

Governance Committee

Committee Chair Report for Board Meeting on 26th March 2026

The Governance Committee ('the Committee') met on 26th February 2026. The following is a summary of the areas considered at the meeting to update the Board.

1. Summary of areas considered

Model Patient Safety and Quality Committee Terms of Reference

- 1.1. The Committee noted the 'Model Patient Safety and Quality Committee (MPSQC) Terms of Reference' provided by the Department of Health. The Committee asked the Secretariate to carry out an exercise to map these TOR alongside the SET's extant Board sub-committees' TOR. The purpose of this exercise is to identify new or additional functions, arising from the MPSQC TOR, which would need to be added to the extant terms of reference for the Board's sub-committees for Governance, People & Culture and possibly Population Health. This exercise will be conducted over the next few months with the aim of submitting revised draft TOR for these sub-committees to the Board for consideration and approval by early-summer 2026.
- 1.2. In line with a request from the Department of Health to all HSC Trusts, the Committee agreed to recommend to the Board that the Governance Committee should be renamed as the Patient Safety and Quality Committee to reflect the enhanced functions which the Department has requested in relation to the oversight of Safety and Quality by Trusts.

Reports from Governance Steering Groups

- 1.3. The Committee received reports from the three governance steering groups: Organisational Governance; Standards, Compliance & Regulation; and Safety & Quality and gave direction on the following issues escalated to the Committee by the steering groups.

- 1.4. The Committee noted the report of the Organisational Governance Steering Group covering the previous quarter's workplan. The main issues of concern discussed by the Committee were in relation to fire safety.
- 1.5. The Committee expressed concern around the cladding situation in South Tyrone Hospital and requested an update for its next meeting. Engineering assessments had identified the absence of cavity barriers and that reclassification of the building may reduce the scope of remedial works. Plans are in place to address compartmentation issues, subject to funding, with the aim to complete works in the next financial year. The fire alarm system has also been recently updated, and a more robust management system is in place to deal with any potential fires.
- 1.6. The Committee noted that a Director-Led Oversight Group has been established for the ongoing fire safety works and other interventions at Daisy Hill Hospital. The Committee noted the results from a recent simulation of a manual evacuation of patients in the event of a fire. It had taken 8 minutes to evacuate a volunteer via the stairs, using a fire sheet, demonstrating the physical challenge and time required. The results are being used to support the business case for new evacuation lifts. There are a range of new initiatives to address the use of personal heaters and appliances, which pose fire risks, as well as working to improve building insulation and thermal comfort.
- 1.7. The Committee asked the Senior Leadership Team to consider whether the remit for the Director-Led Fire Safety Oversight Group at DHH could be expanded to include a wider Trust oversight of fire safety improvement work.
- 1.8. The Chair of the Standards, Compliance & Regulation Steering Group updated the Committee on the previous quarter's workplan, highlighting good compliance around corporate parenting, safeguarding and adult safeguarding, with mitigation plans in place for identified risks. Laboratory services maintain high accreditation and performance, with 99% compliance on turnaround times. Smoking cessation at Trust sites remains a challenge, particularly regarding public compliance.
- 1.9. Radiation exposure monitoring was discussed, and the role of designated protection officers. A recent inspection for breast

services had received a positive outcome. There was overall evidence of mitigations in place for any concerns raised and comprehensive reports were produced. The Committee Chair suggested that radiation safety may be an area for a future governance assurance deep dive.

- 1.10. The Chair of the Safety & Quality Steering Group updated the Committee on the previous quarter's workplan, highlighting the following issues. The Trust's mortality figures showed that comparison for the Trust with other hospitals was as expected, with no outliers. This provides assurance that mortality is broadly as expected.
- 1.11. In terms of risk management, although there is good work relating to Shared Decision Making, further resource is needed to progress this work.
- 1.12. The medication safety report noted ongoing controlled drugs incidents. CCTV is being installed in more high-risk places, however, there is no dedicated controlled drugs pharmacist in place currently.
- 1.13. The claims management report highlighted that there is an increase in requests for information related to clinical negligence claims. There is a transition period in providing this on a timely basis due to Encompass roll-out as patient records are now electronic.
- 1.14. There is a permanent appointment to the Falls Co-ordinator role who has delivered impressive work on falls prevention, tissue viability, and pressure ulcers.

