

**Minutes of a Meeting of the Governance Committee held on
Thursday 26th February 2026 at 9:00 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 G Hamilton, Executive Director of Nursing, Midwives and Allied Health
Professions, Functional Support Services and Infection Control
Mr M Bloomer, Assistant Director of Estates (Deputising for Mrs C Marks)
Ms J McGall, Director of Mental Health and Disability
Mrs T Reid, Director of Medicine and Unscheduled Care
Mr D McClements, Interim Director of Surgery and Clinical Services
Mr S Wallace, Head of Office
Mrs R Montgomery, Senior Project Manager (*via MS Teams*)
Mrs R Vennard, Committee Secretary (*Minute taker*)
Mrs S Hetherington, Assistant Director Clinical and Social Care
Governance (item 8)
Mrs N O'Neill, Corporate Clinical and Social Care Governance Coordinator
(item 8)
Mrs M Harrison, Assistant Director Integrated Maternity and Women's
Health (item 10)

APOLOGIES:

Mrs C Marks, Director of Finance, Procurement and Estates

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

The Chair provided an update in relation to the work that is ongoing around the previously discussed draft Patient Safety and Quality committee terms of reference shared by the Department of Health, noting that each Trust have been asked to review these terms of reference and ensure that their corporate governance structures provide the assurances required. The Chair and members agreed to formally change the name of the Governance Committee to the Patient Safety and Quality Committee in line with the draft terms of reference. The draft terms of reference will be used to inform this committees reporting structure and function; however, the Trust will have the flexibility to adapt the terms of reference and the People and Culture Committee and Population Health and Partnership Committee will retain some assurance elements that are referenced in the Model terms of reference.

ACTION – Model terms of reference to be circulated to all members of the Committee for reference – Stephen Wallace

4. MINUTES OF MEETING HELD ON 11TH DECEMBER 2025

The Minutes of the meeting held on 11th December 2025 were agreed as an accurate record.

5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the updates from relevant Directors, summarised below. The updates will be recorded in a separate matters arising log.

Complaints Handling Procedure – Present on today's agenda, Item Closed

Data Sharing with Hyponatraemia Inquiry – Mr Wallace updated to state that the Department of Health is reviewing legislation to support

the sharing of clinical audit information for improvement purposes and it is hoped this will be brought to the Assembly in the current business cycle. Item Closed

Renfrew Report – Present on today’s agenda, Item Closed

Deep Dives – Present on today’s agenda, Item Closed

Fire Safety Risk – There was a specific action for Mrs Reid in relation to undertaking an evacuation exercise in Daisy Hill Hospital. Mrs Reid updated that this took place and was timed as taking 8 minutes for staff to evacuate one patient. A Directors’ Oversight Group has been established and has had one meeting to date. This action will remain open.

Pharmacy Workforce Review Update – Deferred to May 2026

6. ISSUES FOR ESCALATION FROM STEERING GROUP CHAIRS TO GOVERNANCE COMMITTEE

i) ORGANISATIONAL GOVERNANCE

Mr Bloomer highlighted some areas for noting from the meeting, however, the main issue referenced was around fire safety.

Concern was noted from Committee members around the cladding situation in South Tyrone Hospital. Mr Bloomer provided an update on the outstanding cladding issue at South Tyrone Hospital, explaining that engineering assessments 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.

Mr McCafferty noted that a Director Led Oversight Group was established, which deals mainly with Daisy Hill Hospital. Mr Spoerry noted that he intends to meet with the fire wardens in Daisy Hill Hospital to emphasise their role in ensuring compliance with fire safety. Trusts have also been asked to re-emphasise the no smoking on site stance, which continues to be an issue. Daisy Hill Hospital is reliant on the manual evacuation of patients in the event of a fire, via the stairs using a fire sheet. A simulation exercise was recently undertaken on the Daisy Hill site, and it took eight

minutes to bring someone down the stairs to evacuate, demonstrating the physical challenge and time required. The results are being used to support the business case for new evacuation lifts.

The Chair queried if the terms of reference for the Director Led Fire Safety Oversight Group could be expanded to include a wider trust review. Mr McCafferty agreed this could be considered. Mr Bloomer noted that there are a range of new initiatives on the way, and the team is addressing cultural issues such as the use of personal heaters and appliances, which pose fire risks, as well as working to improve building insulation and thermal comfort. Communication and engagement with staff are critical to improving compliance and safety culture and emphasis was placed on the smoking cessation policy.

