

**Minutes of a Meeting of the Governance Committee held on  
Thursday, 27<sup>th</sup> February 2025 at 10.30 a.m. in the Boardroom,  
Trust Headquarters, Craigavon**

**PRESENT:**

Mr J Johnston, Non-Executive Director (*Chair*)  
Mrs G Browne, Non-Executive Director  
Mr C Stewart, Non-Executive Director  
Dr S Austin, Medical Director  
Ms C Teggart, Director of Finance, Procurement & Estates (arrived at 12)  
Mrs D Ferguson, Interim Executive Director of Nursing, Midwives and Allied  
Health Professions, Functional Support Services and Infection Control  
Mr C McCafferty, Acting Chief Executive/Executive Director of Social Work

**IN ATTENDANCE:**

Ms J McGall, Director of Mental Health and Disability  
Mr A Hughes, Non-Executive Director (via teams for induction)  
Mrs S Hynds, Deputy Director of HR Services (item 9 only, via teams)  
Mrs C Reid, Director of Surgery & Clinical Services (item 11 only)  
Dr B Adams, Divisional Medical Director (item 11)  
Ms W Clarke, Interim Assistant Director of IMWH (item 11)  
Mr S Wallace, Head of Office  
Ms R Montgomery, Senior Project Manager  
Mrs R Vennard, Committee Secretary (minutes)

**APOLOGIES:**

None

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting especially Mr Stewart and Mrs Browne, the two new Non-Executive Directors on the Committee as well as Mr Hughes, new Non-Executive Director, who was attending via

teams as part of his induction and Mrs Montgomery, Senior Project Manager, Systems Assurance.

## **2. DECLARATION OF INTERESTS**

The Chair asked members to declare any potential conflict of interests in relation to items on the agenda. Mr C Stewart declared he will soon be a member of the Industrial Tribunal and Fair Employment Panel.

## **3. CHAIR'S BUSINESS**

None for highlighting.

## **4. MINUTES OF MEETING HELD ON 27<sup>th</sup> February 2025**

The Minutes of the meeting held on 5<sup>th</sup> December 2024 were agreed as an accurate record.

## **5. MATTERS ARISING FROM PREVIOUS MEETING**

Members noted the updates from relevant Directors.

Members discussed the chairing of meetings should Mr Johnston, Committee Chair, be unavailable. Non-Executive Directors agreed to undertake this on a rotational basis.

## **6. FEEDBACK FROM SLT RISK AND ASSURANCE GROUP**

Mr C McCafferty spoke to the written update from the Senior Leadership Team Risk and Assurance (SLTRA) Group. Members noted its extensive ongoing work which is continuously reviewed in line with the recent Board Assurance Framework.

Mr McCafferty referred to a number of Director Led Oversight groups and advised that in relation to Daisy Hill Hospital, it was agreed at SLTRA to stand down this Directors Oversight Group and allow all actions to be taken forward under the remit of the Timely Care workstream.

In relation to the Bluebell House Directors Oversight group, Mr McCafferty advised the group has met twice with further meetings planned. Targeted actions for progressing include the recruitment of the manager position for Bluebell House and appointments to other vacant posts.

Mr McCafferty advised that the focus of the Maternity Services Director Led Oversight group has been on stabilisation both in relation to midwifery and medical workforce. Midwifery has improved in terms of cover and availability. Medical Workforce, however, continues to present challenges and colleagues are working closely to ensure there is sufficient rota cover. The Governance Committee will be kept updated.

Mr Johnston advised of NED reports on Leadership Walks some of which might be useful to share with Mr C McCafferty for the Oversight groups.

### ***Internal Audit***

Members noted the significant progress on implementation of recommendations. Mr McCafferty stated that whilst this has been challenging, SLT are committed to having a very specific focus on implementation of Internal Audit recommendations.

### ***RQIA Inspections***

The importance of having quality improvement plans progressed in a timely way following Inspections was emphasised.

The [emerging](#) issue of Access NI checks was discussed and the need to resolve where there is a different view mainly between the Trust and the regulator. For example, when an individual moves internally from one regulated post to another within the Trust, the regulator requires that a full Access NI check is undertaken. It was agreed that engagement is required between the regulator and the Department to clarify what the expectation is.

