

**Minutes of a meeting of the Governance Committee held on
Wednesday, 27 June 2018 at 10.00am in the Boardroom, Lakeview
Hospital, Londonderry**

PRESENT

Mr N Birthistle, Chairman
Dr A Kilgallen, Chief Executive

Mr J Campbell, Non-Executive Director
Mrs S Cummings, 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 M Woods, Non-Executive Director

Dr D Hughes, Medical Director
Mrs G McKay, Director of Acute Services
Dr B Brown, Executive Director of Nursing/Director of
Primary Care and Older People's Services
Ms K O'Brien, Interim Director of Adult Mental Health
and Disability
Mrs L Mitchell, Director of Finance and Contracting
Mr A Moore, Director of Strategic Capital Development

IN ATTENDANCE

Mrs T Brown, Head of Clinical Quality and Safety
Ms A Friel, Head of Pharmacy and Medicines
Management
Mrs M Ward, Assistant Director of Human Resources
Mr T McCarter, Head of Estates
Mr D McLaughlin, Radiology Services Manager
Dr N MacKenzie, Clinical Lead for Altnagelvin Hospital
Mr T Cassidy, Assistant Director Women and Children
Ms C McLaughlin, Head of Service, Women and
Children

1.	<p><u>WELCOME AND APOLOGIES</u></p> <p>The Chairman welcomed everyone to the June Governance Committee meeting.</p> <p>Apologies were received from:-</p> <p>Mr K Downey, Executive Director of Social Work/Director of Women and Children's Services Mrs T Molloy, Director of Performance and Service Improvement</p>
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	Mrs A McConnell, Director of Human Resources Mrs D Keenan, Assistant Director of Nursing	
2.	<p><u>MINUTES OF THE GOVERNANCE COMMITTEE MEETING HELD ON 21 MARCH 2018</u></p> <p>Dr Brown referred to page 10, 4th paragraph and suggested a rewording of the paragraph and said he would share a rewording with Mrs McGinley.</p> <p>Subject to this change the minutes were approved as a true and accurate record of discussion.</p>	
3.	<p><u>MATTERS ARISING</u></p> <p>There were no matters arising.</p>	
4.	<p><u>DECLARATION OF CONFLICTS OF INTERESTS</u></p> <p>There were no declarations of interests.</p>	
5.	<u>TRANSFORMING THE CULTURE</u>	
	5.1	<p><u>5.1.1. Radiology Position</u></p> <p>The Chairman welcomed Mr McLaughlin, Radiology Services Manager & Dr MacKenzie, Clinical Lead for Altnagelvin Hospital to the meeting.</p> <p>Mr McLaughlin referred to an updated version of a paper presented at Acute Governance in April 2018 and said the confirmed funded vacancy gap for permanent Consultant Radiologists had effectively worsened since the last update to Governance Committee in December 2017. Mr McLaughlin said that whilst there were significant mitigating factors in place the radiology management team wanted to ensure that the Trust is fully aware of the fragility of the service.</p> <p>Mr McLaughlin advised members that Altnagelvin Hospital has a shortfall of almost 12 WTE consultants and SWAH a shortfall of 1.2 WTE consultants. He said for Altnagelvin Hospital this equated to 57% of its Consultant workforce.</p> <p>[REDACTED]</p> <p>[REDACTED] He added that the most recent job interviews for permanent posts in October 2017 did not produce any suitable candidates. [REDACTED]</p> <p>[REDACTED]</p>

