

MINUTES OF A MEETING OF THE GOVERNANCE COMMITTEE HELD ON 19 SEPTEMBER 2018 AT 10 AM IN MEETING ROOM 3, TRUST HEADQUARTERS

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

Mrs S Cummings, Non-Executive Director
Mr J Campbell, Non-Executive Director
Mrs J Doherty, Non-Executive Director
Dr G McIlroy, Non-Executive Director
Mrs S O’Kane, Non-Executive Director
Dr C O’Mullan, Non-Executive Director

Mrs G McKay, Director of Acute Services
Ms K O’Brien, Director of Adult Mental Health and Disability Services
Mr K Downey, Director of Women and Children’s Services/Executive Director of Social Work
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

IN ATTENDANCE

Mrs T Brown, Head of Clinical Quality and Safety
Mrs M Ward, Assistant Director of Human Resources
Mrs D Keenan, Assistant Director of Nursing
Dr Y Kuan, Associate Medical Director
Mrs M McGinley, Chief Executive’s Office

1.	<p><u>WELCOME AND APOLOGIES</u></p> <p>The Chairman welcomed Mrs Ward and Dr Kuan to the meeting who were representing their respective Directors.</p> <p>Apologies were noted from Mrs Woods, Non-Executive Director, Dr Hughes, Medical Director, Mrs McConnell, Director of Human Resources and Mrs Mitchell, Director of Finance.</p> <p>Members noted that today’s meeting was following the revised agenda for the meeting. Mrs Brown was thanked for all the work she has done in reviewing the work of the Governance Committee.</p>
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	<p>Mrs Brown advised members that the section “Strengthening the Workforce” would move to the People Committee when established. She said there may be further refinements as the revised Governance Committee moves forward.</p>
2.	<p><u>MINUTES OF THE GOVERNANCE COMMITTEE MEETING HELD ON 27 JUNE 2018</u></p> <p>Dr Brown proposed a change to page 11 under 6.1.4 Patient/Client Experience and Complaints Forum, penultimate paragraph, which refers to Ashbrooke Care Home and said it should read Dunmurray Care Home.</p> <p>Subject to this change the minutes having been previously distributed were agreed as a true and accurate record of discussion.</p>
3.	<p><u>MATTERS ARISING</u></p> <p><u>Acute Structure Update</u></p> <p>Mrs McKay advised that she and Dr Brown had a meeting with the Hospital Management Teams and as a result a paper had been developed which will be shared with the Teams for their comments. It was noted that this paper will be brought to a meeting of the Strategic CMT the following day and a further meeting with the HMTs will take place in 4 weeks’ time to discuss what changes need to be made.</p> <p><u>Domiciliary Care</u></p> <p>Dr Brown provided members with an update in respect of the 18 actions arising from the Internal Audit report. He said that he was assured that appropriate action was being made and said a full report would be provided to both the next Trust Board meeting and the October Audit Committee meeting.</p> <p>He provided members with an update on the improvement plan progress to date.</p> <p>Mr Campbell welcomed the significant progress made and said that this progress would be measured during the next IA assignment on this service. He referred to correspondence from the Permanent Secretary in August seeking assurance in respect of domiciliary care. It was noted that the Trust had responded to this letter and it was agreed that both pieces of correspondence would be brought to the October Audit Committee for noting.</p>
4.	<p><u>DECLARATION OF CONFLICTS OF INTERESTS</u></p> <p>There were no declarations of interest expressed.</p>

