

**Minutes of a Meeting of the Governance Committee held on
Thursday 11th December 2025 at 10:00 a.m. in the Boardroom,
Trust Headquarters, Craigavon**

PRESENT:

Mr J Johnston, Non-Executive Director (*Chair*)
Mr C Stewart, Non-Executive Director
Mr A Hughes, Non-Executive Director
Mr C McCafferty, Director of Children and Young People & Women's
Services/ Executive Director of Social Work
Dr S Austin, Medical Director
Mr S Spoerry, Interim Chief Executive
Mrs Grace Hamilton, Executive Director of Nursing, Midwives and Allied
Health Professions, Functional Support Services and Infection Control

IN ATTENDANCE VIA TEAMS:

Ms J McGall, Director of Mental Health and Disability
Ms O Murphy, Interim Assistant Director for Cancer and Clinical Services
(OBO Mr D McClements)
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs S Collins, Head of Contract Management Governance (Item 6ii)
Mrs E Wilson, Director of Planning, Performance and Informatics (Item 6ii)
Mrs F Davidson, Head of Clinical Audit (Item 6i)
Mr S Wallace, Head of Office
Mrs R Montgomery, Senior Project Manager
Mrs R Vennard, Committee Secretary (*Minute taker*)

APOLOGIES:

Ms C Marks, Director of Finance, Procurement and Estates
Mr Declan McClements, Interim Director of Surgery and Clinical Services

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 4TH SEPTEMBER 2025

The Minutes of the meeting held on 4th September 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. Two areas were further discussed below:

- Background Checks for staff moving internally within SHSCT – Mr McCafferty updated noting there has been lengthy engagement with RQIA regarding this matter for almost a year. Mr McCafferty clarified that RQIA have outlined that enhanced background checks are required when staff move between different service areas, such as from Children's Services to Adult Services, but not when moving within the same service area. This interpretation is based on current legislation, and written confirmation from the Department of Justice is being sought to formalise this understanding. The committee highlighted the potential significant cost savings and increased efficiency that could result from amending the legislation to reduce unnecessary checks. Mr McCafferty agreed to contact counterparts in the Department of Justice to explore this further. This matter was closed.

- Fire safety risk – Mr Spoerry gave an update, noting that in terms of Daisy Hill Hospital specifically, an action group has been formed, a communication around smoking cessation has gone out and signage has been improved across the site. In terms of the environmental risk, the main entrance, fire exit, lobby are being upgraded, regular SLT walks take place to ensure fire safety compliance. In terms of fire assessments completed there has been no significant change. Mrs Reid noted fire safety officers go round the wards and check compliance and engagement with wards teams. There was a query around whether a simulated evacuation exercise has taken place yet and this will be followed up on by Mrs Reid.

ACTION – Mrs Reid to check whether a simulated evacuation exercise has been carried out at Daisy Hill hospital and report back to the committee.

6. DEEP DIVES

i) CLINICAL AUDIT

Mrs Davidson presented a comprehensive review of the clinical audit function, detailing the team’s development, current processes, challenges, and future development. She noted that 2021, the clinical audit function has undergone significant growth, adopting the Health Quality Improvement Partnership (HQIP) standards and a four-stage audit model. This includes clear definitions, standardised processes, and a policy with an implementation plan for 2025–2027.

Mrs Davidson advised that audit plans are structured into three levels: external must-do (nationally commissioned), internal must-do (organisational priorities), and local audits (clinician or service-driven). The committee reviewed the process for prioritising high-risk areas and ensuring comprehensive coverage.

A clinical audit reference group, chaired by Dr Damian Gormley, provides quarterly oversight and reports to the Safety and Quality Steering Group. Central registries and SharePoint resources support transparency and engagement across the organisation.

Mrs Davidson stated the Trust has achieved high participation in national audits and confidential enquiries, but faces challenges in implementing

recommendations. Barriers include resource constraints and the need for regional endorsement of national recommendations.

The committee discussed the need for further investment in IT infrastructure, particularly to leverage the Encompass system and tools like *Slicer Dicer* which could be transformational for clinical audit in the region. Training for advanced data analysis and engagement of multidisciplinary staff were identified as priorities for maturing the audit function.

ii) CONTRACT MANAGEMENT

Mrs Collins provided an update on contract management governance, highlighting baseline assessments, risk areas, compliance challenges, and the impact of limited resources, with a focus on high-risk contracts and the introduction of new technology solutions.

She advised that a baseline assessment revealed over 2,100 contracts managed by only 12 contract support officers, with significant risks in unsupported areas. High-risk contracts, particularly in social care and purchased healthcare, are challenging to manage without dedicated support.

Mrs Collins noted that verification exercises showed high compliance with Trust minimum standards among supported contracts, but ongoing issues with invoice validation and training attendance. Mandatory contract management training is required every three years, with efforts to boost participation through mop-up sessions and SharePoint resources.

The number of contracts at risk has been reduced, partly due to contract expiry and improved compliance. A notable success was the recovery of £173,000 related to a Philips CT scanner contract, achieved through robust contract management and legal advice.

Mrs Collins stated that the introduction of the Procurement Act 2023 and new public procurement policies has increased the complexity of contract management. The Trust is adapting to these changes while balancing the need for value for money and compliance with cyber security requirements. Plans are underway to implement a new contract management technology solution (Atamis) to improve oversight and prompt risk identification. However, funding and resource limitations may impact the ability to fully realise the benefits of this system.