In response to a question from Mrs Browne, Mr C McCafferty clarified that individuals moving from one Trust to another Trust, do require an Access NI check, however the RQIA is of the view that individuals moving from one regulated team to another regulated team within the same Trust also require an updated Access NI check. Mr Johnston suggested drafting a letter to RQIA on this subject. Mr C McCafferty advised there are ongoing

discussions with RQIA, who advise they are liaising with the Department of Health. He suggested if a resolution is not forthcoming, he was content to proceed with the suggestion of a letter.

Mrs G Browne also asked that in relation to the inspections with no follow up recommendations, if there is a form of acknowledgement or a congratulatory note issued? Mr C McCafferty advised that all the inspection reports and feedback are acknowledged, however agreed that when there is a very positive report, this should be specifically acknowledged.

Mr Johnston asked on the Loane House report if the RQIA recommendations were prioritised to get a sense if there were any priority recommendations having to be implemented. Mr McCafferty explained that there is a quality improvement plan with timeframes, and he believed that this was one of the inspections that resulted in engagement between the director and RQIA regarding matters which were escalated.

In relation to the Armagh and Dungannon Domiciliary Care report, Mr Johnston asked for a detailed update for the next meeting.

**ACTION: Governance Committee Chair to write to RQIA Chair regarding issue relating to requirement for Access NI checks to be completed for staff following internal moves. Me agreed this would not occur pending outcome of discussions as noted above**

**ACTION: Mr Beattie to provide detailed update Domiciliary Care Armagh and Dungannon to be provided based on recent RQIA inspections**

### ***Early Alerts***

Mr McCafferty gave an overview of early alerts, and the processes followed.

**ACTION: Ms McGall to confirm if an Early Alert in relation to a recent Mental Health Directorate MHPS case was progressed**

### ***Statutory Functions Action Plan 2024/25***

Mr McCafferty advised that this exclusively relates to social work and social care, and he highlighted the overall good compliance with delegated

statutory responsibility across all directorates, with progress being achieved in the vast majority of metrics where under performance has been noted. He noted that staffing availability and recruitment remains challenging. Mr McCafferty advised of a small number of children in care without an unallocated social worker. Whilst there is no significant assessed risk as the children are in very stable foster care placements, as an organisation, the Trust is breaching elements of its statutory responsibilities.

Mr McCafferty advised that the Approved Social Work service is experienced challenges associated with waits for acute mental health inpatient beds. Learning Disability is another challenge particularly the transition of children to adult services.

Mr McCafferty noted work taking place in Adult Community Services in relation to improving performance in respect of Annual review compliance.

Mr Stewart asked Mr McCafferty for his view on the Department's approach to regional workforce planning and if there are strategies in place to deal with the supply issues around the social worker workforce. Mr McCafferty stated that there has been progress on areas that were escalated some time ago, which identified significant deficits in relation to workforce planning. There has been progress, with 40 additional social work students training places commissioned, last year and this year. This is not recurrent at this stage. In summarising, Mr McCafferty stated that in his view, the workforce planning is not adequate to meet the current demand and future service developments in respect of social work services.

Mr Johnston asked about learning disability compliance of 64% in the Craigavon and Banbridge Learning Disability team and asked if the Trust is taking action to try and improve on this. Ms McGall stated staffing pressures and sickness absence have had an effect on the compliance rates and management are supporting staff to increase compliance. Mr Johnston asked if this was on the service's risk register to which Ms McGall confirmed that it was.

Mr Johnston enquired about social care and mental health and asked has work been done to identify where the Trust aligns with the new Programme for Government priorities as he felt there is opportunity for the Trust to align with other organisations.

Ms McGall noted they are utilising the sector as a total, trying to bring all agencies together to meet local demand. The Southern Trust are piloting the first area collaborative board under the regional mental health services to bring together key players like AIPB, specifically for mental health needs. There have been a few meetings regarding this, and work is progressing. Mr Johnston asked for a short briefing on this for the next meeting

**ACTION: Ms McGall to consider where the NI Assembly Programme for Government priorities have commonalities with Trust Mental Health Services and how cross-agency opportunities may be maximised.**

Mr Johnston thanked Mr McCafferty for his very comprehensive report.