		<p>Despite numerous interviews and offers since December 2017, the international recruitment campaign has not delivered any new suitable candidates.</p> <p>Mr McLaughlin shared activity volumes across all medical imaging services including mammogram screening and the assessment and fast lane breast clinics.</p> <p>Referring to radiology performance, Mr McLaughlin said the Altnagelvin Hospital had the widest range of services on any single site in Northern Ireland. The Western Trust waiting times is the best in Northern Ireland and the percentage reporting volumes is the best in Northern Ireland with reporting turnaround times in line with other Trusts. He added that high volumes of examinations are undertaken annually and a full range of radiology services provided.</p> <p>Mr McLaughlin referred to changes in service provision since December 2017. He described an overview of efforts made to recruit, mitigations for dealing with the workload and known future risks in a worsening situation.</p> <p>Mr McLaughlin added that as it is not possible for the Western Trust to report on all work a number of mitigations had been put in place which include the use of agency locums, role extension of radiographers, additional in-house reporting outside the Consultants' job plan and outsourced reporting.</p> <p>Mr McLaughlin continued by highlighting concerns for the radiology service:-</p> <ul style="list-style-type: none"> • 2 Consultants propose to retire in 2018/19 • Continuing increase in demand • Non reporting duties • Increase in Interventional work • Oncology and NWCC • MDTs 1 WTE for Cancer MDTs - Excludes non cancer MDMs <p>Mr McLaughlin concluded his presentation by asking members not to let the excellent performance mask the risks within the service. He said Human Resources was hugely supportive however recruitment campaigns had delivered poor returns for the effort. He said a recruitment initiative in Pakistan had proved unsuccessful.</p> <p>Mr McLaughlin referred to the regional strategy and said it needed to focus on attracting middle grades and that the Western Trust had not had a senior registrar in 6/7 years. He said there needs to be a regional strategic direction for radiology support. He said that</p>
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		<p>he has escalated the Trust's staffing difficulties to the regional network.</p> <p>Discussion took place regarding the Trust carrying out additional work to support other Trusts such as breast and the Southern Trust. Mr McLaughlin said this additional activity was a challenge for radiology.</p> <p>Dr MacKenzie briefed members on role extension by radiographers and said this was working well for non-complex work. He said that in Northern Ireland there are more radiologists per head of population that in anywhere else in the UK. He reinforced the lack of return from international recruitment campaigns and reinforced that work from other Trusts is challenging.</p> <p>Dr Kilgallen referred to the regional Imaging Review and said the outcome of this work had been delayed by experts in the field. She said that the Trust needed to make sure it has made its comments known and said that it is important to await the outcome of the regional review.</p> <p>Discussion took place regarding the Imaging Review and its remit and the possibility of a regionally managed service for Northern Ireland.</p> <p>Dr Hughes referred to training places and said it is important that the Trust lobbies for an increase in training places.</p> <p>Mr McLaughlin referred to the radiology workforce in Ulster Hospital and Antrim Hospital and said there were a higher number of staff in comparison to the work and number in the Western Trust.</p> <p>Mrs Woods referred to undertaking work for other Trusts and the pressure this adds to the service. Mr McLaughlin asked that members not let performance mask the risk and said the radiologists work flexibly to ensure patients are seen.</p> <p>Mr Campbell thanked Mr McLaughlin and Dr Mackenzie for the excellent report. He said that it clearly set out all the issues and described the critical nature of the services and the proactive steps taken. Mr Campbell referred to recruitment campaigns and the regional review of imaging services which are all medium term solutions and said there was a need for more short term solutions. Mr Campbell said he was concerned about anyone going off and the implications this would have for the service. Mr Campbell said he felt there was a need for a business continuity plan and that current challenges should be raised with the Department of Health.</p>
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	<p>Mr McLaughlin said that if the Trust could secure locums he would be hopeful that these would become Trust employees. In terms of a contingency plan for the service Mr McLaughlin said this would require the Trust changing service delivery which would result in longer waiting times. He added that if the Trust moved to longer waiting times this would result in increased risk to patients.</p> <p>Mrs Doherty shared the frustration with recruitment campaigns and said that during one campaign all available candidates were recruited by another Trust.</p> <p>Dr O'Mullan referred to the briefing and said that consideration would need to be given in relation to doing work for other Trusts.</p> <p>Dr Mackenzie referred to open access for GPs and said the Trust had not pursued this initiative in an attempt to manage its performance.</p> <p>The above comments were noted however members were advised that Altnagelvin Hospital is a sub-regional specialist hospital and where it is appropriate Altnagelvin or SWAH will undertake diagnostic work for other Trusts and when it is appropriate the patient will be referred back to their Trusts.</p> <p>Mr McLaughlin said that despite all the challenges the service has moved to a 7 day working for CT, Ultra sound and MRI by progressing the 7 day working agenda using a mixture of role extended radiographers and our IS partner to provide reporting. It was noted that if this were to stop it would have a huge impact on patients.</p> <p>Mrs McKay said all services infrastructure is being used to its full potential to support the service.</p> <p>Dr Brown acknowledged the pressures on service with particular reference to workforce strategy. He said that the proposals that radiology staff should be employed by one employer should be explored and that this should be pursued by the DoH.</p> <p>Dr McIlroy said that a regional approach to current staffing difficulties is crucial.</p> <p>Following discussion it was agreed that the Trust should write to the Permanent Secretary to highlight the fragility of the service despite the performance and outline the solutions the Trust has put in place and the collaborative working. Dr Kilgallen will take this forward.</p>
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		<p>It was also noted that the regional review will have an impact on the Trust's radiology service.</p> <p>It was agreed that Mrs McKay will raise the issue with the new Director of Commissioning, Dr McCarthy, at the HSCB in the first instance.</p> <p>The Chairman took the opportunity to acknowledge the tremendous work of staff.</p> <p>It was agreed that a further briefing would be provided to Trust Board in due course.</p> <p>The Chairman thanked Mr McLaughlin and Dr Mackenzie for attending.</p> <p><u>5.1.2. Annual Report Breast Screening 2016/17</u></p> <p>The Chairman asked that all annual reports are reported within 3 months after the reporting period.</p> <p>Mr McLaughlin explained that it is not possible to provide the Annual report on breast screening as the figures are not signed off till June and then there is a period of quality assuring the information.</p> <p>Members noted the detail of the annual report.</p>
	5.2	<p><u>5.2.1. Year 7 Quality & Safety Strategy Update as at 31st March 2018 (Corporate & Directorate Updates)</u></p> <p><u>Corporate</u></p> <p>Dr Hughes referred to the corporate update and drew members' attention to a number of issues including:-</p> <p>Enhanced medical cover until 9 pm in South West Acute Hospital and out-of-hours monitoring – 4 additional doctors will be in the surgical team from next year. The enhanced monitoring in Obs and Gynae is excellent. No longer enhanced supervision in SWAH.</p> <p>Members commended the work undertaken in this area. Mrs Doherty referred to the importance of not letting the situation deteriorate. Dr McIlroy said it is important the Trust cascades the learning and felt this would feed into the retention of medical students and absenteeism.</p>

