

## **MINUTES OF A MEETING OF THE GOVERNANCE COMMITTEE HELD ON 12 DECEMBER 2018 AT 10AM IN MEETING ROOM 3, TRUST HEADQUARTERS**

### **PRESENT**

Mr J Campbell, Acting Chairman for meeting

Dr G McIlroy, Chairman (by tele-link)  
Mrs S O’Kane, Non-Executive Director

Mrs G McKay, Director of Acute Services  
Dr B Brown, Director of Primary Care and Older People’s Services/Executive  
Director of Nursing (by video conferencing)  
Mrs T Molloy, Director of Performance and Service Improvement  
Dr D Hughes, Medical Director  
Mr A Moore, Director of Strategic Capital Development  
Ms D Mahon, Interim Director of Women & Children’s Services

### **IN ATTENDANCE**

Mrs T Brown, Head of Clinical Quality and Safety  
Mrs D Keenan, Assistant Director of Nursing  
Mrs R Harkin, Assistant Director of Learning Disability  
Ms A Friel, Head of Pharmacy and Medicines Management  
Mrs A McConnell, Director of Human Resources  
Miss D Begley, Quality and Safety Department

1	<p><b><u>WELCOME AND APOLOGIES</u></b></p> <p>Mr Campbell welcomed everyone to the meeting and advised that he would chair the meeting on behalf of Dr McIlroy who is attending via tele-link. He also welcomed Mrs Harkin who was representing Ms K O’Brien.</p> <p>Apologies were noted from Dr A Kilgallen, Chief Executive and Ms K O’Brien, Director of Adult Mental Health and Disability Services.</p> <p>Mr Campbell noted that this is the first meeting under the new format which was largely approved by Trust Board and will be attended by 3 Non-Executive Directors.</p> <p>Mr Campbell advised that the Confidential Business and Leadership Walkround Report 2017/18 items would be taken earlier on the agenda to facilitate Dr McIlroy who had to leave early to attend another meeting.</p>
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2	<p><b><u>MINUTES OF THE GOVERNANCE COMMITTEE MEETING HELD ON 19 SEPTEMBER 2018</u></b></p> <p>The minutes having been previously distributed were agreed as a true and accurate record of discussion.</p>
3	<p><b><u>MATTERS ARISING</u></b></p> <p><i><u>GDPR – Level of potential penalties under the GDPR</u></i></p> <p>Mrs Molloy advised that the level of penalty which will apply as a result of a data breach will be dependent on the event and determined by the ICO. The maximum penalty will be up to 4% of annual global turnover or €20 million – whichever is greater.</p>
4	<p><b><u>DECLARATION OF CONFLICTS OF INTERESTS</u></b></p> <p>There were no declarations of interest expressed.</p>
5.1	<p><b><u>TERMS OF REFERENCE GOVERNANCE COMMITTEE</u></b></p> <p>Dr McIlroy noted that these terms of reference are a true reflection of the discussion held at the previous meeting. It was agreed by members that these would be accepted and subject to an annual review or by exception.</p> <p>Mrs Brown confirmed that the Director of Human Resources will no longer be a member of Governance Committee but will attend for the Summary of Whistleblowing Complaints agenda item only.</p>
5.2	<p><b><u>GOVERNANCE ORGANISATIONAL STRUCTURE</u></b></p> <p>Mr Campbell referred to the 3 reporting sub-committees and noted that these will be discussed further under agenda item 5.4d.</p> <p>Dr McIlroy noted the Governance Structure will be reviewed on an ongoing basis in support of the Governance Committee terms of reference and reporting mechanisms.</p> <p>Mrs O’Kane highlighted concerns regarding the Engagement &amp; Experience Committee in relation to duplication with PPI and Patient / Client Experience. It was agreed that Mrs O’Kane, Mrs Cummings and Mrs Molloy would meet to review this.</p> <p>Dr Hughes noted that co-production and co-design have been incorporated into the structures. Dr McIlroy noted that this is a work in progress as per the terms of reference and will require guidance from the Chairman to take forward. Dr Brown advised that co-production will feature in the Patient / Client Experience and Complaints Forum going forward. Dr McIlroy suggested that consideration should be given to balancing the number of reporting groups under each of the 3 sub-committees.</p>