## **7. FEEDBACK FROM STEERING GROUP CHAIRS**

### **i) Organisational Governance**

Ms Teggart presented the Chair's Report and noted that the papers below were presented to the group on 6<sup>th</sup> February 2025 and the discussion is recorded within the minutes.

A number of additional reports were received and reviewed by the Organisational Governance Steering Group for assurance purposes, which are outlined in the Chair's Report.

- Information Governance Framework Annual Report
- Digital Governance Report
- Security Report
- Contract Governance Report
- Trust Transport Report
- Emergency Planning and Business Continuity Quarterly Report
- Estate Governance Summary Quarterly Report with a focus on fire safety, water safety, sustainability, and strategic accommodation

Mr C Stewart asked about Information Governance with the significant increase of users with encompass, mitigation regional cyber security centre, and asked if this was an issue and if so, should it be escalated as a cyber security risk to Trust business.

Ms Teggart advised that the majority of training is online, and the issue is users should not be allowed to access the system until they have training, which isn't always feasible. Mr Stewart mentioned one of the key risks was elevation of privileges on an account. The only way to manage and mitigate this risk outside of normal working hours is through development of a proposed regional cyber security centre, when the Trust is about to go live with encompass therefore doubling the risk of users. The message in the training was we need to build in the risk management litigation at the time of developing a new system not adding it on later, which he feels is the case here. Mr Wallace assured Mr Stewart that Cyber security has been added to the Board Assurance Framework and this is reviewed at the confidential trust board on a six-monthly basis. Ms C Teggart agreed to take Mr C Stewart's concerns back to the steering group. Mr Johnston mentioned he is confident the steps Encompass have taken in relation to cyber security.

**ACTION: Ms Wilson to update on the progress of the Regional Business Case for the establishment of a Regional Cyber Security Centre**

Mrs G Browne, referred to security and raised concern for the safety of our staff and felt this was a real risk that needs addressed.

Ms J McGall noted security for CAH is only for the hospital itself and it doesn't extend to Bluestone. With the high level of violence and aggression that is directed to our staff in this Unit, the security presence isn't there. Incidences are managed well in the main through de-escalation, but at times, PSNI assistance is required.

Ms Teggart highlighted the excellent work being done by Ms McGall's mental health team, taking forward the issues raised within transport within the last year.

Ms Teggart also highlighted the improvement in the Emergency Planning and Business Continuity Quarterly Report. Mr Stewart also commended the work that has been done. However, he drew attention to some of those services that are described as essential yet have no business continuity plan. Mr C McCafferty stated that this is continuously raised by Dr Austin, and we are focusing on outstanding areas. In regard to sustainability, Mr C McCafferty asked is the 'WARP IT' system well publicised. Ms C Teggart

believed a global email was issued but agreed it would be worthwhile to reissue this.

## **ACTION- Global email re WARP IT to be re-issued Ms C Teggart**

### **ii) Standards, Compliance and Regulation**

Mr McCafferty presented the update from the meeting on 27<sup>th</sup> January 2025, noting that the reports below was presented to the steering group and the discussion can be found within the minutes.

Mr McCafferty began by highlighting that there has been good attendance and participation at the meetings to date.

Issues noted included the management of Trust standards and guidelines in terms of the pressures the team are facing, with a significant level of work that never stays static. Mr McCafferty paid credit to Mrs Caroline Beattie in terms of the remarkable work undertaken over the last number of years and the recent satisfactory internal audit report that was very reassuring.

Laboratory services were discussed. The improvements were noted as well as the challenges, particularly as regards attracting and maintaining sufficient levels of skilled staff.

Radiology was also discussed and the challenges around workforce. In relation to equipment, Mr McCafferty explained that the SLT is sighted on an incremental process prioritising equipment that needs replaced. Another area of concern was around waiting lists, particular paediatric MRI performance and Mr McCafferty stated that he was pleased to report as evidenced in the paper of some improvement in that area.