	<p><u>Acute</u></p> <p>Mrs McKay referred to a number of key issues:-</p> <p>Absence – as of February 2018 an improved position was reported for almost all areas. Mrs McKay said this remained work in progress and Assistant Directors and Service Managers were continuing to work with the QiCR Team in order to prioritise attendance at work and ensure the attendance at work policy is adhered to fully.</p> <p>Recruitment – 103 nurses were recruited between December 2017 and March 2018 following completion of their pre-registration nursing programme. Given the deficits at ward level this has created challenges relating to skill mix.</p> <p>Flow Coaching – it was noted that this work would feed into the service improvement agenda.</p> <p>Discussion took place regarding the establishment of the Hospital Management Teams. It was noted that on the Altnagelvin site this has been completed however 2 of the 3 posts are in place in the SWAH. Mrs McKay said that she needs to have further discussions with the Chief Executive given the change in structures and strategic direction.</p> <p>It was agreed that an update would be provided at the next Governance Committee meeting.</p> <p>Mr Campbell referred to bed closures and asked should a report come to Trust Board on this. It was suggested that this could be added to a future performance report.</p> <p>Mrs Cummings referred to discussion at a Finance and Performance Committee meeting and the work of the QiCR team. Mrs McKay said the Team was critical and gave an example of work completed in Ward 1 which will be a champion to enable the work to be rolled out to other wards.</p> <p><u>Adult Mental Health and Disability</u></p> <p>Ms O'Brien referred to key issues within her Directorate:-</p> <p>Recovery College – the range of courses offered continues to expand and continues to develop productive relationships with all teams which have resulted in new staff facilitators coming on board. An evaluation of the College will now take place which will include how the work of the College links to the Trust's 4 themes.</p>
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	<p>PPI – an increased programme is in place.</p> <p>Mandatory Training – Heads of Service continue to keep performance under review in relation to mandatory training. Service Managers are prioritising training as required and ensuring that staff training is up to date through the systems of appraisal and professional supervision.</p> <p>Ms O'Brien advised that the recruitment of the MAPA training team is progressing. Discussion took place regarding the delay in putting this team in place however Ms O'Brien offered assurances that the Trust was continuing to buy additional training from the CEC. Members felt it may be timely to undertake a review of what is mandatory training, what is the Trust required to provide and the necessary resource to fund it.</p> <p>It was noted that an internal audit assignment in respect of mandatory training has commenced.</p> <p>Discussion took place with regard to duplication of information coming to Governance Committee. It was agreed that this would be picked up when the Governance Committee is reviewed.</p> <p><u>Primary Care and Older People</u></p> <p>Dr Brown highlighted key issues including:-</p> <p>Development of the 24/7 Community Nursing Model – work is ongoing within the Directorate in areas including PARIS to capture appointments for Treatment rooms, monitoring of treatment room activity; out of hours Marie Curie nursing service.</p> <p>Mandatory Training – every effort is being made to ensure staff receive mandatory training but challenges remain in ensuring cover for staff to attend training.</p> <p>Podiatry Services – the recently appointed Head of Service for Podiatry is taking forward a consultation process on the reform of podiatry services.</p> <p>Implementation of the Regional Dementia Strategy – work is ongoing with the Directorate to implement the regional dementia strategy.</p> <p>Dr McIlroy asked for an update on the regional review of stroke services. Dr Brown advised that the Trust awaited the outcome of the regional review.</p>
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		<p><u>Women and Children's Services</u></p> <p>Mr Cassidy referred members to the quarterly update report. Its contents were noted.</p> <p><u>5.2.2. Year 8 Quality & Safety Strategy Action Plan 2018/19</u></p> <p>Corporate - Noted.</p> <p>Acute – Noted.</p> <p>Women and Children – noted.</p>
	5.3	<p><u>Excellence in Community Care – Project Plan</u></p> <p>Dr Brown referred members to the above paper.</p> <p>He advised that the Terms of Reference had been reviewed and it was agreed that the Group will move from quarterly to monthly meetings with a view to focussing on dedicated workstreams under the 4 overarching themes. He added that the Project Board has agreed 4 major themes and separate terms of reference are being drawn up for:-</p> <ul style="list-style-type: none"> • Domiciliary Care • Delegation of Complex Task in Social Care and Nursing • Transitions/Complex Case Planning • Assessment/Care Planning <p>Dr Brown said each theme will have a lead and will report regularly on progress to the Project Board.</p>
	5.4	<p><u>Proposal on Governance Arrangements</u></p> <p>The Chairman referred to the enclosed papers.</p> <p>Mrs Brown advised that at the workshop on 29 March the Trust Board considered the current Governance organisational structure, the information currently provided to Governance Committee and the Governance Committee's membership. She said that an agreed action from the meeting was that a small working group consisting of Mr Campbell, Mr McCaul and she would meet to consider reporting arrangements and information and develop a discussion document to be shared with the Board. Dr O'Mullan's input was also valued.</p> <p>Mrs Brown said the paper and proposed structures were</p>