Mr Bloomer provided an update on other areas highlighted from the steering group meeting, in particular, he noted that the figures relating to food waste were incorrectly reported and are consistent with other hospitals.

ii) STANDARDS, COMPLIANCE AND REGULATION

Mr McCafferty noted that there were no issues for escalation to the Committee. He highlighted that the reports received provided evidence of the good work ongoing within the Trust. In general, there is 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. In terms of challenges, Mr McCafferty noted that the consistently raised theme was around staffing as well as challenges with smoking cessation, particularly regarding public compliance. Staff non-compliance is managed through disciplinary processes, and ongoing efforts are being made to improve adherence.

Radiation exposure monitoring was discussed, and the role of designated protection officers and a recent inspection for breast services received a positive outcome. There was overall evidence of mitigations in place for any concerns raised and comprehensive reports were presented. The Chair suggested that radiation safety may be an area for a future deep dive.

iii) SAFETY AND QUALITY

Dr Austin highlighted the Trust mortality figures showed a positive story and the report showed that comparison for the Trust with other hospitals was as expected, with no outliers. This provides assurance that mortality is broadly as expected.

In terms of risk, although there is good work relating to Shared Decision Making, further resource is needed to progress this work. 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.

The claims management report highlighted that there is an increase in requests for information due to clinical negligence claims, and there is a bit of a transition period due to encompass as patient records are now electronic.

Dr Austin mentioned that there is now a permanent person appointed as Falls Co-ordinator who has done impressive work on falls, tissue viability and has been very focused on pressure ulcer work. Mr Stewart acknowledged the good work on falls and pressure ulcers, and also complimented the paper on litigation, noting it was rich in detail and gave very helpful information regarding litigation areas the Trust faces.

The Chair thanked the three Chairs of the Governance Steering Groups for their reports, and complimented the work being done within each of the groups.

7. DEEP DIVE APPROACH – COMMITTEE DISCUSSION

The Chair raised the question to Committee members if they felt the deep dives have been a valuable exercise, and if they would find merit in continuing these. Mr Wallace commented that further consideration would be required in terms of how areas to report on are chosen.

Mr Stewart noted that the deep dive process should give the Committee members a greater insight of each of the areas, for example, fire safety is an area the Trust is struggling with, however, the deep dive shows the amount of work being undertaken within the Trust and the mitigations in

place. This provides more reassurance to the Non-Executive Directors and as such, Mr Stewart feels they are worthwhile and should continue.

Mr Wallace noted that one option could be to choose a service and pick reporting across the service to triangulate. The Chair commented that he finds them useful in terms of shining a searchlight on areas that would otherwise perhaps not be considered. Mr Wallace also suggested that the risk register could be used to determine areas to focus on. The Chair requested to bring back the three reports that were presented in 2025 to find out what has changed within the past year.

ACTION – Mrs Montgomery will request the three reporting areas which presented in September 2025, to prepare an update for Governance Committee meeting in September 2026.

8. MODEL COMPLAINTS HANDLING IMPLEMENTATION UPDATE

Mrs Hetherington, along with Mrs O'Neill, gave a presentation on the Model Complaints Handling Procedure Implementation, noting the three stages, early resolution, investigation and independent external review. The new procedure went go live on 1st January 2026 and Mrs O'Neill updated the committee on the work which has been done to date to ensure compliance by 1st July 2026.

Committee members commended the work which has been undertaken by the team in implementing the new Model Complaints Handling Procedure. Mr McCafferty noted that there has been a tangible difference already within the few weeks that it has been live, however, raised the concern that if there are to be increased investigations from NIPSO then this will have an effect on operational staff.

Mrs Hetherington noted that it will be 6 months before the information for the new system will flow through to the steering group reporting, although will have a high level report to bring to the next meeting.

9. BEING OPEN/ DUTY OF CANDOUR, BEING OPEN AND REVISED SAI FRAMEWORK/ MHPS UPDATE/ ADULT SAFEGUARDING BILL

The Chair highlighted another area for discussion in relation to the Being Human initiative which will be discussed along with item 9 on the agenda.

In terms of the Being Human initiative, the Chair noted that RQIA have begun work around planning for implementation and have established a steering group, the Chair noted he represents the Trust on this group as the Being Human Champion for Southern Trust.

