

**Minutes of a Meeting of the Governance Committee held on  
Thursday 4<sup>th</sup> September 2025 at 10:00 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  
Mrs D Ferguson, Interim Executive Director of Nursing, Midwives and Allied  
Health Professions, Functional Support Services and Infection Control  
Mr C McCafferty, Director of Children and Young People's Services/  
Executive Director of Social Work  
Dr S Austin, Medical Director  
Ms C Marks, Director of Finance, Procurement and Estates

**IN ATTENDANCE:**

Ms J McGall, Director of Mental Health and Disability  
Mr Brian Beattie, Director Adult Community Services (Item 5)  
Mrs Ann McCorry (Items 6 and 7)  
Mrs Stacey Hetherington, Assistant Director for Clinical & Social Care  
Governance  
Mr Geoff Kennedy, Head of Service- Senior Manager  
Mr Malcolm Sloane, Specialist Estates Services  
Mr Patrick Heaney, Health & Safety Manager  
Mr S Wallace, Head of Office  
Mrs R Vennard, Committee Secretary (*Minute taker*)

**APOLOGIES:**

Mr S Spoerry, Interim Chief Executive

## **1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. The Chair also noted the apologies as above.

## **2. DECLARATION OF INTERESTS**

The Chair asked members to declare any interests in relation to items on the agenda. There were none noted.

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

No Chair's business noted.

## **4. MINUTES OF MEETING HELD ON 7<sup>th</sup> JULY 2025**

The Minutes of the meeting held on 7<sup>th</sup> July 2025 were agreed as an accurate record.

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

Members noted the updates from relevant Directors. Updates noted in separate matters arising log.

## **6. REPORT FROM THE ACCOUNTABLE OFFICER RESPONSIBLE FOR CONTROLLED DRUGS**

Mrs Ann McCorry presented the report on controlled drugs, detailing incident statistics, ongoing storage and investigation challenges, recent installation of CCTV, and plans for improved reporting and risk management. She noted the following:

- Incident Statistics and Reporting: The trust submitted reports on 13 controlled drug incidents, with the majority involving no concern and a minority related to suspected theft or misuse, all investigated per protocol.
- Storage and Investigation Challenges: Ongoing issues include insufficient storage capacity for controlled drugs, lack of a dedicated

CD pharmacist, and difficulties in monitoring drugs not stored in controlled cabinets.

- CCTV Installation and Future Plans: CCTV has been installed in key areas to support investigations, and a business case for further technological solutions is pending funding, with risk assessments and job descriptions in progress.
- Transition to Online Reporting: The trust is moving to the NHS online reporting website for controlled drug incidents, which will increase the number of reported incidents due to broader reporting requirements.

The Committee accepted the report for Assurance

## **7. COMPLIANCE WITH THE ROYAL PHARMACEUTICAL SOCIETY (RPS) PROFESSIONAL STANDARDS REPORT**

Mrs McCorry presented the annual self-assessment against RPS professional standards, highlighting overall compliance, staffing challenges, workforce review phases, and the impact of digital systems on compliance metrics. She noted the following:

- Compliance Overview: The trust achieved 77% overall compliance, with domain-specific scores and a slight change from the previous year, noting reductions in clinical pharmacy services due to staffing shortages.
- Workforce Review and Recruitment: A phased workforce review is underway, with phase one recruitment ongoing and plans for phases two and three to expand clinical services, pending additional funding.
- Impact of Digital Systems: Implementation of the encompass system improved compliance in digital technology standards, offsetting reductions in medicine safety compliance due to loss of a dedicated pharmacist.
- Peer Review Plans: Regional Heads of Pharmacy plan to introduce peer review of self-assessment results in the coming year, following full implementation of Encompass across all Trusts.

The Committee accepted the report for Assurance

***ACTION: PHARMACY WORKFORCE REVIEW UPDATE: PROVIDE AN UPDATE ON THE PROGRESS OF PHASE TWO AND THREE OF THE PHARMACY WORKFORCE REVIEW AT THE GOVERNANCE COMMITTEE MEETING IN FEBRUARY 2026 (MRS A MCCORRY)***

**8. NON-EXECUTIVE DIRECTORS VISITS TO CHILDREN'S HOME REPORT**

Mr McCafferty presented the Non-Executive Director visits to Children's Home report. He advised that training for non-executive directors will take place in November in relation to Trauma Informed Practice which is relevant to this item.

The Committee accepted this report for assurance.

**9. CORPORATE RISK REGISTER**

Dr Austin referred to his update regarding this item in matters arising. The Committee noted the risk register updates provided.

**10. FEEDBACK FROM STEERING GROUP CHAIRS**

Mrs Teggart, Mr McCafferty and Dr Austin provided reports from their respective steering groups. Key issues noted:

- Information Governance and FOI: A decline in achieving the response targets to FOI and subject access request response rates was noted, with actions planned to improve performance, options to explore proactive publication of information to reduce FOI burden were suggested.
- Policy Management: Concerns were raised about the proportion of out-of-date policies, the Committee was advised that work to address this was ongoing.
- Contract Management: The Committee notes that the contract management services were under resourced, with ongoing reviews and external support being sought.
- Safety and Quality Audits: Improvements in audit culture and incident reporting were highlighted, though discrepancies between self-audit and independent audit results remain an area for continued focus.

- Staffing and Resource Challenges: Persistent staffing shortages across multiple services were identified as a recurring theme, impacting the ability to meet service standards and prompting discussion on the need for realistic planning.

