Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Minutes of a Meeting of the Patient Safety and Quality Committee held on
Thursday 14th May 2026 at 9:30 a.m. in the Committee Room, 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
Ms J McGall, Director of Mental Health and Disability
Mrs C Marks, Director of Finance, Procurement and Estates
Mrs D Burns, Director of Operations
Mrs B Hughes, AD for General Surgery and ATICS obo Declan McClements, Interim Director of Surgery and Clinical Services
Mrs P Loughan obo Trudy Reid, Director of Medicine and Unscheduled Care
Mr S Wallace, Head of Office
Mrs R Montgomery, Senior Project Manager
Mr S Gibson, AD Medical Director's Office (item 11i)
Ms G Smyth, Emergency Planning and Business Continuity Manager (item 11i)
Dr D Gormley, Deputy Medical Director (item 11ii)
Mrs J McKeown, AD for IPC (item 11iii)
Mrs G Conlon-Bingham, Lead Antimicrobial Pharmacist (item 11iii)
Mrs P Tally, Assistant Director Quality Improvement (item 13)
Mrs A McCorry, Head of Pharmacy (item 14)

APOLOGIES:

Mrs T Reid, Director of Medicine and Unscheduled Care
Mr D 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

Mr S Wallace introduced the Department of Health draft Patient Safety and Quality Terms of Reference and the associated mapping of assurance. He advised that the Committee had transitioned from its previous governance focus to a Patient Safety and Quality Committee, and that further refinement of the Terms of Reference and workplan would be required.

Mr S Spoerry advised 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 Committee, noting that this approach was already in practice.

Mr C Stewart welcomed the mapping exercise and the overall direction of travel of the Committee but expressed concern that the Department of Health Terms of Reference were unrealistic in the level of scrutiny expected and could not reasonably be delivered by a single committee or non-executive director. Mr S Spoerry queried whether feedback should be formally provided to the Department of Health, and Mr J Johnston confirmed that previous correspondence had created an opportunity for further response and that this would be discussed with Non-Executive Directors in advance.

Mr C McCafferty highlighted the potential for blurred accountability between non-executive and executive functions, and Dr S Austin noted that while data and assurance systems were essential, it was not possible to fully capture all risks within a prescriptive framework given the inherent complexity of healthcare systems.

4. MINUTES OF MEETING HELD ON 26TH FEBRUARY 2026

The Minutes of the meeting held on 26th February 2026 were agreed as an accurate record.

5. MATTERS ARISING FROM PREVIOUS MEETING

An update was provided in relation to fire safety risks at Daisy Hill Hospital. It was noted that the Directors' Oversight Group had recently met and that two key actions remained in progress. These included the development of a business case, which had been delayed but was expected to be presented to the Senior Leadership Team, and work to mitigate risks associated with smoking on site. Mrs Marks advised that the role of fire safety officer was under review and enhanced monitoring arrangements were in place.

In relation to laboratory services, Dr S Austin advised that a formal review was underway, currently in its early stages, with oversight provided through a Directors' Oversight Group. He noted that interim updates could be brought to the Committee as the review progressed.

It was agreed that further updates in relation to the pharmacy workforce review and the Corporate Risk Register would be provided under their respective agenda items.

6. NON-EXECUTIVE DIRECTORS' VISITS TO CHILDREN'S HOMES REPORT

Mr C McCafferty presented the report and highlighted the improved quality of reporting from Non-Executive Directors, noting that reports were more focused and provided better insight than previously. He outlined a number of positive developments across children's residential services, including improved staffing stability, strengthened multidisciplinary input, enhanced

nursing leadership and improved outcomes for young people, particularly in relation to education and employability. He also confirmed that there had been no significant escalations arising from recent RQIA inspections.

Notwithstanding this progress, Mr C McCafferty highlighted ongoing challenges associated with financial constraints, which were limiting the pace of environmental improvements and access to specialist equipment.

Mr J Johnston referred to his own visit to a residential home, he referred to the involvement of the PSNI in dealing with difficult situations, and asked about the training and preparedness of PSNI officers for working with children in these settings. Mr C McCafferty advised that there were established relationships with local officers who were familiar with the service and its needs.

Mr J Johnston also queried the expected frequency of Non-Executive Director visits. Mr C McCafferty indicated his understanding that visits were required on a six-monthly basis; however, he agreed to confirm this position following further clarification.

Mr C Stewart commended the successes referenced in the paper as well as the RQIA achievement.

The Committee noted the report for information.

7. FEEDBACK FROM STEERING GROUP CHAIRS TO GOVERNANCE COMMITTEE

i) STANDARDS, COMPLIANCE AND REGULATION

Mr C McCafferty provided a detailed update from the Standards, Compliance and Regulation Steering Group and outlined the key areas of focus arising from recent discussions. He reported that the Steering Group had considered a range of regulatory and compliance reports and that, across these, a consistent and recurring theme was the challenge associated with workforce capacity. He emphasised that recruitment and retention, particularly in roles requiring specialist skills, continued to present a risk to sustained compliance in a number of areas.

