses

- Staffing recruitment and retention
- Staff Morale
- Senior Management Team instability
- Infrastructure / environment
- Waiting lists
- Losing service user voice during pandemic

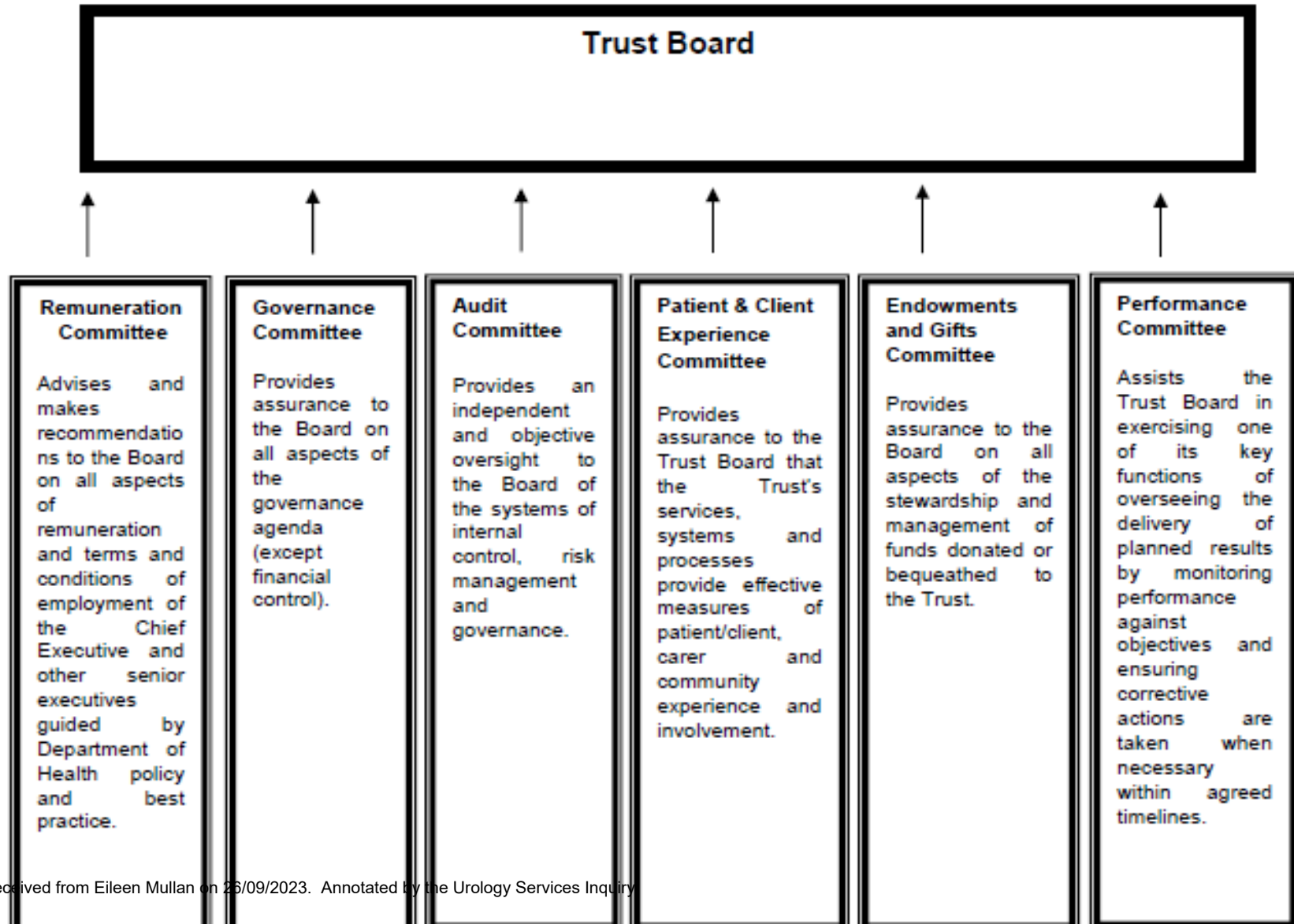
Opportunities

- Willingness to change
- Cross boundary working in Trusts and Primary Care
- Connectivity of workforce
- Integrated Care Boards

Threats

- Recurrent funding
- Political Environment
- Public Inquiry demands
- Ongoing Pandemic
- Unquantified legacy work
- Review of Public Administration
- Regional Changes to Services

High Level Governance Structure



HSCNI Inquiries over the last 11 Years

Year	Description	Recommendations
2011	NHSCT Clostridium Difficile Inquiry	12 Recommendations
2011	BHSCT Dental Inquiry	42 Actions
2011	RQIA X-Ray Reporting	14 Recommendations
2012	Pseudomonas Investigation	32 Recommendations
2012	BHSCT Special Measures (Emergency Department)	NA
2012	NHSCT Turnaround Team (Governance Issues)	NA
2014	RQIA Unscheduled Care Services (BHSCT)	16 Recommendations
2018	Hyponatraemia Inquiry	96 Recommendations
2022	Neurology Inquiry	76 Recommendations
20??	Muckamore Abbey Inquiry	Awaited
20??	Urology Services Inquiry	Awaited
20??	COVID-19 Inquiry	Awaited

HSCNI Public Inquiries Which Consider Governance As A Core Element

The Inquiry into Hyponatraemia-related Deaths

INDEPENDENT NEUROLOGY INQUIRY



Organisational Governance Learning From Urology Services Inquiry To Date

Organisation requires to be more 'joined up' – identify where information could be more effectively shared