5.	<u>TERMS OF REFERENCE GOVERNANCE COMMITTEE</u>		
	<p>Mrs Brown referred members to a revised Terms of Reference for the Governance Committee.</p> <p>Following discussion significant amendments were made. It was noted that there will be 3 Non-Executive Directors to sit on the Governance Committee.</p> <p>The Chairman said that he was considering the duties of each Non-Executive Director and he would allocate a third to the Committee.</p> <p>Discussion took place regarding the duties of the Governance Committee and in particular the duty with regard to producing and approving the evidence required by the DoH for the statement on internal control, in particular the Board Governance Self-Assessment, Assurance Framework and independent assurances from internal audit.</p> <p>Mr Campbell suggested that Mrs Brown should meet Ms McCauley, Assistant Director Finance, to discuss how this would be done to avoid confusion with the Audit Committee. It was suggested this duty might need to be reworded.</p>		
THE CHAIRMAN LEFT THE MEETING AT THIS STAGE AND ASKED DR MCILROY TO CHAIR THE MEETING.			
6	<u>REPORTS</u>		
	6.1	<u>Report from Sub Committees</u>	
		6.1.1	<u>HCAI Accountability Forum</u>
		<p>Dr Kilgallen referred to a briefing note detailing the discussion at 2 meetings of the HCAI Accountability Forum since the last Governance Committee meeting. She highlighted a number of points which included:-</p> <ul style="list-style-type: none">• A decision taken to implement the new regional policy on the screening of adult inpatients for MRSA in full, and standardise practice with the rest of the region.• Performance against the HCAI reduction targets in respect of <i>C. difficile</i> and MRSA. <p>Findings from Root Cause Analyses completed during quarter 2 and the learning arising from them. Dr Kilgallen said that she could offer reassurance that most <i>C. difficile</i> cases were due to the use of antibiotics and proton pump inhibitors.</p> <ul style="list-style-type: none">• An update was provided on attendance at IPC induction and mandatory training.	

		<p>Dr McIlroy referred to the new antimicrobial prescribing targets for 2018/19. Dr Kilgallen said that while the new targets were challenging the Trust's antimicrobial pharmacist was doing excellent work in this area.</p> <p>Seeking clarification members were noted that this report would continue to be provided to Governance Committee. Dr Brown suggested that this information should come first to the Clinical and Social Care Governance sub committee. He said this would also impact on the information to Trust Board.</p> <p>Dr McIlroy said that he would like this information to continue to be shared with Governance Committee in the interim with a review following 3 meetings.</p> <p>Mrs O'Kane referred to the antibiotic prescribing and said this had always been an issue for the Trust. She said it is important that the Trust remains its focus on this area.</p>
	6.1.2	<u>Risk Management Sub-Committee</u>
		<p>Mrs Brown provided members with an update from the Sub-Committee meeting held on 1 August.</p> <p>Members noted that the Sub-Committee had endorsed the governance arrangements for new service models in respect of Sacral Nerve Stimulation and NICE Guidelines in respect of the Interventional Procedures Programme in respect of Hyperthermic Mitomycin.</p> <p>Members were advised that a Rapid Review Group has been established which is chaired by the Medical Director/Director of Nursing. She said the Terms of Reference were within papers for today.</p> <p>Members were referred to progress in respect of health and safety, medical gasses, falls group and water safety for information.</p> <p>Dr McIlroy referred to decontamination and asked if the Trust was comfortable that changes made would raise concerns going forward. Dr Brown provided that reassurance and said that monitoring would also be further emphasised. He added that the risk would be monitored going forward.</p> <p>Discussion continued on the Human Milk bank. Mr Downey advised that the PHA was working proactively with the Trust and had provided funding for the new pasteurisers. He said however the business model would have to be reviewed going forward.</p>

		<p>It was noted that the water sampling continued to provide positive results and members were advised that until all elements of testing are compliant the service cannot be re-established.</p> <p>Members were assured that the Trust is doing everything it can to get this service fully operational again and it was noted that officers within the Trust have significant expertise in the area of water safety.</p>
		<p>6.1.3</p> <p><u>Quality and Standards Sub-Committee</u></p>
		<p>Mr Downey referred members to a briefing note of the meeting held on 15 August.</p> <p>He drew members' attention to updates in respect of service frameworks, standards/guidelines, external reviews and Trust Bereavement Forum.</p> <p>Dr McIlroy referred to the number of apologies recorded for the meeting. Mr Downey said that the Sub-Committee was at a transitional change but assured members that each Directorate/Sub Directorate was represented at the meeting however he would keep attendance under review.</p>
		<p>6.1.4</p> <p><u>Patient/Client Experience & Complaints Forum</u></p>
		<p>Mrs O'Kane referred to the notes of a meeting held on 26 June.</p> <p>Mrs Keenan said it was very useful having service users as part of this group.</p> <p>Mrs Cummings acknowledged that fewer acronyms were used in these minutes.</p> <p>Members welcomed this and suggested that the full name should be given on the first occasion or a glossary of acronyms provided.</p>
	6.2	<p><u>Directorate Governance Quarterly Reports (April – June 2018)</u></p> <p><u>Acute</u></p> <p>Mrs McKay referred her quarterly report. She drew members' attention to issues including:-</p> <ul style="list-style-type: none"> • Virtual fracture clinic at Altnagelvin Hospital; • Cardiology Chest Pain Nurse Specialist role; • New urgent risk stratification in respiratory service; • ED performance; • Lack of Consultant Radiologists;