5.3	<p><b><u>TERMS OF REFERENCE RAPID REVIEW GROUP</u></b></p> <p>Dr Hughes advised that the Rapid Review Group meets every Wednesday morning at 8am. He noted that this is a highly functional meeting to review complaints, red incidents, suspected SAls and SAls. It provides quality assurance, shared learning and support to teams managing the process. Dr Hughes noted that this process is working very well and they have already noticed a change in terms of complaints. An action log is held on SharePoint and there is monthly oversight of data with an escalation process.</p> <p>As per the terms of reference, membership consists of Directors, Assistant Directors and senior managers. Dr Hughes noted that weekly attendance to date has been quorate. Mrs McKay requested that an Acute Assistant Director of Nursing also be included. Mrs Brown agreed to amend the terms of reference and bring to the Rapid Review Group for approval.</p> <p>Following a request by Mrs Molloy, it was agreed that any non-clinical incidents should be highlighted to the Corporate Governance Sub-Committee.</p> <p>Dr McIlroy referred to the Rapid Review Group terms of reference and highlighted the importance of determining a quorum and membership. Mrs Brown noted that a review of the terms of reference should be annually and not bi-annually as stated. Subject to these amendments the terms of reference were agreed.</p>
5.4	<p><b><u>DRAFT TERMS OF REFERENCE REPORTING SUB-COMMITTEES</u></b></p> <p>Mr Campbell advised that he had a discussion with Dr McIlroy prior to the meeting and they agreed that further discussion is required on the terms of reference for the reporting sub-committees.</p> <p>Mr Campbell noted his reservations regarding losing 'Risk Management' from the title of the Corporate Sub-Committee. He also encouraged greater focus on quality improvement within the Quality &amp; Standards Sub-Committee. He suggested that Q2020 reports on today's Agenda could now be reviewed at Quality &amp; Standards Sub-Committee.</p> <p>Mr Campbell noted the importance of Governance Committee obtaining assurances from sub-committees that actions are recorded and are being progressed. He requested that the minutes and action points from reporting sub-committees should be included within papers for Governance Committee going forward rather than a briefing note. In addition a high level executive briefing should also be provided.</p> <p>It was agreed that Mrs Brown would organise a meeting early in the new year with Dr Hughes, the 3 Non-Executive Directors and Chairs of the 3 reporting Sub-Committees to review the issues discussed today. Dr Hughes advised that he would bring any revisions back through CMT. In the interim the terms of reference were provisionally agreed.</p>

	<p>Dr McIlroy asked all members to forward any comments on the reporting sub-committee terms of reference to Mrs Brown. He commended the work done to date in developing the structure and reporting mechanisms.</p> <p>Mrs McKay highlighted that Assistant Medical and Nursing Directors within the Acute Directorate have not been included within the Clinical and Social Care Governance Sub-Committee and requested that Dr Neil Black should also be added as Chair of Acute Governance. Mrs Brown agreed to amend membership.</p> <p>Mrs Brown referred to the Trust Board workshop and advised that each reporting sub-committee will need to consider the Risk Register.</p>		
6	<b><u>REPORTS</u></b>		
	6.1	<b><u>Report from Sub Committees</u></b>	
		6.1.1	<b><u>HCAI Accountability Forum</u></b>
		<p>Dr Hughes referred to a briefing note detailing discussion at the last meeting of the HCAI Accountability Forum. He noted that a new local testing service for influenza has been introduced which should be beneficial to patient safety and bed management.</p> <p>Mr Campbell referred to the outstanding root cause analyses and queried why these were not progressed. Dr Hughes advised that they have experienced problems getting multiple people together at the same time to review. Dr Hughes agreed to provide further details.</p> <p>Dr McIlroy referred to non-compliance with the screening of frequent attenders and long stay patients for MRSA and noted that this has been taken forward positively.</p> <p>Dr McIlroy referred to Glycopeptide-resistant enterococci (GRE) screening. Dr Hughes advised that the Trust has a higher level of scrutiny than other trusts. He noted that this is good work but is not replicated in the rest of Northern Ireland. Dr Hughes advised that he is trying to focus on other areas such as C Difficile. Dr McIlroy noted that he is supportive of this approach.</p>	
		6.1.2	<b><u>Risk Management Sub-Committee</u></b>
		<p>Dr Hughes provided members with an update from the Sub-Committee meeting held on 7 November and highlighted the following:-</p> <ul style="list-style-type: none"> <li>• There is a risk based approach to Health &amp; Safety and concerns are being addressed within the Corporate Governance Structure.</li> <li>• A ligature risk assessment tool is being developed to support</li> </ul>	