Mr C McCafferty further advised that, while individual services continued to demonstrate commitment to maintaining standards, the pressures on staffing were impacting the ability to deliver consistently across all domains. The Committee noted that this risk was reflective of wider system pressures and would require ongoing monitoring.

The Committee acknowledged the update and took assurance from the work of the Steering Group.

ii) SAFETY AND QUALITY

Dr S Austin presented the update from the Safety and Quality Steering Group and provided an overview of both areas of improvement and ongoing risk across the organisation. He advised that the report drew together intelligence from a range of sources, including performance data, incident trends and focused reviews, some of which had also been explored in greater depth through other agenda items at the meeting.

Mr J Johnston welcomed the summary provided and noted that it offered a clear articulation of current position. Mr C Stewart commented that, while the report contained a comprehensive range of information, consideration should be given to presenting a more integrated overall assessment of safety and quality, rather than separating areas of positive performance and areas of concern. He further suggested that, in future, opportunities to enhance analysis through the use of emerging technologies could be explored in order to provide a clearer and more cohesive narrative of organisational performance.

Dr S Austin acknowledged these comments and agreed that the format and presentation of future reports could be reviewed to enhance clarity and usability for the Committee.

The Committee accepted the report and took assurance from the update provided.

iii) ORGANISATIONAL GOVERNANCE

Mrs C Marks presented the report from the Organisational Governance Steering Group and provided an overview of the nine areas of reporting considered at the most recent meeting. She highlighted a number of key

issues requiring ongoing attention, including the number of policies that had exceeded their review date. While improvements had been made, Mrs C Marks advised that further work was required to ensure all policies were current and reflective of best practice.

Mrs C Marks also drew attention to the community equipment report, noting concerns regarding the ageing profile and life expectancy of a number of items, including beds, which would require future investment. She advised that there was also an opportunity to strengthen processes for the return and reuse of equipment in order to maximise value and efficiency.
In addition, Mrs C Marks reported that improvement objectives (IMOPs) were now well embedded across directorates, although the Steering Group had requested further information on their impact and effectiveness. She also advised that a business case was being developed in relation to ventilation improvements within the decontamination unit, with work ongoing to ensure minimal disruption to service delivery during implementation.

Mrs C Marks further noted that benchmarking data indicated that the Trust's food waste position was broadly in line with other Trusts, and that recent health and safety reporting demonstrated improved performance.

The Committee noted the update and took assurance from the report provided.

There were no issues escalated to the Committee by the three steering groups.

8. CLINICAL AND SOCIAL CARE GOVERNANCE UPDATE

Dr S Austin presented the report and explained the approach taken to identifying special cause variation within data, noting that this enabled the Trust to detect potential issues and undertake further investigation where required. He emphasised that this approach supported proactive governance and early identification of risk.

The Committee received the report for assurance.

9. PUBLIC INQUIRIES UPDATE

Dr S Austin presented the update on public inquiries and drew attention to the implementation of recommendations arising from previous inquiries. He confirmed that the majority of recommendations had been implemented and that internal audit had provided satisfactory assurance regarding the robustness of the process in place.

It was noted that a small number of recommendations remained open, either pending Department of Health guidance or because they were no longer applicable.

Mr S Spoerry advised that following publication of any future inquiry reports, these should be brought to the Committee for discussion. The Committee agreed this approach.
The report was accepted for assurance.

Action – Make provision within workplan for recording public inquiry reports referred to the Committee.

10. RESEARCH AND DEVELOPMENT INCLUDING CLINICAL TRIAL UPDATE

Dr S Austin presented the first report of this nature to the Committee and highlighted the significant growth in research activity across the Trust. He advised that governance structures were being strengthened and that a commercial research centre was due to open in September 2026.

Mr A Hughes queried the funding arrangements for research activity, and Dr S Austin explained that funding was derived from a combination of regional and commercial sources.

The Committee agreed that a focused discussion on research and development should be scheduled for a future meeting.

The report was accepted for assurance.

11. FOCUSED DISCUSSIONS

i) EMERGENCY PLANNING AND BUSINESS CONTINUITY

Mrs G Smyth and Mr S Gibson presented the report and outlined the breadth of responsibilities within the Emergency Planning and Business Continuity function. Mrs G Smyth advised that the team was currently operating with limited capacity and that, in addition to core emergency planning duties, it was also responsible for functions such as extra contractual referrals and emergency support centres.

Mrs G Smyth highlighted the significance of cyber security risk and the requirements associated with the Network and Information Systems Directive, including the need to update business continuity plans across a large number of essential services. She noted that a previous internal audit had provided limited assurance and that significant work remained to be undertaken.

Mr J Johnston thanked Mrs G Smyth for the comprehensive report and noted the importance of strengthening the function. Dr S Austin referred to the need for a dedicated mass notification system and advised that progress was being made in this area.

Mr C McCafferty emphasised that responsibility for business continuity planning rested across operational directorates and not solely within the central team. Mr C Stewart sought assurance regarding the organisational culture in this area, and Mrs G Smyth advised that there had been improvement, particularly following recent IT disruption.