Potential for developing additional forums where information can be effectively triangulated

Development of triggers to assist with the recognition of situations earlier

Matching relevant expertise to tasks to support completion

Developing a culture inquisitiveness and curiosity around our existing systems and assurance processes

The Good Governance Institute's Dimensions of Governance

Mission and Vision

The agreed point of the organisation or what the world would miss if the organisation did not exist

Strategy

The agreed plan, with specific goals, which will most effectively deliver the mission and vision

Leadership

The agreed way and form through which the organisation will be led, ranging from the selection of the managerial leadership, through to setting and epitomising the organisation's culture

Assurance

The ongoing process of agreeing policies and then continually checking their compliance, on behalf of the organisation and its stakeholders, to ensure that the enterprise is moving towards its strategic goals whilst at the same time upholding the agreed leadership principles and organisational culture

Probity and Transparency

Ensuring that at any time the organisation can be open to external scrutiny and explain its conduct, decisions and managerial approach and that these would be found to demonstrate an ethical and evidence-based approach

Stewardship

Directors of governing bodies are responsible and accountable for the welfare of an organisation which does not belong to them and for which they are transient caretakers. They will pass this responsibility on in time to others with the enterprise concerned improved and in better shape than they received it

Ethical culture

Good performance

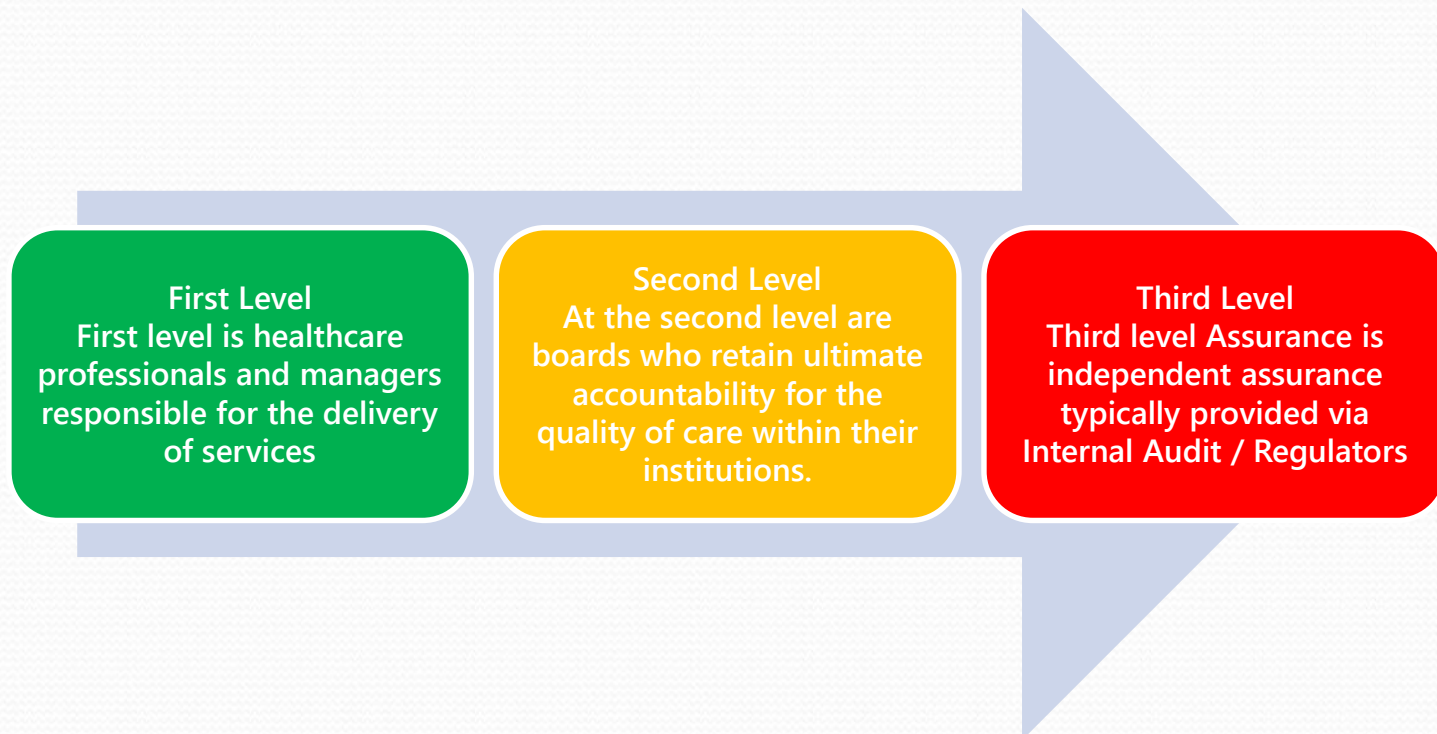
Effective control

Legitimacy

Reassurance Vs Assurance - 3 Lines of Assurance

In governance, great emphasis is placed on distinguishing between reassurance (when someone tells you that all is well) and assurance (telling you what's happening and showing you the evidence so that you can judge for yourself if all is well), and boards must be careful to ensure that they strike the right balance between the two.

This will allow boards to not be overrun by statistics and also ensure that they are not solely reliant on what the executives say is happening.



Specific responsibilities of Boards with regards to quality of care

All Trust Board members need to understand their ultimate accountability for quality.

There is a clear organisational structure that clarifies responsibility for delivering quality performance from the Board to the point of care and back to the board.