In relation to Corporate Parenting, Mr McCafferty, referred to the significant challenges regarding social work vacancies which is having an impact on delivery of services. He stated, however, that overall, despite the challenges, there is overall good compliance with procedural requirements.

Members noted that within the Safeguarding and Family Support division of children's services, public health nursing continues to be challenging in relation to health screening regarding the growing number of non-national and refugee population. Mr McCafferty stated that there has been no new

investment, and as it is a small team, it is unable to meet demand which has been brought to the attention of SPPG.

Members noted the considerable service development initiatives in relation to domestic abuse. Mr McCafferty stated that a report was presented to the steering group on the Trusts Smoke free policy. Work continues to educate the public and raise awareness.

Mr McCafferty highlighted the efforts of Mrs R Montgomery in coordinating the timely production of minutes and keeping the business of the steering groups running smoothly.

Mr Johnston noted that he wants to look in more detail at a few issues and he will liaise with Mr McCafferty prior to the next meeting, he suggested that the Chief Executive's feedback includes a note of key escalations for the Committee to keep a focus on.

**ACTION – Consideration of additional information regarding key governance escalations to be included in the next Chief Executive briefing**

### iii) Safety and Quality

Dr Austin presented the Chair's Report and noted the reports below were presented to the steering group on 29<sup>th</sup> January 2025 and the discussions can be found within the minutes included in members' papers:

- Clinical and Social Care Governance Report (including service user feedback, patient safety report and incidents/serious adverse incidents)
- Claims Management Report
- Mortality Report
- Medication Safety Report
- Report from HCAI & AMS Strategic forum

A number of additional reports were received and reviewed by the Safety and Quality Steering Group for assurance purposes which are outlined in the Chair's Report.

Mr C Stewart asked in reference to NIPSO model complaints handling procedures and whether it require the trust to revise or replace its

complaints handling procedure. Dr Austin stated that in essence this would be the case. Mr Stewart then asked with it being quite a fixed time frame for producing a new scheme and compliance with the new scheme, will the Trust meet that challenge. Mr McCafferty welcomed the new process, with some of the directorates already practicing it.

Mr Stewart then referred to several SAI recommendations being noted as not capable of being implemented and asked for some more detail around the reasons why not. Dr Austin noted that with some recommendations, the issue is resourcing, however, there are some recommendations that cannot be implemented. Mr Stewart stated that he feels that they need investigated if they are not ever going to be implemented and asked is there a way of getting them removed as a recommendation. Dr Austin mentioned there are some recommendations that elements can be implemented but not always the full recommendation. Also, with the number of recommendations, it is prioritising what recommendations are of most importance.

Mr Johnston suggested adding SAIs to the Committee's workplan. He asked that the presentation given to Trust Board last November be copied to new non-executive's ref the SAI Process.

Mr Stewart asked if the Trust charged for subject access requests. Dr Austin undertook to find out.

**ACTION: Dr Austin to source details of ability for the Trust to charge Subject Access Requests (SAR)**

**ACTION: Mr Wallace to share DoH Serious Adverse Incident presentation to Trust Board in November 2024 with new Non-Executive Board members.**

Mr Johnston referred to the resuscitation committee and if it was possible to get this re-established. Dr Austin clarified the reasoning for the delay was for encompass to be embedded, then nominations could be sought.

**ACTION: Dr Austin to provide an update on the current status of Trust resuscitation group to be provided for next meeting.**

Mr Johnston asked about the Clinical and Social Care Governance report and the service user process in particular. He commented that this was a

very detailed report and queried if there were any specific issues that the committee should be looking at given the comprehensive nature of this committee. Mr McCafferty explained that the Trust do monitor trends around complaints and suggested that Mr Wallace consider what information would be helpful for this committee.

**ACTION: Mr Wallace to consider what information is to be provided to Governance Committee**

Dr Austin gave an overview of the complaints process, and what can be looked at in more detail.

Mr McCafferty mentioned that complaints has been raised at SLT and spoke about having specific workshops including relevant leads and managers covering a broad range of issues including complaints, consistency of the process and quality assurance.