		<p>considered by the CMT and Chairman on 21 June and were updated to reflect their views. She referred members to a draft revised structure.</p> <p>Mrs Brown said following discussion at today's meeting a small steering group would meet to consider the work to date and the discussion at the Governance Committee meeting. She suggested that the group be asked to bring a proposal for sign off to the August Trust Board meeting with a view to moving to the new arrangements for September Governance Committee.</p> <p>Lengthy discussion took place regarding the new Committees and reporting structures. Non-Executive Directors referred to their oversight roles and said it was important that the correct processes are in place.</p> <p>The Chairman thanked Mr Campbell for the work undertaken to date. He said that he would like to see what an agenda for a new Governance Committee would look like. He asked that the working group proceed to meet and report back to the August Trust Board meeting.</p>
6	<u>REPORTS</u>	
	6.1	<p><u>Report from Sub Committees</u></p> <p>6.1.1 HCAI Accountability Forum Dr Kilgallen reported on the last meeting on 4 May. Issues highlighted included end of year performance for the 2017/18 HCAI reduction targets; action to reduce incidence of <i>C.difficile</i>; Point Prevalence Survey and final report in relation to a number of outbreaks/increased incidences.</p> <p>6.1.2 Risk Management Sub-Committee Dr Hughes reported on issues discussed which included claims management, decontamination and drugs and therapeutic guidelines.</p> <p>Dr McIlroy referred to the incident regarding the endoscope washer disinfectors and Dr Hughes confirmed that the SAI was now finished which showed 2 separate machine faults.</p> <p>The Chairman referred to the increase number of medical negligence cases and said that the number which had been settled had not increased. Mrs Brown said that this was an anomaly and assured members that Internal Audit had carried out an assignment of how cases are managed and had given a satisfactory outcome. The Chairman however reminded that he</p>