Quality is a core part of main Board meetings, both as a standing agenda item and an integrated element of all major discussions and decisions.

Quality performance is discussed in more detail regularly by a quality committee with a stable, regularly attending membership.

Good Governance at Trust Board Level

Boards need to ensure that they are effective in setting the right standards and gaining assurance that those standards are being met. Indeed, one of the key responsibilities of the board is around assurance 'that the organisation does what it says it will do and behaves in the manner it has agreed'

What every board member needs to know about improvement and quality assurance
Good Governance Institute September 2021

The board assurance framework (BAF) should assure the board what is happening across the organisation, balancing the need to provide enough detail to inform but not overload with information

Effectively sharing best practice internally, with and between other organisations and systems

Having the right governance systems and processes in place including committee structure and associated reporting on quality, integrated reporting and the appropriate amount of board time devoted to significant quality issues. This can be achieved through effective agenda management and reporting.

Boards need to achieve this through the principle of delegation and can choose to establish quality committees to help the board understand quality issues and effectively fulfil its role around quality governance.

Key Questions for Trust Board Regarding Structures and Committees

Does Trust Board have the right systems in place to ensure it receives and utilises high quality data?

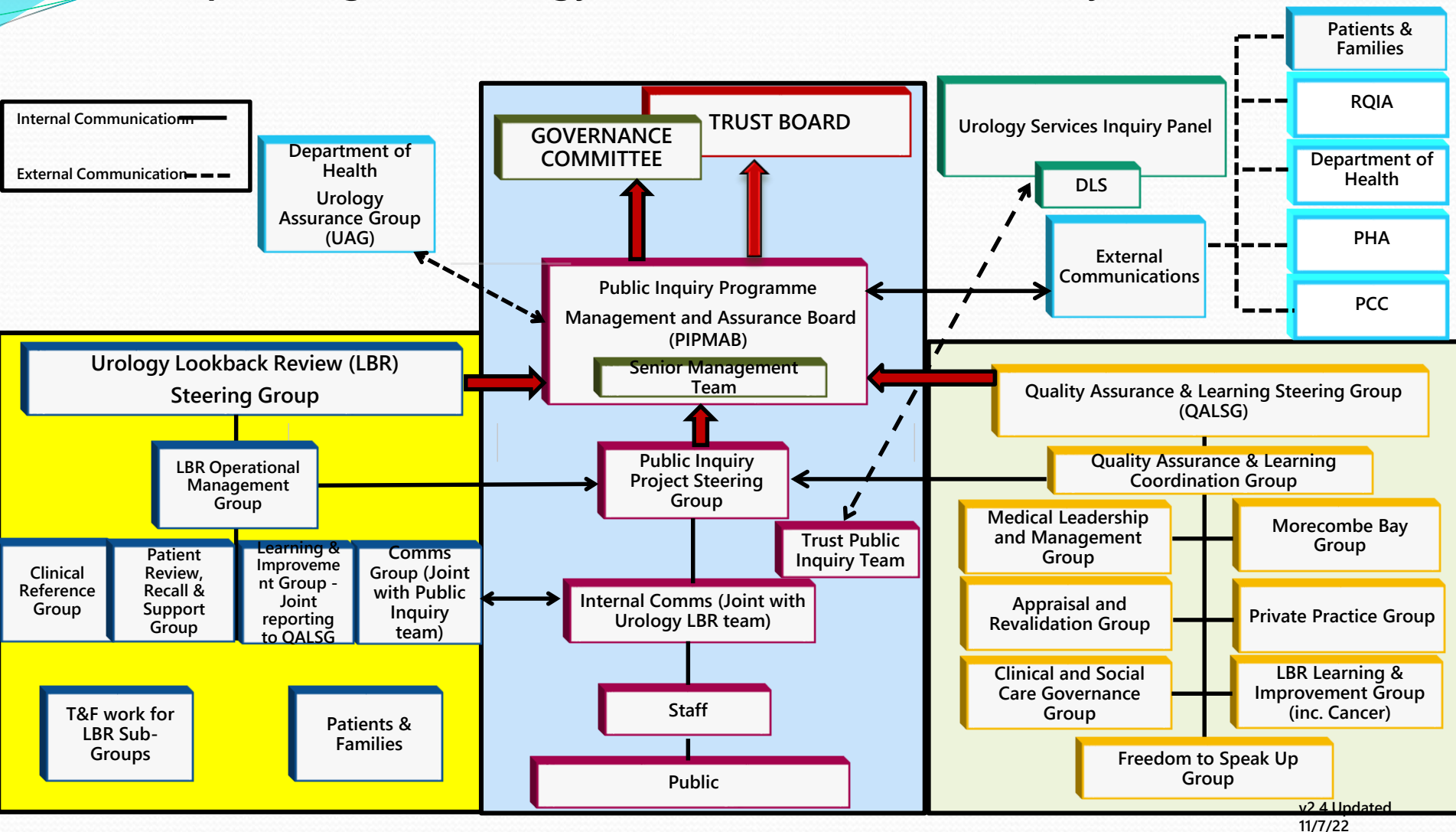
Does Trust Board consider trend data for quality metrics?

Does the organisation allow for open discussions around the lessons from incidents or near misses?