		managers with the assessment of ligature points. Dr Hughes referred to a recent SAI regarding a suicide within the Trust's care.
	6.1.3	<b><u>Quality and Standards Sub-Committee</u></b>
		<p>Mrs Brown provided an update from the Quality and Standards Sub-Committee meeting held on 14<sup>th</sup> November and highlighted the following issues:-</p> <ul style="list-style-type: none"> <li>• Development of a single database for managing standards and guidelines has not progressed as quickly as hoped. This is an ongoing concern as this had previously been included on the Corporate Risk Register.</li> <li>• Regional Blood Inquiry in England will have some impact on all trusts within Northern Ireland. Oral hearings are due to commence in February/March. A regional group is being established and the Trust will need to ensure that the appropriate Trust staff attend this group.</li> </ul> <p>Dr Brown suggested that quality improvement work such as Flow Coaching and Safety Quality West should report through the Quality and Standards Sub-Committee. He noted that membership should be reviewed to ensure that all directorates are represented. It was agreed that further discussion was required.</p> <p>Mr Campbell queried if the lack of a single Trust database had an impact on standards which are unable to be fully implemented. Mrs Brown advised that Teresa Murray has been leading on this regionally and noted that this is currently managed manually which can be labour intensive. There are currently no triggers for deadlines or to communicate when standards have been actioned.</p>
	6.1.4	<b><u>Patient/Client Experience &amp; Complaints Forum</u></b>
		Mrs Keenan referred to the meeting of the Patient/Client Experience and Complaints Forum held on 25 <sup>th</sup> September and noted the benefits of service user involvement. She also noted that they have received positive feedback from the 10,000 Voices work.
	6.2	<p><b><u>Directorate Governance Quarterly Reports (July to September 2018)</u></b></p> <p><b><u>Acute</u></b></p> <p>Mrs McKay referred to her quarterly report and noted quality initiatives including:-</p> <ul style="list-style-type: none"> <li>• Expansion of the Uro-Oncology Service with the appointment of 2 Band 6 Macmillan Uro-Oncology Nurses</li> </ul>