		<p>would like the Trust to settle cases where it is clear evidence that the Trust is responsible.</p> <p>6.1.3 Quality & Standards Sub-Committee Ms O'Brien referred to a briefing within papers and said the sub-committee had reviewed and updated its terms of reference with membership being extended to include all Directorates. She referred to the increased number of referrals and queries to adult safeguarding.</p> <p>6.1.4 Patient/Client Experience & Complaints Forum Mrs O'Kane referred to the minutes of 27 March and in particular to updates on 10,000 Voices Empowerment Officer Dementia NI and Independent Sector Complaints.</p> <p>Discussion took place regarding Dunmurray Care Home and Dr McIlroy asked about lessons learned as Ashbrooke Care Home and Dunmurray Care Home belong to the same parent company. Dr Brown assured members that there is significant focus on quality of care for people in the independent sector. Ms O'Brien also assured that the adult safeguarding policy is implemented in all homes and day centres and that the Trust will strive to ensure all residents/service users are safe.</p> <p>Members were assured that the safeguarding policy will be embedded within the Excellence in Community care model.</p> <p>Mrs Cummings said that is important that staff going into private care homes are more observant as the residents are the responsibility of the Trust.</p> <p>Mr Campbell declared an interest in that he is a member of the Audit Committee for the Commissioner for Older People Northern Ireland who produced the report into Dunmurray Care Home.</p> <p>Dr Kilgallen reminded members that Dunmurray predates Ashbrooke and said through safeguarding and Excellence in Community Care members could be assured.</p>
	6.2	<p><u>6.2.1. Directorate Governance Quarterly Reports (January to March 2018)</u></p> <p>Acute – Mrs McKay referred to her quarterly report and referred to a number of issues.</p> <p>Dr Lavery, ED Consultant, has been appointed as Associate Medical Director of International Recruitment.</p>