		<ul style="list-style-type: none"> • Staffing shortages in respect of theatre nurses. <p>Mrs McKay advised members that due to the staffing shortages in theatre nurses the Directorate had to cancel theatre sessions in September and October which affected 35 patients. She said that as she planned for the winter period she was looking at theatre specific agency staffing and reallocating nursing staff.</p> <p>Mrs Doherty referred to medical cover at the weekend in SWAH and shared a personal story. Mrs McKay asked for further details so that she could investigate the case.</p> <p>Dr McIlroy referred to the “hub” approach in Altnagelvin and its effectiveness in planning for discharge. He acknowledged the further work required at looking at reasons for delayed discharges.</p> <p><u>Adult Mental Health and Disability Services</u></p> <p>Mrs O’Brien referred to her quarterly report and provided members with an update on issues including:-</p> <ul style="list-style-type: none"> • Increased PPI and under investment within Learning Disability – work is progressing with WALDAG and South West Carers Forum; • CAWT I-Recovery; • Well-being Hub and looking at referrals with QI; • Psychological therapies waiting list and plans to address this; • SAI pressures – looking at reviewing this and how the Trust involves families more. <p>Dr O’Mullan asked why there were a number of SAIs outstanding. Ms O’Brien said it was a mixture of complexity of the cases and how/timeliness of involving families as most SAIs were as a result of a suicide. She said that discussions with families have indicated that they do not want a protracted process.</p> <p>Dr Kilgallen said that there is an urgency after an event for learning and said that this can become diluted if learning does not take place for 6/9 months after the event.</p> <p>Dr Brown referred to the role of the Rapid Review Group and said that it would look at SAIs and reasons for delays.</p> <p>Mrs Doherty sought an update in respect of MAPA Training. It was noted that the post of trainer had been offered but the applicant refused the post. It has now been decided that there will be 2 x Band 6 trainer posts and these will be interviewed for shortly.</p>
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		and Southern Trusts would benefit from this.
	6.3	<p><i>Professional Governance Reports</i></p> <p><u>Medical</u></p> <p>Dr Kuan referred to the medical professional report and brought to members' attention issues including:-</p> <ul style="list-style-type: none"> • Appraisal training; • Revalidation; • International recruitment; • E job planning; • QI; • Educational Trainees. <p>Mrs O'Kane referred to the QI initiative in respect of Break the Rules and if there had been any good suggestions.</p> <p>Ms O'Brien referred to the suggestion that staff should wear t-shirts when accompanying young people on social outings eg cinema. She said this had an immense positive impact.</p> <p>Dr O'Mullan sought clarity in respect of the number of revalidations deferred. It was noted that the GMC has to agree to the doctor working while deferred.</p>
	6.4	<u>Other Corporate reports</u>
		<i>6.4.1 Information Governance Report</i>
		<p>Mrs Molloy provided members with an update in respect of:-</p> <ul style="list-style-type: none"> • New EU General Data Protection Regulations; • Subject Access Update; • FOI Requests; • Information Governance Training <p>Mrs Molloy said she would reformat her report for the next meeting.</p> <p>She said the Trust was seeing a small number of data breaches in respect of the GDPR.</p> <p>Dr O'Mullan acknowledged the excellent FOI response rates.</p> <p>Discussion took place on information governance training. Mr Campbell sought clarity on data breaches and asked what penalty would be imposed. Mrs Molloy said that under the new legislation she was not clear as to what the penalties would be. She said there</p>