***ACTION: FOI AND SUBJECT ACCESS REQUEST PROCESS: EXPLORE THE POSSIBILITY OF PROACTIVELY PUBLISHING MORE INFORMATION ON THE TRUST WEBSITE TO REDUCE THE VOLUME OF FOI AND SUBJECT ACCESS REQUESTS, AND CONSIDER ENGAGING WITH EXTERNAL BODIES TO DISCUSS ALTERNATIVE INFORMATION PATHWAYS (MRS E WILSON)***

## **11. FOCUSED REPORTING**

### ***Fire Safety (Mr Malcolm Sloane and Mr Patrick Heaney)***

Fire Safety Compliance and Risk Management: Malcolm Sloane and Patrick Heaney presented a comprehensive report on fire safety, highlighting overdue risk assessments, resource constraints, compliance challenges with nominated fire officers, and committee agreement to escalate the issue and request a recovery plan.

- Fire Risk Assessments and Resource Issues: A significant proportion of fire risk assessments remain overdue, with prioritisation given to high-risk areas; resource constraints and recruitment challenges have hindered progress.
- Compliance with Nominated Fire Officers: Compliance with nominated fire officer duties is low, attributed to voluntary uptake, staff working patterns, and lack of on-site presence, raising concerns about effective fire safety management.
- Audit and Enforcement: Multiple layers of audit exist, with the Northern Ireland Fire and Rescue Service as the enforcing body; recent audits have resulted in action plans for specific sites, and ongoing monitoring is in place.
- Committee Actions and Escalation: The committee agreed to request a formal recovery plan from SLT, escalate the issue to the board, and consider a project management approach to address fire safety risks, particularly around nominated fire officer compliance.

***ACTION - FIRE SAFETY RISK MANAGEMENT: COMMITTEE CHAIR TO WRITE FORMALLY TO THE CHIEF EXECUTIVE SETTING OUT THE COMMITTEE'S CONCERNS REGARDING FIRE SAFETY RISKS AND RECOMMEND ESTABLISHING A RECOVERY PLAN OR DIRECTORS OVERSIGHT GROUP TO ADDRESS THE ISSUES, INCLUDING NOMINATED FIRE OFFICER COMPLIANCE. (COMMITTEE CHAIR)***

***ACTION: DAISY HILL HOSPITAL FIRE SAFETY ACTION PLAN: SUBMIT THE DAISY HILL HOSPITAL FIRE SAFETY ACTION PLAN TO THE GOVERNANCE COMMITTEE AND TRUST BOARD (MS C TEGGART)***

### ***Laboratory Services***

Mr Geoff Kennedy reported on laboratory accreditation, timely care targets, staffing and workload pressures, quality assurance, and the need for regional service reorganisation, with committee discussion on operational and strategic improvements.

- Accreditation and Timely Care: All laboratory departments are accredited to ISO standards, with high compliance in timely reporting of urgent and routine tests, supported by new IT systems and strong engagement with clinical teams.
- Staffing and Workload Pressures: Staffing shortages and increasing workload were identified as major challenges, with mitigations including flexible staffing and multidisciplinary training, but concerns remain about sustainability.
- Quality Assurance and Audit: Internal and external quality controls are regularly met, with recent internal audit findings addressed, though ongoing issues with workforce numbers and pay systems persist.
- Regional Service Reorganisation: The committee discussed the potential benefits of a single managed laboratory service across the region to address duplication and workforce challenges, with business cases in development.
- Operational Improvement Actions: Action plans were proposed to address operational issues, including inappropriate test ordering, cost

visibility, and integration of quality management systems with trust governance.

***ACTION: LABORATORY SERVICES OPERATIONAL ISSUES: REVIEW WHETHER A NEW PROJECT OR PROGRAMME MANAGEMENT STRUCTURE IS NEEDED TO ADDRESS OPERATIONAL ISSUES IN LABORATORY SERVICES FOR NEXT MEETING (DR AUSTIN)***

### ***Service User Feedback***

Mrs Stacey Hetherington presented the latest data on complaints and compliments, outlined improvements in informal resolution, described the transition to the new NIPSO model complaints procedure, and detailed ongoing projects to enhance learning and response times.

- Trends in Complaints and Compliments: There has been a reduction in formal complaints and an increase in informal resolutions, though some delays in formal complaint responses persist, with ongoing efforts to audit and improve timeliness.
- New Model Complaints Procedure: The trust will transition to the NIPSO model complaints handling procedure from January, focusing on early resolution within five working days and a two-stage process for more complex cases.
- Learning from Reopened Complaints: A project is underway with the PPI team to review reopened complaints and extract learning, with findings to be shared across directorates to prevent recurrence.
- Staff Training and Culture Change: Mandatory training packages are being developed to support the new procedure, with an emphasis on frontline staff engagement and a shift towards proactive, early resolution of issues.

***ACTION: COMPLAINTS HANDLING PROCEDURE IMPLEMENTATION: PRESENT AN UPDATE TO THE TRUST BOARD ON THE IMPLEMENTATION OF THE NEW MODEL COMPLAINTS HANDLING PROCEDURE AND ITS EXPECTED IMPACT FOR MEETING IN FEBRUARY 2026 (DR AUSTIN)***

**12. REVIEW AND UPDATE OF COMMITTEES TERMS OF REFERENCE**

Committee members approved the revised committee terms of reference

**13. AMENDED COMMITTEE WORKPLAN**

Committee members approved the revised committee workplan

**14. MEETING DATES FOR 2026**

Committee members approved the 2026 committee dates

**15. ANY OTHER BUSINESS**

The Committee agreed the following areas for focused reporting for December 2025 Committee Meeting:

- Clinical Audit
- Contract Management

Mr Johnston thanked everyone for their contribution to the meeting.

***The meeting concluded at 1.10 p.m.***