		<p>A Clinical Co-ordinator is being actively recruited to facilitate the Hospital at Night Service expansion.</p> <p>A review of DESU Theatres was undertaken by Estates and it will require significant works to ensure it remains operational. It is proposed that the theatres will be closed from 15 October to March 2019 to enable essential works to be carried out. A Contingency plan has been agreed. Mr McCarter said the works are essential to make the theatres fit for purpose for the next 10 years.</p> <p>Adult Mental Health and Disability – Ms O'Brien highlighted a number of issues including:-</p> <p>modernisation of ALD nursing in Lakeview continues with new rotas being piloted from April 2018;</p> <p>CAWT project Team is currently overseeing development of the new CAWT I Recovery;</p> <p>Suicide Think Tank programme aims to increase staff awareness of zero suicide principles and the work of the Suicide Think Tank.</p> <p>Quality improvement programme within acute inpatient and crisis resolution and home treatment services continues across the Trust.</p> <p>Service users have volunteered to become involved in the co-delivery of the regional mental health pathway training.</p> <p>Service users have volunteered to become involved in the co-delivery of the Regional Mental Health Pathway training. A second service user has recently completed the PPI "Finding Your Voice" course.</p> <p>The issue of a medium secure provision in Northern Ireland for Learning Disability/Mental Health has been raised again with the Health and Social Care Board.</p> <p>Recruitment is currently being progressed for 2 additional psychologists. Breaches remain significant.</p> <p>Primary Care and Older People - Dr Brown referred to his quarterly report. He reported on issues including:-</p> <p>The older people's mental health service, in partnership with the</p>
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	<p>Old Library Trust, designed and facilitated an introduction to dementia design course for community centres in March 2018.</p> <p>Staff pressures in community and hospital settings due to absenteeism, shortage of band 5 OPMH community nurses and recruitment delays.</p> <p>The number of complex delayed discharges remains high in the Trust's hospitals.</p> <p>The final transition of Lisnaskea, Castlederg and Strabane to the new domiciliary care contracting arrangements took place on 1 February 2018.</p> <p>Dr McIlroy referred to the work on delayed complex discharges and commended all on this work. He asked that the Committee be kept apprised of it.</p> <p>Women and Children's Services – Mr Cassidy highlighted a number of key issues including:-</p> <p>Increased pressure on looked after services. Some young people are being managed in the community who should be within the care setting.</p> <p>The Specialist therapeutic foster care service continues to grow with fee paid carers offered wrap around supports in order to maintain the more challenging and traumatised children in our services.</p> <p>The ability to allocate cases within 20 days of the initial assessment proves challenging.</p> <p>The Chairman asked what the Board could do to help support staff. Mr Cassidy said that support is excellent and said the current pressures are being well managed and staff are being supported on a nightly basis. He said that the No Wrong Door Model – a wraparound community based model to prevent admissions to care for 11-15 year olds – is working well.</p> <p>Mrs Doherty said she was delighted to attend recent football events which were very successful.</p> <p>6.2.2. <u>Support Directorate Governance Annual Reports 2017/18</u></p> <p>Finance and Contracting - Mrs Mitchell referred to her annual report and highlighted key issues:-</p>
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		<p>GDPR – the Trust Procurement Board in conjunction with Information and PALs have agreed an action plan to ensure that the appropriate changes are put in place to allow compliance with the legislation.</p> <p>The DoH is working with Whitehall to prepare for Brexit and as an ALB the Trust is expected to develop a continuity plan for each possible outcome including a “no deal” scenario.</p> <p>Human Resources - Members noted the Human Resources Annual Report for 2017/18.</p> <p>Medical - Dr Hughes referred to his Directorate’s Annual Report. He referred to key issues:-</p> <p>CTRIC – research activity has continued to strive in the Trust with an ongoing open portfolio of approximately 100 studies, with 50 new studies approved in this reporting year.</p> <p>International Medical Recruitment – a structured programme has continued to recruit internationally to reduce the Trust’s dependence on variable locum workforce. To date 212 posts have been offered and 58 doctors have taken up post and additional 37 offers of employment are progressing in the recruitment processes.</p> <p>Performance and Service Improvement - Mr McCarter asked members to note the detail of the PSI Annual Report.</p> <p>He referred in particular to:-</p> <p>Cybersecurity – The Trust had a near miss cyber security incident in June 2017 when its third party contractor for telecommunications services had its infrastructure breached by a state sponsored attack. On this occasion whilst there had been a concerted effort to gain access to the Trust infrastructure, the Trust perimeter defences successfully protected the Trust from a cyber attack.</p> <p>ICO Undertaking – The Trust has been collaborating with colleagues in other Trusts and the regional Leadership Centre to review the content of the current single module on information governance.</p> <p>SWAH PFI Contract Management – the SWAH PFI is now in Year 7 of the operational phase where work continues to focus on achieving performance levels to Steady State standards.</p>
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6.3	<p><u>Professional Governance Reports</u></p> <p>6.3.1 Professional Nursing Dr Browne reported that PACE roll out had slowed down across acute hospital sites. This is a regional decision so as to embed and ensure that compliance and understanding is achieved before inducting more wards on to the project.</p> <p>Concerns have been raised that lead nurses and some clinical nurses were moved out of the main hospital to outer buildings within the Altnagelvin site and that this is having a detrimental impact on the time they afford to ward and patient contact.</p> <p>Cardiac Arrest Calls – the national cardiac arrest audit end of year figures show the overall survival to discharge in SWAH is 31% and 20.3% in Altnagelvin.</p> <p>To date over 13,000 stories have been collected regionally in the 10,000 voices campaign;</p> <p>The PHA has continued to monitor pressure ulcer reduction across acute nursing in patient wards and has recently introduced the data collection ulceration development for at risk patients in community across a sampled of 30 patients.</p> <p>6.3.2 Pharmacy Ms Friel reported that at March the Trust reached substantive compliance for 53% with the regional medicines optimisation model and moderate compliance for a further 40% of the standards.</p> <p>The Medicines Optimisation Patient Experience questionnaire was rolled out to 45 patients in SWAH. This will be rolled out to other hospitals in the next 6 months.</p> <p>A new IT system for targeting clinical pharmacy services to patients who need their medicines reconciled is being developed by clinical pharmacy staff in Altnagelvin Hospital.</p> <p>The role of the pharmacist prescriber continues to develop with an IP being introduced to optimise patient flow through the Acute Medical Unit in Altnagelvin.</p> <p>From April 2018 the provisions contained in the Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 will take effect. This will have minimal impact on the Trust.</p>
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		<p>6.3.3 Social Care – Women and Children Ms McLaughlin referred members to the annual report. She said the report covered both social work and social care staff over the past year which recognises their work.</p>
7	<p><u>CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK</u></p> <p>Dr Hughes advised that there are 22 risks on the Corporate Risk Register as approved at Trust Board on 3 May 2018.</p> <p>He said there were 2 material changes for consideration and approval in respect of Risk ID51 and Risk ID81.</p> <p>Dr McIlroy said that he commended Risk 81 and gave it his full support.</p> <p>Following consideration the proposed changes were approved.</p> <p>Mr Campbell referred to the update on the remaining actions following the Trust Board workshop on 5 October 2017 and asked that every effort is made to get these actions completed.</p>	
8	<p><u>MEASURING FOR IMPROVEMENT</u></p>	
	8.1	<p><u>Corporate Dashboards</u></p> <p>8.1.1 Corporate Noted. Mrs O’Kane asked if fewer graphs could be put on one page.</p> <p>Mrs Brown referred to the death of a client in the community following an incident at home. [REDACTED]</p> <p>[REDACTED] She also stated that there was an internal investigation and that she would share with members the outcome of the investigation in due course.</p> <p>8.1.2 Complaints Noted. Reference was made to the number of reopened cases and to a workshop with the Ombudswoman. Actions have been agreed to be taken forward.</p> <p>8.1.3 Claims – noted.</p> <p>8.1.4 SAI Report: New & Outstanding Performance Summary – noted.</p>