ACTION – Chair to refer the Contracts report to Finance and Performance Committee, and Audit and Risk Committee for review due to elements of crossover across committees.

7. FEEDBACK FROM STEERING GROUP CHAIRS

i) STANDARDS, COMPLIANCE AND REGULATION

Mr McCafferty highlighted areas from the 10 reports presented at the steering group.

A summary of emerging issues was provided as follow:

- He noted that organ donation in comparison to mainland UK is very different due to our cultural differences in terms of burial processes meaning its difficult to gain an accurate comparison.

- Since the introduction of Encompass the Trust has currently lost the ability to proactively monitor the transfer of patients from private to HSC status to ensure that proper procedure has been followed. He noted that this issue has been raised with the regional Encompass team to be addressed.

- Mr McCafferty also referred to staffing levels that continues to be challenging in some key areas.

Mr McCafferty noted that there is increasingly robust and interactive conversation taking place at the steering group, enhancing the challenge and scrutiny of the reports.

ii) SAFETY AND QUALITY

Dr Stephen Austin noted that there were 13 various reports presented at the steering group meeting in November 2025. Dr Austin noted that there were numerous achievements noted at the meeting as well as issues raised for discussion which is reflective of the openness of the culture in the meeting.

Mr Stewart complimented the Trust in relation to the progress of the Hyponatraemia recommendations, noting that those remaining are outside of the Trust's control to progress and would ask that this is escalated to the Board in terms of challenge to the Department on regional progression of the remaining recommendations.

ACTION – Chair to escalate Departmental progress in relation to remaining Hyponatraemia recommendations to Trust Board.

iii) ORGANISATIONAL GOVERNANCE

Mr Wallace gave a brief update in relation to the reports presented to the Organisational Governance Steering Group.

Areas of concern were noted in relation to the reports presented to the group specifically was in relation to staff panic alarms in AMU at Craigavon Area Hospital which was discussed at SLTRA and is being followed up by Mrs Reid with Estates. He also noted the challenges faced by the Trust in responding to Freedom of Information and Subject Access Requests in line with statutory timescales.

8. MBRRACE REPORT

Mr McCafferty referred that the report is provided to give an update and assurances. There are no significant trends or variations to highlight or escalate to the Committee. Chris Stewart noted there was a reference in the report to the challenge in providing pre-term birth clinics. Mr McCafferty acknowledged that this is reflective of the absence of a commissioned service..

9. MATERNITY – RENFREW REPORT UPDATE

Mr McCafferty noted that he would like to bring an updated action plan to the next Committee meeting given the transfer of responsibility of Women’s Health to the new Directorate..

The Committee agreed and this will be brought to the next meeting.

ACTION – Mr McCafferty to present an updated action plan in relation to the Renfrew Report at the next Governance Committee Meeting.

10. WHISTLEBLOWING – RASIING CONCERNS REPORT

Mrs Toal joined the meeting to present the Whistleblowing report. Mrs Toal noted that increasing level of awareness and training is being worked through, however, there is a reluctance to raise a new campaign currently, given the potential correlation to receiving an influx of new cases as a result and having lack of capacity to manage these.

Mrs Toal noted there were a low number of formal cases but an increase in whistleblowing detriment issues leading to litigation. The committee discussed the importance of recording and responding to concerns raised

at all levels, balancing formal processes with effective local management. There are currently three ongoing whistleblowing detriment issues and Mrs Toal has suggested that this should potentially be recorded separately and will be reported going forward.

Mrs Toal referred to the summary section of the report and noted that in terms of reports raised, the number is reducing year on year. The Chair noted that this has previously been escalated by himself to Trust Board in relation to the decline of cases raised.

ACTION – Chair will escalate Whistleblowing issue again to Trust Board Meeting in advance of the handover to the people and culture committee for this report.

11. NON-EXECUTIVE DIRECTOR VISITS TO CHILDREN’S HOMES REPORT

Mr McCafferty gave an overview in relation to this report and highlighted that staff in the homes are always reassured and pleased to receive these visits. Mr Hughes recently went on a visit to a children’s home and mentioned that the environments are incredibly challenging for staff there.

12. CORPORATE RISK REGISTER

Mr Stewart noted that there was a new risk added to the register regarding the Trust Dermatology service and requested some further information around the detail. Mrs Reid provided specific update to the new critical risk, dermatology waiting times. Mrs Reid provided assurance that actions are in place to reduce waiting times, with support from SPPG for service development.

The Chair highlighted that going forward, the confidential and open sections of the Committee meetings will be more integrated due to specific reporting areas now going to another Committee. The Chair suggested that the additional time should be used to focus some time on the Corporate Risk Register.

13. SCHEDULE OF REPORTING FOR 2026

The schedule of reporting for 2026 was approved by the Committee.

14. COMMITTEE TERMS OF REFERENCE

The Terms of Reference were approved by the Committee.

15. ANY OTHER BUSINESS

The Chair noted that deep dives will be placed on the agenda for a discussion at the February meeting to take stock of the four completed deep dives, reflect on learning, and determine how best to take them forward, including any further actions required.

ACTION – A review of deep dives to date to feature at Februarys Governance Committee Meeting

The chair thanked everyone for their contribution to the meeting.

The meeting concluded at 12.50 p.m.