Southern Health and Social Care Trust
*Quality Care - for you, with you*

**Patient Safety and Quality Committee**

**Committee Chair Report for Board Meeting on 28th May 2026**

The Patient Safety and Quality Committee ('the Committee') met on 14th May 2026. The following is a summary of the areas considered at the meeting to update the Board. The formal record of the meeting remains the approved minutes.

## 1. Summary of areas considered

1.1 The Committee accepted for assurance the respective Chair's reports from the Safety and Quality Steering Group, the Organisational Governance Steering Group and the Standards, Compliance and Regulation Steering Group.

1.2 The Committee noted the Corporate Risk Register.

## 2. Assurance Reports

2.1 The Committee accepted the following reports for assurance:

a. Non-Executive Directors visits to Children's Homes for the period 1 November 2025 to 32 March 2026, presented by the Director of CYPWS & Executive Director of Social Work;
b. Clinical and Social Care Governance update for Quarter 3 2025/26;
c. Clinical and Social Care Governance Service User Feedback update for Quarter 3 2025/26;
d. Public Inquiries update;
e. Research and Development (including clinical trials) update;
f. Mortality Report for the period April 2024 to June 2025;
g. Emergency Planning and Business Continuity; and,
h. Infection Prevention and Control Report.

## 3. Public Health Agency Quality Assurance (QA) Report of a Visit to the Southern Area Breast Screening Unit on 31 March 2026

3.1 The Quality Assurance in the Breast Screening Programme aims to maintain minimum standards and continually improve the performance of all aspects of breast screening in order to ensure that women have access to a high quality service wherever they reside. The PHA QA inspection of the Southern Area Breast Screening Unit found that good progress had been made on implementing the recommendations from the previous visit. The overall impression of the PHA inspection was of a hard-working team. However, 33 issues were identified to further strengthen the governance and oversight of the unit. The Committee noted that a number of the recommendations related to the issues in the report had been completed and that plans were in place for the remainder. The Committee accepted the report for assurance, welcoming the progress achieved and requested that any outstanding challenges be highlighted at the next update to the Committee.

**4. Quality Improvement Programme Half-Yearly Report**

4.1 The Committee received the quality improvement update and noted the significant level of activity being undertaken across the Trust to support quality improvement and build organisational capability.

**5. Pharmacy**

5.1 The Committee accepted for assurance pharmacy reports from the Accountable Officer Responsible for Controlled Drugs, Ann McCorry, Head of Pharmacy and Medicines Management.

**6. Department of Health (DoH) Model Terms of Reference for a Patient Safety and Quality Committee**

6.1 The Committee considered a paper prepared by the Board Secretariat which mapped the DoH's model terms of reference to align with the functions of the Trust's three Board sub-committees for Patient Safety and Quality, People and Culture; and Population Health. The interim Chief Executive noted that, in light of the publication of the Sir Frank Atherton report, the Trust would reconfirm that all externally led quality assurance and inspection reports would be presented in full to the Patient Safety and Quality Committee, reflecting that this approach was already in practice.

6.2 The Committee while fully sharing DoH's aim to further strengthen the governance oversight of patient safety and quality, expressed its concern that as presently resourced it would not have sufficient time or capacity to discharge the level of scrutiny expected by the

Department as set out in the model terms of reference. The Committee agreed to engage further with DoH on its concerns and update the Board at its September 2026 meeting.

## 7. Issues for escalation to Trust Board

7.1 There are no new issues for escalation in this report.

## 8. Action(s) requested/required of Trust Board

8.1 To note this report and the minutes from 14th May 2026 Committee meeting.

Mr Jackie Johnston
Non-Executive Director - Chair
On behalf of the Governance Committee
20th May 2026