Governance Assurance Deep Dive Approach

- 1.15. The Committee reviewed the governance assurance deep dive approach introduced in 2025. The Committee concluded that the approach had been a valuable exercise and merited continuation throughout 2026. It had provided the Committee a greater insight into the challenges and opportunities experienced by service delivery areas, including planning activity to resolve risks.

Model Complaints Handling Procedure

1.16. The Committee received a presentation on the implementation of the Model Complaints Handling Procedure, noting the three stages, early resolution, investigation, and independent external review. The new procedure went live on 1st January 2026. The Committee was content with the work to date to ensure compliance with the new procedure by 1st July 2026.

Policy Initiatives by the Department of Health to Achieve Greater Public Confidence in the Safety of HSC Service Delivery

1.17. The Committee noted the ongoing policy development by the Department of Health to improve public confidence in the safety of HSC service delivery. This includes Being Open; the Being Human Framework, revised approaches to SAIs and Maintaining High Professional Standards; and the Adult Safeguarding draft legislation. The Committee agreed that it would be desirable for the Department to harmonise these initiatives within a comprehensive contextual piece explaining their respective contributions to further improving the safe delivery of HSC services. The Committee noted that work is underway within the Trust to implement the Being Human Framework and a briefing on this will be provided for the Board by summer 2026.

The Renfrew Report

1.18. The Committee received a presentation on the implementation of the recommendations of the 'Enabling Safe Quality Midwifery Services and Care in Northern Ireland' (known as the Renfrew Report after its author Professor Mary Renfrew) published by the Department of Health in October 2024. Of the 32 recommendations from the review, the Southern Trust is fully compliant with 16, partially compliant with 5, and unable to progress 11 due to the need for regional facilitation, additional funding, or policy decisions to be taken by the Department. Local initiatives, such as service user involvement and continuity of midwifery care, have been advanced.

1.19. The Committee noted the progress to date and the dependence of the Trust on regional action to move towards full compliance with the recommendations.

1.20. The Committee requested that future reporting on the Renfrew Report to be aligned with the reporting cycle of 'Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the

UK (MBRRACE)' to provide a comprehensive overview of activity in this important service delivery area.

Risk Management Strategy

1.21. The Southern Trust Risk Management Strategy was presented to the Committee. This incorporates practical tools, flowcharts, and guidance to support staff at all levels in identifying, assessing, and managing risks. The document is designed for accessibility and ease of use, with plans to make it available on internal platforms. The Committee welcomed the document, noting that it provides comprehensive guidance. The next step is the development and rollout of tailored training for staff in how to use the document.

Corporate Risk Register

1.22. The Committee reviewed the Corporate Risk Register noting the changes in the register since the previous quarter reporting. The Committee emphasised the need for more insight into the trajectory of critical red risks, the rationale for any changes between quarterly updates and the planned future action for mitigating these risks.

Department of Health/Southern Trust Mid-Year Ground Clearing Minutes

1.23. The Committee reviewed and noted the above minutes.

Innovation and Research

1.24. The Committee noted the Department of Health's initiative to enhance the role of HSC Trusts in supporting innovation and research. A new research centre is to be established within the Southern Trust during summer 2026. An objective of the new centre will be to attract commercial research, with a target of rapid study activation.

1.25. The committee welcomed this initiative and agreed to include research performance monitoring in its work plan, with six-monthly reports, and to report progress to the Trust Board.

Public Inquiries

1.26. The committee agreed to establish a process for regular six-monthly updates on the application of learning from public inquiry

recommendations, ensuring these are incorporated into Committee oversight.

Conclusion

1.27. The chair thanked everyone for their contributions to the meeting and commended the work which has been undertaken across the Trust as reported by the three governance steering groups.

2. Issues for escalation to Trust Board

2.1. There were no matters for escalation to the Board.

3. Action(s) requested/required of Trust Board

3.1. The Board is invited to note this report.

3.2. The Board is asked to approve the proposal to change the title of the Governance Committee to the Safety & Quality Committee – see paragraph 1.2 above.

Mr Jackie Johnston
Non-Executive Director - Chair
On behalf of the Governance Committee
26th February 2026