		8.1.5 Summary of Early Alerts submitted – noted.
	8.2	<p><u>Other Corporate Reports</u></p> <p>Information Governance Report – Mr McCarter referred to the report and raised issues which include the GDPR, FOI Requests and Information Governance Training.</p>
	8.3	<p><u>Professional dashboard/actions</u></p> <p>8.3.1. Nursing KPIs – noted.</p> <p>8.3.2. VTE Dashboard – noted. Dr Hughes said some areas require additional work and this will be taken forward.</p>
9.	<u>RAISING THE STANDARDS AND INTEGRATING THE CARE</u>	
	9.1	Leadership Walkround Feedback – Mrs Brown advised that she would circulate a template seeking comments on the existing process. She said following receipt these would be considered along with further training.
10.	<u>STRENGTHENING THE WORKFORCE</u>	
	10.1	Absence Information – noted.
	10.2	Precautionary Suspensions – noted.
	10.3	Mandatory Training – noted.
	10.4	Appraisal Information – noted.
11.	<u>DOCUMENTS/ITEMS FOR APPROVAL/NOTING</u>	
	11.1	Department of Health Review of Regulation and underpinning legislation – noted.
	11.2	Trust Procurement Board Annual Report – approved.
	11.3	Trust Social Care Procurement Board Annual Report – approved.
	11.4	<p>Controls Assurance Standards Briefing – Mr McCarter referred to this paper. Members were advised that the DoH advised in April 2018 that the former process would cease.</p> <p>Mr McCarter said that the Trust's outturn against Controls Assurance Standards was previously reported to the Audit</p>

		<p>Committee and 4 standards had been chosen in the past for independent verification.</p> <p>To date agreement on the need for alternative assurance mechanisms and how they will operate within the Trust and subsequent reporting to the Department of Health is varied across the 22 standards. Mr McCarter said the CMT was asked to consider that a shadow Controls Assurance process is continued for those areas where no alternative assurance mechanism is agreed and implemented before end of June 2018. Mr McCarter said this was work in progress.</p>
	11.5	PPI Annual Report 2017/18 – approved. Mrs Cummings reminded members of the importance of attending these meetings and asked for more groups to be in attendance.
	11.6	Financial Assurance Report SWAH PFI – noted. Members were referred to the financial summary table. Mr Campbell commended the Trust on keeping the PFI contract within budget.
12.	<u>ANY OTHER BUSINESS</u> <p>There were no further items of business.</p>	
13.	<u>CONFIDENTIAL BUSINESS</u> <p>There were no further items of business.</p>	
14.	<u>DATE OF NEXT MEETING</u> <p>The next meeting of the Governance Committee will take place on Wednesday, 26 September 2018 at 10.00 am in Meeting Room 3, Trust Headquarters.</p>	