		<ul style="list-style-type: none"> <li>• Nurse led pre-biopsy MRI telephone review clinic commenced in July</li> <li>• Transperineal biopsies commenced in July resulting in more targeted biopsies being done. This highlights enhanced care within the Urology service.</li> <li>• Delivery of complimentary therapies within Ward 50</li> <li>• PJ Paralysis project in the Coronary Care Unit, SWAH led by Sr A Curran which aims to have patients in their own clothes and discharged within one day</li> <li>• Safer Patient Flow Bundle – a lot of work is ongoing across the Trust to improve discharges before 11am</li> </ul> <p>Mrs McKay referred to key challenges within her report including:-</p> <ul style="list-style-type: none"> <li>• Recruitment of nurses – the Trust has advertised via local media and newspapers to promote recruitment over the Christmas period with interviews planned from 21<sup>st</sup> December. Six panels have already been arranged.</li> <li>• Current focus within the Acute Directorate on appraisals and absence issues.</li> <li>• Lack of funding for additional secretarial support to type letters from the extra clinics done by the 2 new Macmillan Uro-Oncology nurses – temporary secretarial support is in place.</li> </ul> <p>Mr Campbell noted that the challenges with absenteeism and recruitment are recurring themes throughout all directorates. Mrs McKay advised that managing absenteeism is fundamental in achieving the 24.4 million savings target. She referred to back to work interviews within Pharmacy and noted that it is important to implement this process throughout the Trust to address absenteeism, in particular long-term absenteeism. Mr Campbell noted that these challenges should be taken forward by the People's Committee.</p> <p><b><u>Adult Mental Health and Disability Services</u></b></p> <p>Mrs Harkin provided an update on key challenges within the Adult Mental Health and Disability quarterly report including:-</p> <ul style="list-style-type: none"> <li>• Absenteeism and mandatory training</li> <li>• Important work underway in Lakeview Hospital with the pilot of a new rota and an increase in footfall on wards during busy times.</li> <li>• Last tranche of social workers recruited for Adult Learning Disability community teams.</li> <li>• Learning Disability PPI model planned for end of January.</li> <li>• Adult Mental Health Recovery College and Peer Educators are cost neutral.</li> <li>• Under investment in learning disability – paper going to CMT in January in relation to funding.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Increase in direct payments</li> <li>• Psychological Therapy waiting lists – difficulties with recruitment of staff.</li> <li>• Community Care – further self-directed support.</li> <li>• SAls remain a challenge but are reviewed via the Rapid Review Group. Mrs Harkin referred to a recent SAI in Evish Ward, Grangewood whereby a staff member sustained serious injuries after an assault by a patient. Staff member has submitted a legal claim. Alarm systems within Grangewood are under review and site visits have been made to other hospitals such as Muckamore. The alarm system in Grangewood is more like a communication system and can be temperamental. Mrs Brown advised that this is also being addressed through the Health and Safety team.</li> </ul> <p><b><u>Primary Care and Older People</u></b></p> <p>Dr Brown referred to his quarterly report and noted quality initiatives including:-</p> <ul style="list-style-type: none"> <li>• Regional Dementia Care Pathway</li> <li>• Dementia Navigator Service</li> <li>• EDEN Clubs</li> </ul> <p>Dr Brown highlighted key challenges including:-</p> <ul style="list-style-type: none"> <li>• Increased demand in Older People's Mental Health and Care of the Elderly Services</li> <li>• Staffing pressures in community and hospital services due to absenteeism, staff shortages, recruitment delays and increasingly dependent clients</li> <li>• Domiciliary Care Internal Audit Report – majority of recommendations have been addressed</li> <li>• RQIA Inspections – Dr Brown noted that there is usually good understanding by RQIA if implementation of recommendations is delayed. RQIA will sometimes conduct a follow up inspection and re-issue recommendations.</li> </ul> <p>Mr Campbell referred to an alert regarding a residential home in Fermanagh. Dr Brown advised that this is in relation to the Graan Abbey Care Home. He noted that the Trust is responding to the alert and communicating with the media. He advised that there is high public interest and the Trust has a daily dialogue with relevant stakeholders.</p> <p><b><u>Women and Children's Services</u></b></p> <p>Ms Mahon referred to key challenges within her quarterly report including:-</p>
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		<ul style="list-style-type: none"> <li>Physical Disability – more referrals from adults with severe alcohol dependency. The difficulty with these clients is that they do not come under a particular service.</li> <li>Availability of foster carers for the regions is an ongoing challenge.</li> <li>Unallocated Kinship Placements – there are currently 22 unallocated kinship carers. Standards require assessment of family members which has resulted in capacity issues.</li> <li>Increasing number of Looked After Children and Child Protection cases which has increased the need for placements for children with complex needs.</li> <li>Lack of staff in Enniskillen office. Staffing levels are currently at 50% with 2 staff members from the northern sector travelling to Enniskillen to provide cover. There is a shortage of social workers throughout Northern Ireland.</li> <li>Storage of records and files - Files of children in care have to be kept for 75 years. This is causing major difficulties in terms of storage, particularly within Omagh and Fermanagh localities.</li> <li>Staffing levels on wards across all sub-directorates continues to present ongoing difficulties. Releasing staff for mandatory training is difficult.</li> <li>Insufficient elective surgery slots for obstetrics and gynaecology – a business case is ongoing.</li> <li>The Milk Bank in SWAH has reopened.</li> <li>Signs of Safety – challenge to release staff for training.</li> <li>Paediatric breaches due to high demand for services. Ms Mahon plans to meet with Ann McDuff to address this.</li> </ul> <p>Dr Hughes referred to the work done with NIMDTA to get Gynae surgery back up and running. He noted that this is not mentioned in the quarterly report. Ms Mahon agreed that it is important to highlight this.</p>
	<p><b><i>Mrs McConnell joined the meeting</i></b></p> <p>Mr Campbell reiterated the previous discussion in relation to absenteeism, recruitment and mandatory training. He noted that it was agreed that these issues should be addressed by the People's Committee. Mrs McConnell noted that she was aware of the issues and advised that a major reform is underway to review recruitment processes.</p>	
	6.3	<b><u>Professional Governance Reports</u></b>
	6.3.1	<b><i>Professional Nursing</i></b>
		<p>Dr Brown referred to the report and highlighted concerns including:-</p> <ul style="list-style-type: none"> <li>Person Centred Nursing Care (PACE) being implemented across hospitals. This is part of the regional programme of work and</li> </ul>