Mr Johnston asked regarding weekend mortality data. Dr Austin agreed to re-visit.

**ACTION: Dr Austin to provide details on the potential for mortality reporting with a specific focus on the impact of weekend admissions on patient outcomes.**

Mr Johnston thanked Dr Austin for his very comprehensive report and the colleagues involved in the steering group for producing all the data

**8. PROPOSITION FOR GOVERNANCE COMMITTEE**

Mr Johnston spoke on the functions of the committee, how members decipher the information and triangulate same. He suggested a workshop to discuss further to which members agreed.

**ACTION: Committee workshop to be organised**

**9. WHISTLEBLOWING RESOURCING**

Mrs Hynds gave an overview of the Whistleblowing Resourcing papers to the committee, the purpose of which is to highlight the need for stabilised resource within the HROD directorate which currently leads on supporting the work within the Trust on 'Raising Concerns – Whistleblowing'

In 2021, a temporary HR&OD Band 7 resource was aligned to support this work. However, there is no recurring funding aligned to this post.

There have been challenges in maintaining consistent support due to the maternity leave absence, who has now returned but is now covering another specialist HR role. Further temporary cover has been secured but it is important to stabilise this role. The band 7 postholder has primarily focused on management and investigation of cases due to the volume of concerns raised. The resource we have now is insufficient to do what is required. If the Band 7 was to focus on awareness training, a dedicated band 6 investigation resource would make a significant impact actioning the concerns raised in a timely manner. The HROD Directorate propose taking a business case to the Trust's Strategic Investment Committee for consideration of funding to stabilise the permanent support within the team.

Mr Stewart stated that he strongly supports the proposition as it is very important to have an effective system to handle whistleblowing, given the reputational risk and the openness and transparency of dealing with Whistleblowing.

Mrs Browne agreed with the above and asked if there were any internal resources that could be utilised.

Ms Teggart commented that the Strategic Investment Committee considers IPT business cases in terms of affordability, funding options.

Mr Johnston advised that he is the lead NED for whistleblowing and felt that if the Trust does not put the investment into this area, this would be a missed opportunity. He asked Mrs S Hynds if the business case could be submitted to an upcoming Strategic Investment Committee.

**ACTION: Mrs Hynds to submit proposal regarding whistleblowing resourcing to the Trust Strategic Investment Committee**

Mr Johnston thanked Mrs Hynds for her report.

## **10. CORPORATE RISK REGISTER**

Dr Austin provided an update. Dr Austin spoke of a more structured approach being proposed.

Dr Austin suggested a Workshop on risk to also involve members of the Audit and Risk Assurance Committee. Members agreed with this suggestion.

A discussion on risk ensued. Mr McCafferty referenced regional collaboration and cited the example of the Support & Intervention Framework, the rationale for which is that the SPPG put issues and risk areas on the framework where they feel they can support Trusts.

## **11. MATERNITY SERVICES**

Mrs Reid gave an introduction on the Mothers and Babies reducing Risk through Audits and Confidential Enquiries in the UK Report (MBRACE). The report focuses on perinatal surveillance including still births and neonatal deaths of babies 22 weeks' gestational age. The report reviews mortality rates by gestational age, ethnicity and socio-economic deprivation, and includes a description of the causes of perinatal deaths in the UK.

Dr Adams guided us through the findings of The Perinatal Mortality Report.

- still birth rates are similar average for the Trust of this size.
- neo-natal mortality rate is lower than the average.
- -The two of them together is lower than the average for the size of this Trust which is a positive.
- The SHSCT extended perinatal mortality rate decreased from 4.40 per 1,000 total births in 2022 to is 3.92 per 1,000 total births in 2023.

Mr Stewart thanked the team for the report and the progress made. In response to a question from Mr Stewart on the challenges of pre-term births, Dr Adams advised that a certain level of Obstetric ultrasound skills is required for this. The Trust has successfully appointed a new member who will contribute to this work. She noted the regional workforce problem for Obstetrics and Gynaecology.