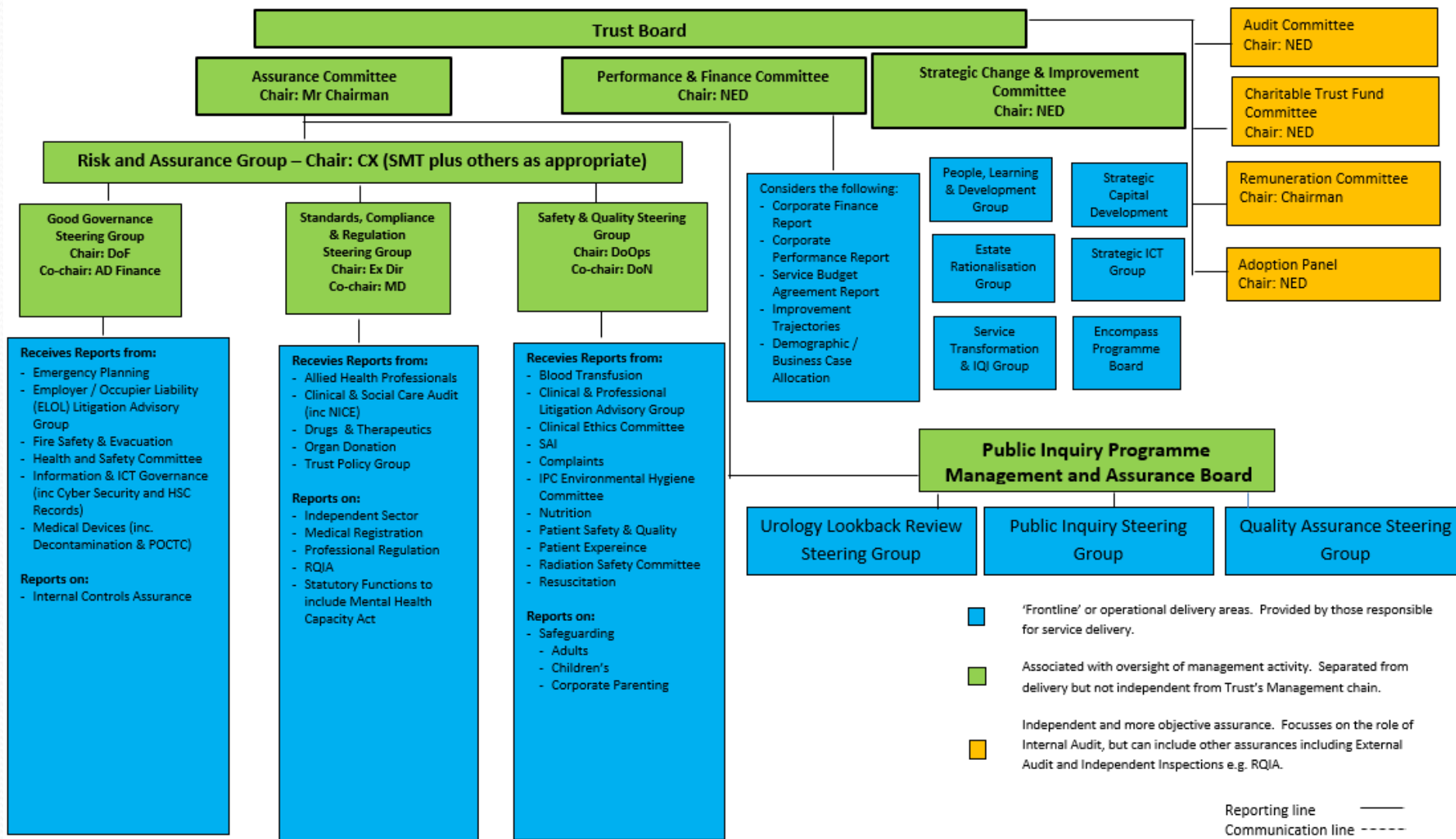
Is Trust Board sighted on and have confidence in timescales for further improvement?

Has Trust Board put in place specific actions (that are regularly reviewed) to ensure that, where the data indicates something is amiss, there is a closing of the loop?

Public Inquiry Programme Structure (Incorporating the Urology Lookback Review & Quality Assurance)



Potential Future Structure



Board Governance Self-Assessment Tool 2021/22

Purpose

To provide Trust Board with the opportunity to reflect and think about how it can improve its effectiveness following completion of the Board Self-Assessment Tool.

Task: Two key parts

- **Part One:** Summary Results. Please review the outline response provided for the first four sections:

- Does it reflect your observations?
- Are there any more actions?

Table	Section
Table 1	Sections 1.1 & 1.2
Table 2	Sections 1.3, 1.4 & 1.5
Table 3	Sections 2.1 & 2.2
Table 4	Sections 2.3 & 2.4
Table 5	Sections 3.1 & 3.2
Table 6	Sections 3.3, 3.4 & 3.5
Table 7	Section 4

- **Part Two:** Board impact case study. Agree an area of focus for completion of a case study.