		<p>additional support is coming in.</p> <ul style="list-style-type: none"> <li>• SWAH continues to face challenges with training staff as they do not have Practice Educators.</li> <li>• A few areas continue to experience challenges achieving compliance concerning nursing KPIs. Action plans have been requested and support offered to these areas.</li> <li>• Environmental audit results in some health centres continue to cause concerns and these were highlighted at Trust Board last week.</li> </ul> <p>Dr Brown provided an update on other key points within the report:-</p> <ul style="list-style-type: none"> <li>• Cardiac Arrest Calls – Progress has been made from the last meeting. The number of Resus training places lost was highlighted.</li> <li>• 10,000 More Voices – 8 projects were noted to have been completed and/or commenced with key learning highlighted.</li> <li>• Experience of Discharge from Hospital – patients referred to various areas for improvement including waiting time for discharge medications and letter; waiting time for ambulance and taxi transfer; continuity of information provided by medical staff. Dr Brown highlighted the need to keep striving to improve PACE.</li> <li>• Falls improvement work is ongoing e.g. the improvement work has contributed to a reduction in falls in Ward 42 compared with the same period last year. Dr Brown noted that this work needs to be kept as a high priority.</li> <li>• Pressure Ulcers – an increase in pressure ulcers was noted during Quarter 2. Significant resource is required to assist with achieving a reduction in pressure ulcers. Tissue Viability nurses will continue to work with lead nurses to address this.</li> </ul> <p>Mr Campbell referred to the Cardiac Arrest Calls section and queried the outstanding root cause analysis carried over from the previous quarter. Mrs Keenan advised that they have experienced difficulties getting all team members together to review but they plan to have this completed as soon as possible.</p> <p>Dr McIlroy referred to the sequence of meetings and queried how valid and up to date the information being provided to Governance Committee is. He requested that this be taken into consideration.</p> <p>Mrs McKay referred to the increase in pressure ulcers and requested a breakdown in the number of these which related to delays in the Emergency Department including patients on trollies, age range and 12 hour targets. Mrs Keenan advised that she has asked Jenny Mullan, Tissue Viability Lead to provide her with this detail and she will update members at the next meeting.</p>
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		6.3.2	<b><i>Allied Health Professionals</i></b>
		<p>Dr Brown referred to the report and highlighted key points including:-</p> <ul style="list-style-type: none"> <li>• AHP staff continue to be involved in the Falls programme and attend local events sharing best practice with regional colleagues</li> <li>• Winter resilience – challenge to recruit OT posts as awaiting decision on whether they will be temporary or permanent. High risk of not recruiting if status is temporary. This has an impact on waiting list initiatives.</li> <li>• Workforce issues in relation to recruitment and retention of staff.</li> <li>• Podiatry – accommodation remains an issue cross the trust. A review of room usage is ongoing with a view to increasing capacity and new patient clinics.</li> <li>• Disability budgets – ongoing issues with the budget for provision of OT equipment which has been brought to CMT. Dr Brown provided assurance that this issue is being managed appropriately.</li> <li>• Speech and Language currently have 13 vacant permanent and temporary posts across the service, specialisms and grades which has impacted on both child and adult waiting times. Dr Brown noted that this has been reported through the appropriate committees and that the ability to recruit is improving. Mrs McConnell advised that intermittent agency staff were used to provide cover when required and department structures were reorganised to provide extra capacity.</li> <li>• Provision of seating to Private Nursing Homes – Mrs O’Kane noted her concerns in relation to the financial impact on the Trust. Dr Brown advised that Vincent Ryan, Assistant Director is managing this on a case by case basis and reinforcing the Trust contract with Private Nursing Homes. Dr Brown noted that he is content with management of this issue.</li> </ul>	
	6.4	<b><u>Other Corporate reports</u></b>	
		6.4.1	<b><i>Information Governance Report</i></b>
		<p>Mrs Molloy referred to the report and highlighted issues including:-</p> <ul style="list-style-type: none"> <li>• 2 data breaches were reported to the Information Commissioner’s Office (ICO). One related to the discovery of an unlocked store containing consultant theatre diaries and disciplinary files of 2 staff members. This has been closed by the ICO. The second breach related to an email sent to 170 staff members containing personal information of a medical trainer. No further correspondence received to date from the ICO regarding this incident.</li> <li>• New EU General Data Protection Regulation (GDPR) – Work is ongoing regionally with Procurement Advisors to ensure that all</li> </ul>	