		<p>were 2 cases under investigation in the Trust and that the Trust would provide internal scrutiny in terms of learning.</p> <p>Mr Campbell asked if there was a trend as to why Subject Access Requests were running at such a high level. Mrs Molloy said no trends as requests were coming from a huge source of people.</p>
7.	<p><u>CORPORATE RISK REGISTER</u></p> <p>Mrs Brown acknowledged that there are 23 risks on the Corporate Risk Register as approved at Trust Board on 6 September.</p> <p>It was noted that there were no material changes to the CRR for approval.</p> <p>Members were asked to note the addition of “Action Plan Status” column to the CRR summary report as suggested by the Audit Committee.</p> <p>Members noted that a recurring theme from Audit is that actions are often not recorded/updated on the risk register therefore not providing the required assurance that work is ongoing to manage risk and close gaps in control.</p>	
8	<p><u>MEASURING FOR IMPROVEMENT</u></p>	
	8.1	<i>Incident report</i>
	<p>Mrs Brown confirmed that the Rapid Review Group will look at this report.</p> <p>She advised members that:-</p> <ul style="list-style-type: none"> Falls are the highest category in the top 20 adverse incidents reported from 1 June 2017 – 31 August 2018; The closing of incidents graded as high and extreme remain a challenge with approx. 380 remaining under review at this time; The Trust is experiencing significant delays in the closure of lower grade incidents; The reporting of SAIs has seen a gradual increase over the last 15 months. <p>Discussion took place regarding SAI 46-18 in respect of a member of the public who masqueraded as a nurse in the ED Altnagelvin Hospital. Mrs McKay advised members that the delay was with the PSNI investigation and that it was her understanding that the person had been identified and was being cautioned by the PSNI.</p> <p>Mrs Doherty asked for the reason for delay in respect of 44-18. Mrs Brown said she would seek clarity on this.</p> <p>Members noted the Terms of Reference for the Rapid Review Group.</p>	

	8.2	<p><i>Complaints</i></p> <p>Mrs Brown said work was continuing on improving response times.</p>
	8.3	<p><i>Legal Claims and Coroners Enquiries</i></p> <p>Members noted this paper.</p>
	8.4	<p><i>Nursing KPIs</i></p> <p>Members noted this paper.</p> <p>Discussion took place on the number of falls and it was noted that progress was being made across wards.</p> <p>Reference was made to the Falls Collaborative which looks at the detail of falls.</p>
9	<u>STRENGTHENING THE WORKFORCE</u>	
	9.1	<p><i>Absence Information</i></p> <p>Members noted an increased trend.</p> <p>Dr O'Mullan asked if sick leave could be differentiated between short term and long term.</p> <p>Mrs Ward advised that HR provided information to managers on staff off more than 20 days, those staff moving to half pay and number of episodes.</p> <p>Mrs Doherty asked about the potential for part-time staff to cover sickness absence. Mrs Ward explained that where this is possible it is considered.</p> <p>Dr McIlroy asked if QICR work brought added benefit to the management of absence. Mrs Ward said the information was helpful and it also brought a sense of focus. She said that it also allowed HR to identify hot spot areas to look at reasons why staff are off.</p> <p>Mrs Ward referred to staff training on the absence management and said that of the 837 managers to be trained, 430 had received their training. She said plans are in place for future workshops.</p>
	9.2	<p><i>Precautionary Suspension</i></p> <p>Noted.</p>

	9.3	<p><i>Mandatory Training</i></p> <p>Mrs Ward tabled mandatory training compliance from April – August 2018.</p> <p>Mrs Molloy referred to fire training which has an excellent uptake rate She described the e-learning tool and face to face training.</p>
	9.4	<p><i>Appraisal Information</i></p> <p>This information was deferred.</p>
10	<u>ITEMS FOR APPROVAL/NOTING</u>	
	10.1	<p><i>Annual Quality Report 2017/18</i></p> <p>Subject to some minor typographical errors this Annual Report was approved.</p>
	10.2	<p><i>Complaints Annual Report 2017/18</i></p> <p>Dr McIlroy asked that the pie chart on page 5 be reviewed.</p> <p>Subject to this correction the Annual Report was approved.</p>
	10.3	<p><i>Trust AO Annual Report 2017/18</i></p> <p>Approved.</p>
	10.4	<p><i>Drugs and Therapeutic/Medicines Management Annual Report 2017/81</i></p> <p>Approved.</p>
11	<p><u>ANY OTHER BUSIENSS</u></p> <p>There were no further items of business.</p>	
12.	<p><u>CONFIDENTIAL BUSINESS</u></p> <p>There were no items of confidential business.</p>	
13.	<p><u>DATE OF NEXT MEETING</u></p> <p>The next meeting of the Governance Committee will take place on Wednesday, 12 December 2018 at 10 am in Meeting Room 3, Trust Headquarters.</p>	