Action Plan 2021-22

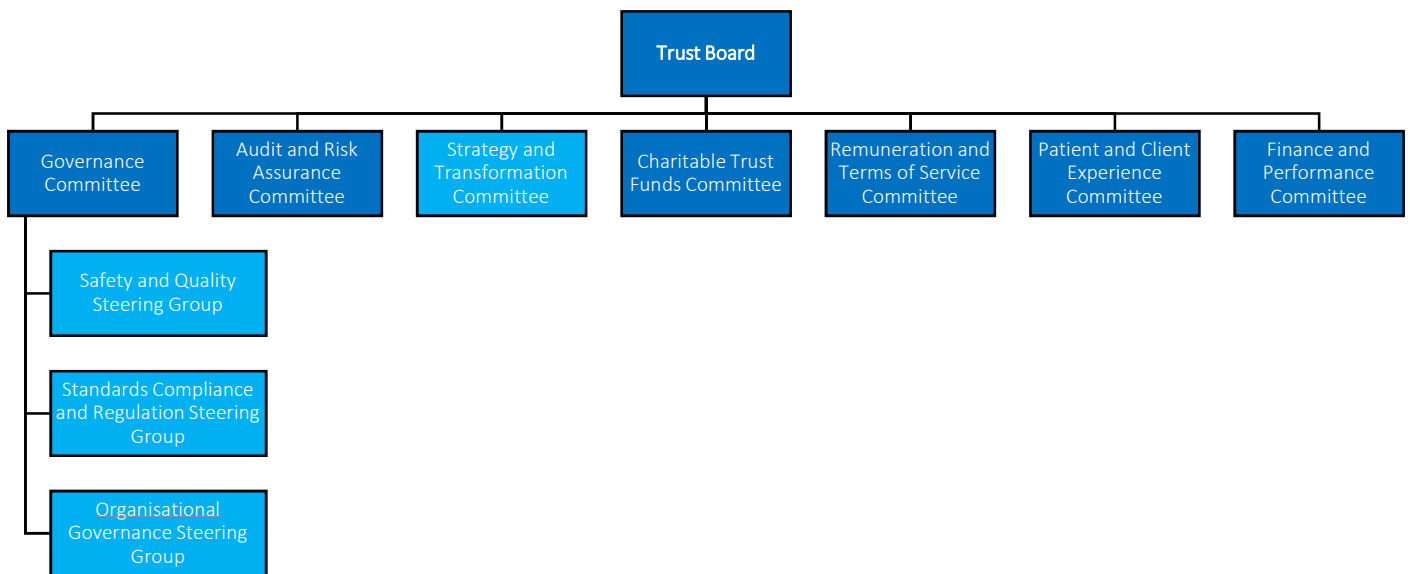
(based on 2020-21 self-assessment)

1. Board composition and commitment

Area	Self-Assessment Rating	Action	Comment
1.1. Board positions and size	Green	Departmental led recruitment exercise for SH&SCT Non Executive Directors	Not progressed – will be taken forward in 2022-23
1.2 Balance and calibre of Board members	Green	Skills and Attributes Audit to be completed to support next Departmental led recruitment of Non Executive Directors	Not progressed – will be taken forward in 2022-23
2.4 Board member appraisal and personal development	Green	Documentation for 2020/21 appraisals awaited from the DoH	Completed. Documentation received and returned to DOH for 2020/21 appraisals

Area	Self-Assessment Rating	Action Plan
1. Board composition and commitment 1.1. Board positions and size	Green	<ul style="list-style-type: none"> Departmental led recruitment exercise for SH&SCT Non Executive Directors Senior Executive Restructuring to be fully implemented in 2022-2023
1.2 Balance and calibre of Board members	Green	Skills and Attributes Audit to be completed to support next Departmental led recruitment of Non Executive Directors
1.3 Role of the Board	Green	
1.4 Committees of the Board	Green	
1.5 Board member commitment	Green	
2. Board evaluation, development and learning		
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	

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		
4.1 External stakeholders	Green	
4.2 Internal stakeholders	Green	
4.3 Board profile and visibility	Green	



Stinson, Emma M

From: Comac, Jennifer [Personal Information redacted by the USI]
Sent: 04 August 2020 15:30
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Cc: Brownlee, Roberta
Subject: FW: Early Alert
Attachments: 20200804 EA AUG 2020 02.pdf

Dear colleagues

Please find attached for your information (in strict confidence).

Kind regards

Jennifer

Jennifer Comac
PA to Mrs Roberta Brownlee, Chair
Southern Health and Social Care Trust



Tel: [Personal Information redacted by the USI] (External); [Personal Information redacted by the USI] (Internal)
Email: [Personal Information redacted by the USI]
 'You can follow us on [Facebook](#) and [Twitter](#)'



From: Corporate.Governance
Sent: 04 August 2020 14:45
To: earlyalert@hscni.net
Cc: Acute Governance; Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; O'Neill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted
by the USI

ANNEX A

✖ Initial call made to

Ryan Wilson

(DoH) on

04/08/2020
14:07

DATE

Follow-up Pro-forma for Early Alert Communication:**Details of Person making Notification:**

Name

Stephen Wallace

Organisation

SHSCT

Position

Corporate Governance

Telephone

Personal Information redacted
by the USI**Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)**

1. Urgent regional action
2. Contacting patients/clients about possible harm
3. Press release about harm
4. **Regional media interest**
5. Police involvement in investigation
6. Events involving children
7. Suspension of staff or breach of statutory duty

Brief summary of event being communicated: ** If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.*

This notification is to inform of a forthcoming Preliminary Inquest Hearing related to the homicide of an elderly couple in their home, by an individual known to mental health services in the Trust.

The Preliminary Hearing is scheduled to take place on 7th August 2020. There has previously been significant media attention in relation to this case hence raising this as an early alert.

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact:

Stephen Wallace

Contact details:

Email address (work)

Personal Information redacted by the USI

Mobile (work)

Personal Information
redacted by the USI

Telephone (work or home)

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DoH:

Early Alert Communication received by: Office:

Forwarded for consideration and appropriate action to: Date:

Detail of follow-up action (if applicable)

Stinson, Emma M

From: Comac, Jennifer Personal Information redacted by the USI
Sent: 27 July 2020 09:16
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: FW: Early Alert Update
Attachments: 21072020 EA JULY 2020 16 Update.pdf

Dear colleagues

Please see attached for your information (apologies if you already received when I was off on leave).