		<p>contracts are compliant with GDPR. There are issues in relation to training and an audit on GDPR is currently ongoing.</p> <ul style="list-style-type: none"> <li>• Subject Access Requests – There are a higher level of requests for access to records as there is no longer a charge for this service. Whilst there is a small backlog in completing subject access requests, there has been good progress made since October.</li> <li>• Complex Subject Access Requests - The ICO has advised that categorisation of a subject access request as complex should be considered on a case by case basis. Trusts are also required to explain the reason for categorising a request as complex to the ICO. Whilst this has an impact across all directorates, it is particularly difficult within the Women and Children's Directorate in relation to redacting social services files.</li> <li>• Freedom of Information (FOI) – The Trust's Internal Review process proves the robustness of the process.</li> <li>• Information Governance Training – 57% of Trust staff have completed the mandatory Information Governance training and work is ongoing to meet the target of 100%.</li> <li>• Information Asset Register – The Trust's Information Asset Register is available on SharePoint and each Directorate is required to keep this up to date.</li> </ul> <p>Dr Hughes expressed his gratitude to Mrs Molloy's staff for their assistance in relation to a data breach within the Medical Directorate.</p> <p>Mr Campbell referred to earlier discussion in relation to storage issues and the requirement to keep records for children for 75 years and queried if storage of these records is secure for GDPR purposes. Mrs Molloy advised that this is a key issue in the Internal Audit report. She noted that records are mobile and emphasised the importance of responsibility for deliverers of care to take responsibility for patient / client records. The Trust has invested significantly in secondary storage facilities which is managed internally with the Trust and not outsourced. She noted that it is a continuing challenge to ensure staff understand their responsibility.</p>
	6.4.2	<b>Summary of Whistleblowing Complaints</b>
		<p>Mrs McConnell presented the new format report to members.</p> <p><i>Following this Mrs McConnell left the meeting.</i></p>
7.	<b><u>CORPORATE RISK REGISTER</u></b> <p>The Corporate Risk Register was noted by members as this was reviewed at the Trust Board Workshop last week.</p>	