The first meeting for workstream one, planning for implementation, has taken place and Trusts were asked to formally nominate a Champion, Executive Director sponsors and one or two Being Human Champion Leads. Mr Johnston was named Champion, Dr Austin and Mrs Toal were named co-executive sponsors, and the lead champions in terms of implementation are Mrs Hetherington and Mrs Williamson. The First meeting, chaired by Peter McBride, has asked that Trusts assess each Trust's readiness for implementation. The assessment is to be carried out in the form of a workshop, with a template to be completed by the Trust Board.

The Chair mentioned that one of the main discussion points at the meeting had been around the harmonisation of various elements which are listed in item 9 on the agenda. These elements include the revised SAI framework, the Model Complaints Handling update, the Adult Safeguarding Bill, the Supervision of Doctors in Practice etc.

Dr Austin commented that the recently published Being Open Framework will be beneficial in this work as it sets out the cultural aspects of behaviours and attitudes.

10. RENFREW REPORT RECOMMENDATIONS UPDATE

Mrs Harrison attended to speak to this item alongside Mr McCafferty, noting that this is an update to the Renfrew report which was published in October 2024 in terms of recommendations to the Trust. Mr McCafferty discussed the compliance with the recommendations to date.

Mrs Harrison highlighted that there has been a lot of work within the trust to progress the recommendations. Of the 32 recommendations from the review, the Trust is fully compliant with 16, partially compliant with 5, and unable to progress 11 due to the need for regional facilitation, funding, or policy decisions. Local initiatives, such as service user involvement and continuity of midwifery care, have advanced.

Mr Stewart noted the presentation was very clear and queried the management of recommendation 4 relating to service user involvement, as it touches on sensitive and challenging aspects of managing and configuring the service going forward. Mrs Harrison mentioned that there are currently two service user groups, one around maternity services and one which was temporarily established as part of the future service delivery work that is ongoing. The intention is to amalgamate these into one which will have oversight of all of the services within maternity.

Mr Hughes noted that the paper was very clear and very helpful.

Action - The Chair discussed the re-alignment of the MMBRACE and Renfrew reports for triangulation purposes and requested that they should be brought to the September meeting in tandem.

11. RISK MANAGEMENT STRATEGY

Dr Austin presented the Risk Management Strategy to the members of the Committee. The revised risk management strategy 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 discussed the need for clear feedback mechanisms to ensure that risk mitigations are effective and that information flows both to and from frontline services. The Chair complimented the document, noting that it is very comprehensive guidance but reflected that it's important that it is promoted. Dr Austin noted that a key next step is the development and rollout of tailored training for staff, addressing the challenge of resource constraints. General awareness and targeted sessions for governance and service-level staff are planned to ensure effective adoption.

12. CORPORATE RISK REGISTER

Dr Austin highlighted the changes in the risk register since it was last reviewed. The corporate risk register is reviewed quarterly, with recent discussions focusing on enduring red risks, the impact of mitigations, and the alignment with risk appetite. The committee emphasised the need for more insight into the trajectory of critical risks and the rationale for any changes. Mr Stewart would like more detail on how the red risks are moving from that status. The document provides a clear summary of our

current position, however, additional detail regarding planned future direction would be beneficial.

ACTION – Mr Wallace and Dr Austin to discuss the presentation of the Corporate Risk Register further.

13. MID-YEAR GROUND CLEARING MINUTES

Members confirmed these had been reviewed

14. ITEMS FOR TRUST BOARD ESCALATION

The Chair confirmed there was nothing for escalation to the Trust Board.

15. ANY OTHER BUSINESS

i) DOH CORRESPONDENCE – ROLE OF TRUSTS IN SUPPORTING INNOVATION AND RESEARCH

Both of the documents were provided for information to Committee members. Dr Austin noted that there will be a new research centre established within the Trust during the summer. One of the purposes will be to attract commercial research, with a target of rapid study activation. The permanent secretary supports this initiative as part of broader innovation efforts.

ACTION - The Committee agreed to include research performance monitoring in its work plan, with six-monthly reports, and to highlight achievements to the Trust Board.

ii) INQUIRIES UPDATES TO GOVERNANCE COMMITTEE

Dr Austin raised the need for a formal mechanism to report progress on the implementation of inquiry recommendations, such as those from the independent neurology inquiry to the Committee and Trust Board.

ACTION - 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.

The chair thanked everyone for their contributions to the meeting.

The meeting concluded at 12.10p.m.