Kind regards

Jennifer

From: Corporate.Governance
Sent: 21 July 2020 15:31
To: earlyalert@hscni.net
Cc: Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; O'Neill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen; Woolsey, Lynn; McKeegan, Elaine
Subject: Early Alert Update

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

ANNEX A

✖ Initial call made to Tomas Addell (DoH) on 21.07.2020@14:15 DATE

Follow-up Pro-forma for Early Alert Communication:**Details of Person making Notification:**

Name Lynn Woolsey Organisation SHSCT

Position Assistant Director, MH&LD Telephone Personal Information redacted by the USI

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. Urgent regional action
2. Contacting patients/clients about possible harm
3. Press release about harm
4. Regional media interest X
5. Police involvement in investigation
6. Events involving children
7. Suspension of staff or breach of statutory duty

Brief summary of event being communicated: ** If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.*

Update to Early Alert issued 16.06.2020, and subsequent updates

Following ongoing assessment of nurse staffing levels, acuity of patients and special observation requirements, it is necessary for the Units (Bluestone and Dorsy) to remain closed to out of area admissions. This will remain in effect until Tuesday 28th July 2020, when a reassessment shall be conducted.

If circumstances improve during this next week we shall of course notify DoH and the region regarding status.

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: Lynn Woolsey

Contact details:

Email address (work) Personal Information redacted by the USI

Mobile (work or home) Telephone (work or home) Personal Information redacted by the USI

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DoH:

Early Alert Communication received by: Office:

Forwarded for consideration and appropriate action to: Date:

Detail of follow-up action (if applicable)

Stinson, Emma M

From: Brownlee, Roberta [Personal Information redacted by the USI]
Sent: 23 July 2020 17:36
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Cc: Comac, Jennifer
Subject: FW: Early Alert
Attachments: 23072020 EA JULY 2020 17.pdf

FYI

From: Corporate.Governance
Sent: 23 July 2020 16:59
To: earlyalert@hscni.net
Cc: Reid, Cathrine; Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; O'Neill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone [Personal Information redacted by the USI]

ANNEX A**✖ Initial call made to:**

Contacted Chris Matthews and message left, at 2pm

(DHSSPS) on 23/07/2020 (DATE)

Follow-up Proforma for Early Alert Communication:**Details of Person making Notification:**

Name	Cathrine Reid	Organisation	Southern Health & Social Care Trust
Position	Interim Assistant Director of Primary Care	Telephone	Personal Information redacted by the USI

Criteria (from para 1.3) under which event is being notified (tick as appropriate)

1. *urgent regional action*
2. *contacting patients/clients about possible harm*
3. *press release about harm*
4. **regional media interest**
5. *police involvement in investigation*
6. *events involving children*
7. *suspension of staff or breach of statutory duty*

Brief summary of event being communicated

DESCRIPTION OF INCIDENT:

There is a risk to providing a safe and timely OOHs service, due to reduced GP cover over the forthcoming weekend. The clinical cover at 4:30pm is as follows:

Saturday 25 July

Red eye –there is 1 nurse advisors and 1 GP on home triage during the red eye period

Morning – there are only 6 GPs instead of 11, 1 Nurse Advisor

Afternoon - there are only 2 GPs instead of 8, 2 Nurse Advisors

Evening - there is only 2 GPs instead of 9 and 1 Nurse Advisor

Sunday 26 July

Red eye –there are 2 nurse advisors during the red eye period

Morning – there are only 3 GPs instead of 11, and 3 nurse advisor

Afternoon - there are only 1 GPs instead of 9, and 3 nurse advisors

Evening - there are only 5 GPs instead of 9, 1 GP on home triage and 2 nurse advisors

Monday 27 July

Red eye –there is 1 GP and 1 nurse advisor during the red eye period

IMMEDIATE ACTION TAKEN:

There is on-going work within the service to secure further GP and nurse cover for this weekend.

Internal escalation and contingency planning has commenced. Urgent / essential appointments will be only offered when the service is operational with GP cover. When no GP, this is will be a triage only service

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: **Claire McNally**

Telephone (work or home) [Personal Information redacted by the USI]

Email address (work or home) [Personal Information redacted by the USI]

Forward proforma to the Department at: earlyalert@dhsspsni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DHSSPS:

Early Alert Communication received by: Office:
.....

Forwarded for consideration and appropriate action to: Date: ...

Detail of follow-up action (if applicable).....

Stinson, Emma M

From: Comac, Jennifer Personal Information redacted by the USI
Sent: 07 July 2020 14:44
To: Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Rooney, SiobhanNED; Wilkinson, John
Subject: FW: Early Alert
Attachments: 2020.07.07 Early Alert UPDATE EA JULY 2020 05.pdf

Dear colleagues – Please find attached for your information.

Kind regards

Jennifer

From: Corporate.Governance
Sent: 07 July 2020 12:40
To: earlyalert@hscni.net
Cc: Beattie, Brian; Black, Tony; Brownlee, Roberta; Comac, Jennifer; Connolly, Connie; Davidson, Fiona; Devlin, Shane; Gishkori, Esther; Gormley, Damian; Kingsnorth, Patricia; Magennis, Marita; Magwood, Aldrina; McClements, Melanie; McKimm, Jane; McNally, ClaireA; McNeany, Barney; Morgan, Paul; OKane, Maria; O'Neill, Helen; ONeill, Nicole; Reid, Trudy; Rogers, Ruth; Stinson, Emma M; Toal, Vivienne; Trouton, Heather; Wallace, Stephen
Subject: Early Alert

Good Afternoon,

Please find attached Early Alert from Southern Health and Social Care Trust.