8	<b><u>MEASURING FOR IMPROVEMENT</u></b>		
	8.1	<b><u>Corporate Dashboards</u></b>	
		8.1.1	<b><i>Corporate Incident report</i></b>
		<p>Dr Hughes advised that there has been a slight increase in the number of incidents which highlights a positive reporting culture. This information is reviewed weekly at the Rapid Review Group. Any outstanding incidents are also reported via Directorate Governance meetings.</p> <p>Mrs Brown advised that Dr Patrick Stewart was appointed as Associate Medical Director for Clinical Governance and Patient Safety. Part of his role involves reviewing any outstanding red incidents. 16 out of 50 outstanding red incidents have been closed off since October by the Rapid Review Group. Dr McIlroy requested that Mrs Brown organise a discussion outside of the meeting regarding the Rapid Review Group reporting to Governance Committee.</p>	
		8.1.2	<b><i>Complaints</i></b>
		<p>Dr Hughes advised that the complaints response times have decreased but assured members that work is ongoing to address this via the Rapid Review Group. He noted that complaints are triaged through Rapid Review Group in terms of complexity and to manage time lines. This is a work in progress but they are starting to see improvement.</p>	
		8.1.3	<b><i>Legal Claims and Coroners Enquiries</i></b>
		<p>Dr Hughes noted that there have been 19 unsuccessful claims, 17 of which were medical negligence claims. There has been a decrease in the number of Coroner's Inquests opened in the last 12 months compared to the previous period.</p> <p>Mrs Brown noted that it has been agreed that claims related to the use of vaginal mesh implant (TVT) will be managed regionally by the Health and Social Care Board. However, the Trust will still have responsibility to ensure that a log is kept internally. Mrs Brown agreed to keep members updated.</p> <div style="background-color: black; width: 100%; height: 80px; margin-top: 10px;"></div>	

	8.2	<b><u>Professional Dashboards</u></b>
	8.2.1	<b><i>Nursing KPIs</i></b>
		<p>Mrs Keenan referred to the Nursing KPI dashboard and noted that while there are a few areas in red, there has been a reduction from previous quarters. Ward managers have been asked to provide action plans and if required additional support is provided. Some areas have training and vacancy issues. Work is ongoing and lead nurses have been asked to provide assurances through validation audits.</p> <p>Mrs McKay advised that she had asked lead nurses to nominate one person on each ward to ensure that staff are made aware of any issues. She confirmed that someone is in place on all wards at Band 6 level.</p> <p>Mr Campbell queried whether the falls audit score of 30% on Ward 3, Altnagelvin was linked with the number of falls. Mrs Keenan advised that the Falls Collaborative take an analysis of falls to the Trust Slips, Trips and Falls monthly meeting for assurance and learning.</p>
9	<b><u>ITEMS FOR APPROVAL/NOTING</u></b>	
	9.1	<b><i>ISO 310000 Replacement of AS NZ standards</i></b> Mrs Brown advised that this was discussed at the Trust Board Workshop last week and that she has completed the first draft of the Risk Management Policy. Members noted this paper.
	9.2	<b><i>Infection Prevention and Control Annual Report 2017/18</i></b> Members noted this report.
	9.3	<b><i>Leadership Walkround Annual Report 2017/18</i></b> Mrs Brown advised that the number of cancellations has been highlighted with Directors and Mr Downey has agreed to facilitate a huddle to address this issue.  Mrs Brown advised that she has asked her team to review the open actions from previous years to ensure that these are closed / completed.  Discussion took place regarding responsibility for actions and the format of leadership walkrounds. Dr McIlroy suggested that consideration should be given to the number of leadership walkrounds to be facilitated by Non-Executive Directors.  Following discussion members approved this report.

	9.4	<p><b><i>Governance Committee Dates for 2019</i></b></p> <p>Noted by members.</p> <p>Mr Campbell advised that he and Dr McIlroy discussed these dates prior to the meeting. Currently the Governance Committee receives reports for the previous quarter and the dates should be reviewed to facilitate more timely and relevant reporting. It was agreed that this would be discussed at the meeting being arranged by Mrs Brown to review Governance Sub-Committees.</p>
10		<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>There were no further items of business.</p>
11		<p><b><u>CONFIDENTIAL BUSINESS</u></b></p> <p>There were 2 items of confidential business.</p>
12		<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>The next meeting of the Governance Committee will take place on Wednesday, 27 March 2019 at 10am in Meeting Room 3, Trust Headquarters.</p>