Mr Stewart asked if this area should be escalated for regional collaboration. Mr Johnston agreed. Mrs Clarke noted that following a benchmark regionally for MBRACE, the DoH highlighted this as a risk. Dr Austin noted that it would be helpful to have this risk raised by the committee as it is a clinical safety issue.

Mrs Ferguson noted the areas of risk and challenge in section 3, namely improved facilities and staffing required for the CAH Maternity Admissions and assessment unit and asked are there plans in place to address this. In terms of staffing, Dr Adams spoke about the demand of maternity admissions unit in CAH, where at present there is no protected medical staff cover. The labour ward team look after that, as well as inpatients and emergencies in both Obstetrics and Gynaecology. The service is exploring the feasibility of having some protected resource to do that job/work..

Mrs Ferguson asked is that part of the work in respect of stabilisation and the longer-term project and models. Dr Adams advised this is not part of stabilisation - it is identification of unmet clinical need and zero protected staffing specific to the CAH site. DHH use a different model which does include specific staffing for the assessment unit in DHH with SAS doctors.

Mrs Clarke advised that the Estates work has been planned as part of the CT pathway to have a swifter flow of all antenatal outpatient services and advised there is a need to reassess and prioritise the request for capital.

Mr Johnston asked with the obstetric and maternity review underway, will the issues identified as risks be considered as part of this review. Mrs Reid updated that part of the overall project is the oversight group and the MBRACE and other recommendations will be overseen within this group and normal operational management. Mrs Reid advised that there is a quarterly submission to SPPG regarding progress and compliance. Mr Johnson asked in respect of the challenges if there was a clear understanding of what the obstacle may be. Dr Adams spoke with reference to the medical workforce where the Trust has looked at training matrix and special skills needed, what good service looks like and then identifying the gaps.

Mr McCafferty welcomed the MBRACE report, commenting on the still birth section and the fact that the numbers of still births are relatively low and asked is that a downward trajectory over time, and if so, is there any understanding what has led to a positive position. Dr Adams confirmed it is a downward trajectory and referred to the changes adopted through a programme called 'saving babies lives'. Mrs Clarke noted that the new ultrasound scanners received in the last financial year have also made a significant impact. Following engagement with Chief Nursing Officer advice the Committee agreed that the regional Enabling Safe Quality Midwifery

Services and Care In Northern Ireland should replace the Ockenden Maternity Update on Committee Workplan.

**ACTION: Updates on the Trust Response to Enabling Safe Quality Midwifery Services and Care in Northern Ireland to replace Ockenden Maternity Update on Committee Workplan**

Mr Johnston thanked Mrs Reid, Dr Adams and Mrs Clarke for the reports presented.

## **12. ANNUAL REPORTS**

### **Clinical Audit - National Audit Report**

Dr Austin presented the National Audit Report, which provides an overview of the Trust's participation in the NHS England Quality Accounts List of National Clinical Audits (NCA) for 2022/2023 together with the rationale for any non-participation. Dr Austin stated that the Trust's participation in eligible national clinical audit programmes remains strong and work in 2023/2024 has progressed to strengthen the SHSCT clinical audit function.

Dr Austin drew the committee's attention to the recommendations for improvement and those constituted as an area of concerns/challenge/risk. Dr Austin also referred to the diagrams on pages 29-30 to show where there are potential barriers to progress as listed below.

- Accommodation
- Workforce
- Patient flow/capacity
- Clinical services
- Data submission

Mr Johnston noted that this is a very important report and paid tribute to all those involved. He proposed focusing on a few of the areas of challenges and suggested including the following in the committee's workplan.

Dr Austin suggested a clinical audit attending the committee and sharing some of the findings into the deep dives.

**ACTION: Update on Clinical Audit programmes in relation to Stroke Services and Emergency Department to be provided**

### **13. ANY OTHER BUSINESS**

None noted.

### **14. REFLECTION ON TODAY'S AGENDA**

Mrs Browne, wanted to note the volume of information and thanked everyone. Mrs G Browne mentioned the challenge to reduce risk. Mr McCafferty stated that he felt the Trust's Corporate governance process is developing and many components linking better together.

Mr Johnston thanked everyone for their contribution.

***The meeting concluded at 12.30 p.m.***

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_