Kind Regards

Diane

Corporate Clinical & Social Care Governance Office
Corporate Governance Assistant
Beechfield House
Craigavon Area Hospital Site
Telephone Personal Information redacted by the USI

ANNEX A

✖ Initial call made to Tomas Addell (DoH) on 07.07.2020@11:30 DATE

Follow-up Pro-forma for Early Alert Communication:**Details of Person making Notification:**

Name Lynn Woolsey Organisation SHSCT

Position Assistant Director, MH&LD Telephone Personal Information redacted by the USI

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. Urgent regional action
2. Contacting patients/clients about possible harm
3. Press release about harm
4. Regional media interest X
5. Police involvement in investigation
6. Events involving children
7. Suspension of staff or breach of statutory duty

Brief summary of event being communicated: ** If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.*

Update to Early Alert issued 16.06.2020, and subsequent updates

Following ongoing assessment of nurse staffing levels, acuity of patients and special observation requirements, it is necessary for the Units (Bluestone and Dorsy) to remain closed to out of area admissions. This will remain in effect until Wednesday 15th July 2020, when a reassessment shall be conducted.

If circumstances improve during this next week we shall of course notify DoH and the region regarding status.

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: Lynn Woolsey

Contact details:

Email address (work) Personal Information redacted by the USI

Mobile (work or home) Telephone (work or home) Personal Information redacted by the USI

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

FOR COMPLETION BY DoH:

Early Alert Communication received by: Office:

Forwarded for consideration and appropriate action to: Date:

Detail of follow-up action (if applicable)

FEBRUARY 2021



Southern Health
and Social Care Trust

Putting **TRUST** back in to The Southern **TRUST**

Eileen Mullan
Trust Board Chair

The purpose of the Board...

The Healthy NHS Board Principles for Good Governance

The purpose of NHS boards is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- In the quality and safety of health services.
- That resources are invested in a way that delivers optimal health outcomes.
- In the accessibility and responsiveness of health services.
- That patients and the public can help to shape health services to meet their needs.
- That public money is spent in a way that is fair, efficient, effective and economic.

¹⁴ Effective NHS boards demonstrate leadership by undertaking three key roles:

- Formulating strategy for the organisation.
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable.
- Shaping a positive culture for the board and the organisation.

Chair should NOT...	Chief executives should NOT...
Be too operational, interfere with details of management	Be too controlling or autocratic towards the chair
Exceed part time hours	Get too involved in NED role – e.g. no consultation on shaping board agendas
Take specific strategic decisions alone	Break the fundamental rule of 'no surprises'
Adopt bullying, macho 'hire and fire' culture	Be too entrenched in the organisation

Urology public inquiry ordered over consultant Aidan O'Brien

We have a severe shortage of nursing staff in Northern Ireland, as the latest (30 September 2020) figures from the Department of Health illustrate, with 1,671 nursing vacancies in the HSC and a similar vacancy rate estimated in the independent sector.

26 Nov 2020

The Inquiry into
Hyponatraemia-related
Deaths

Brexit

Northern Ireland Assembly Election Final Results

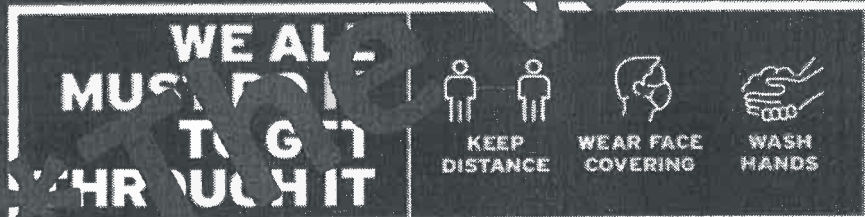
NI health trusts 'named and shamed'
over not paying minimum wage

A REVIEW OF LEADERSHIP & GOVERNANCE AT
MUCKAMORE ABBEY HOSPITAL

NEUROLOGY RECALL



CORONAVIRUS (COVID-19)



Craigavon: Health chief apologises after fourth Covid-19 death

‘Putting Trust in the Trust’

- Southern Trust Board is recognised for its openness and transparency
- Meetings of the Southern Trust Board and Committees are places people want to be and not have to be
- Southern Trust Board and Committee meetings focus on its patients and staff
- Southern Trust Board is a dynamic, conversational and inclusive space

Practical changes

- Timing of meetings
 - Confidential (if needed)
 - 0900 – 0930am
 - Public
 - 0930 until 1:00pm
- Refocus the Agenda
 - Culture
 - Strategy
 - Accountability
- Papers will for Decision/Assurance/Information
- Chair, Committee Chair and CEO feedback meetings stood down
- Pre-confidential meetings Chair, Chief and Non Executives - stood down
- Committee Chairs reports will come to Trust Board along with approved minutes. The latter for information not approval.

Refocus the Agenda

Current agenda structure

HSC Southern Health and Social Care Trust
Quality Care - for you, with you

DRAFT

VIRTUAL TRUST BOARD MEETING
DATE: Thursday, 25th February 2021
TIME: 9.45 a.m. – 12.45 p.m.

AGENDA

TIME	ITEM	DIRECTOR	BOARD ACTION REQUIRED
9.45 – 10.10 a.m.	1. Chair's welcome and apologies	Ms Eileen Mullan	
	2. Declaration of interests	Ms Eileen Mullan	
	3. Service Improvement/Learning from Service User Experience	Ms Eileen Mullan	information
	PRESENTATION:		
10.10 – 10.20 a.m.	4. Chair's Business and Visits including Non-Executive Directors' Business and Visits	Ms Eileen Mullan	information
	5. Chief Executive's Business and Visits	Mr Shane Devlin	information
	6. Minutes of meeting held on 28 th January 2021	Ms Eileen Mullan	approval
	7. Matters arising from previous meeting	Ms Eileen Mullan	information

Proposed agenda structure

HSC Southern Health and Social Care Trust
Quality Care - for you, with you

DRAFT

VIRTUAL TRUST BOARD MEETING
DATE: Thursday, 25th February 2021
TIME: 9.45 a.m. – 12.45 p.m.

AGENDA

TIME	ITEM	DIRECTOR	BOARD ACTION REQUIRED
9.45 – 10.10 a.m.	1. Chair's welcome and apologies	Ms Eileen Mullan	
	2. Declaration of interests	Ms Eileen Mullan	
	3. Service Improvement/Learning from Service User Experience	Ms Eileen Mullan	information
	PRESENTATION:		
10.10 – 10.20 a.m.	4. Chair's Business and Visits including Non-Executive Directors' Business and Visits	Ms Eileen Mullan	information
	5. Chief Executive's Business and Visits	Mr Shane Devlin	information
	6. Minutes of meeting held on 28 th January 2021	Ms Eileen Mullan	approval
	7. Matters arising from previous meeting	Ms Eileen Mullan	information

Sections then broken up as follows:

- Strategic
- Operational Performance
- Patient/Client Safety and Quality of Care
- Board Committee

Remaining agenda broken up as follows:

- Culture (our patients, staff and how we work)
- Strategy (what's next and how)
- Accountability (what we have done)



Report cover Sheet

Southern Health
and Social Care Trust

Quality care – for you, with you

TRUST BOARD PAPER COVER SHEET

Meeting Date			
Agenda Item			
Accountable Director			
Report Author	Name		
	Contact details		
This paper sits within the Trust Board role of:	Strategy	Accountability	Culture
This paper is presented for:	For Decision	For Assurance	For Information
Links to Trust Strategic Objectives	Promoting Safe High Quality Care Supporting people to live long healthy active lives Improving our services Making best use of our resources Being a great place to work – supporting, developing and valuing our staff Working in partnership		



This report cover sheet has been prepared by the Accountable Director.

Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, with the key matters for attention and the ask of the Board/Committee.

Page | 1

1. Detailed summary of paper contents:

- Detailed summary
- Synopsis
- Executive Summary

2. Areas of improvement/achievement:

- What has been done well
- What improvements have been made
- Things the Trust should be proud of

3. Areas of concern/risk/challenge:

- Nothing to hide
- Upfront and clear
- Warts and all

4. Ask of Trust Board:

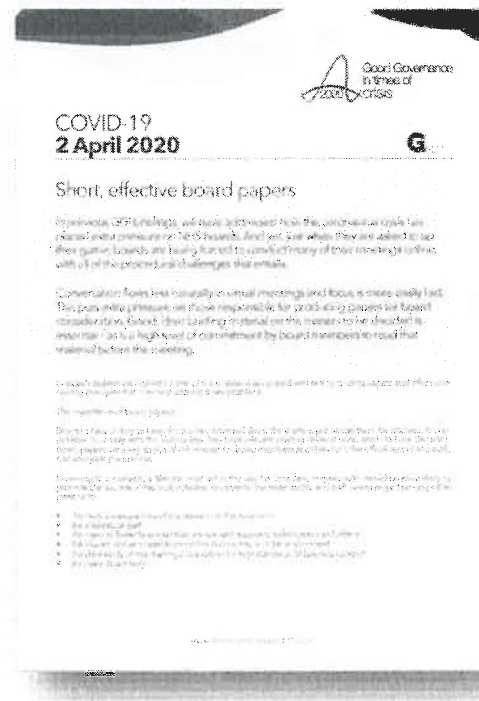
- Review the report
- Consider option 1-3
- Make a decision

5. Impact: Indicate if this impacts with any of the following and how:

Corporate Risk Register	
Board Assurance Framework	
Equality and Human Rights	

Page | 2

Report writing:



1. What do we want to achieve by writing this paper?
2. What do we want the board to do in response?
3. What do directors need from my paper?

- Writing for the board, especially non-executive directors, is not the same as writing a report for other managers.
- If time and effort is devoted to preparing any paper or report for the board, then it should have a real purpose. A paper may be the principal means by which the board fulfils its oversight responsibilities and makes decisions affecting the trust's future direction.
- How best can we as a Trust strike the right balance on the information we need in order to fulfil our collective role and duties:



Full transparency

Public Meetings

- Allow questions and give answers
- Promote meetings
- Promote attendance
- Record meetings (zoom)
- Online access when Trust Board is back in the room
- Engage in a conversation about what we do with our population, and key stakeholders

Repository of information

Website

becomes central
to our sharing of
information



Role of Committees

- Enhance role of committees
 - Governance
 - Audit
 - Performance
 - Endowments and Gifts
 - Patient Client Experience Committee
- Take weight of Trust Board
- Be the workhorses
- Create 'filter/clearing' process to enable:
 - By exception
 - Elevating issues for discussion



Are there others ways?