The Committee agreed that an update on the outcome of the NIS audit should be incorporated into the workplan for early 2027.

The report was accepted for assurance.

Action - Add to work plan for first meeting in 2027

ii) MORTALITY REPORT

Dr D Gormley presented the mortality report and advised that overall mortality rates within the Trust were lower than expected. He noted that there were inherent delays within the data and that

the implementation of Encompass had impacted the availability of some benchmarking information.

Dr D Gormley provided assurance regarding the quality of clinical coding within the Trust and outlined ongoing developments in relation to the mortality and morbidity review process, including planned improvements associated with system changes.

The Committee discussed the interpretation of mortality data, including its limitations in capturing factors such as emergency department delays, and noted that caution was required in drawing conclusions.

The report was accepted for assurance.

iii) INFECTION PREVENTION AND CONTROL/ ANTIMICROBIAL STEWARTSHIP REPORT

Mrs J McKeown and Mrs G Conlon Bingham presented the report and outlined both areas of good practice and ongoing challenges. They highlighted improvements in Clostridioides difficile rates and ongoing work in relation to antimicrobial stewardship.

Challenges included high blood culture contamination rates in emergency departments, lack of access to prescribing data following Encompass implementation, and delays in antifungal susceptibility testing, although work was underway to improve turnaround times.

Dr S Austin emphasised the importance of the report and highlighted the potential for quality improvements to deliver both patient benefit and financial efficiency. Mr C McCafferty also supported this view.

The Committee agreed that the report should be brought back in line with the workplan.

The report was accepted for assurance.

Report accepted for assurance.

Action – Add to workplan for beginning of 2027

12. QUALITY ASSURANCE REPORT – SHSCT BREAST SCREENING UNIT

Mrs B Hughes presented the report on behalf of Mr D McClements and outlined progress against recommendations arising from the external review. It was noted that a number of recommendations had been completed and that plans were in place for the remainder.

It was confirmed that representatives from NI Young Person and Adult Screening Team (YPAST) and Trust clinical leads would attend the September meeting to provide a further update.

Mr J Johnston welcomed the positive progress and requested that any outstanding challenges be clearly highlighted at the next update.
The report was accepted for assurance.

13. QUALITY IMPROVEMENT 6 MONTHLY UPDATE

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.

Mrs P Tally (presenter) outlined the range of training and support provided to staff and highlighted a number of improvement projects being undertaken. She advised that quality improvement activity was not adversely impacted by financial constraints and that a focus on quality would ultimately deliver efficiency benefits.

Mr C McCafferty commended the support provided by the Quality Improvement team, and Mr A Hughes sought assurance regarding how training was embedded in practice. It was confirmed that structured methodologies were used and that follow-up and evaluation processes were in place.

The Committee received the report for information.

14. PHARMACY

i) REPORT FROM THE ACCOUONTABLE OFFICER RESPONSIBLE FOR CONTROLLED DRUGS

Mrs A McCorry presented the report as the Accountable Officer responsible for controlled drugs and outlined the key areas of activity and oversight across the Trust. She advised that robust arrangements were in place for monitoring the management and storage of controlled drugs, including systems for recording, assessing and investigating any concerns or incidents.

Mrs A McCorry reported that there continued to be instances of controlled drug losses across the organisation, and she provided assurance that each case was subject to appropriate review and investigation processes. She noted that storage capacity on wards remained limited, particularly in relation to controlled drugs cupboards, which presented some operational challenges.

The Committee was advised that there was currently no dedicated controlled drugs pharmacist post in place; however, a job description was in development which would combine oversight of controlled drugs with wider regulatory responsibilities. In addition, Mrs A McCorry informed members that proposals for controlled drug Omnicells remained on the Capital Asset Group list but were currently on hold due to wider issues with the Omnicell system. It was also noted that CCTV installation within Craigavon Area Hospital pharmacy was planned in the coming weeks as part of strengthened governance arrangements.

Mrs A McCorry further advised that the pharmacy workforce programme was progressing, with proposals being prepared for submission through the appropriate planning and investment processes.

Mrs A McCorry also provided a brief update in relation to medication incidents within maternity services. She advised that a small number of incidents had been identified and reviewed, with three key areas of learning emerging. The Committee was assured that these had been appropriately investigated and that actions had been identified to address the issues and mitigate the risk of recurrence.

The Committee considered the report and accepted it for assurance.

ii) COMPLIANCE WITH THE ROYAL PHARMACEUTICAL SOCIETY (RPS) PROFESSIONAL STANDARDS REPORT

Mrs A McCorry presented the report on compliance with the Royal Pharmaceutical Society professional standards and outlined the outcomes of the Trust's self-assessment. She advised that the overall compliance level was reported at 75%, representing a slight decrease from the previous year's position.

Mrs A McCorry highlighted that all Trusts had been required to complete the assessment for the first time this year and that further regional benchmarking and peer assessment was expected in future reporting cycles. She noted that progress had been made in a number of areas, including completion of phase one of the pharmacy workforce review, with phase two proposals in development for submission to the Strategic Investment process.

The Committee was advised that a recent pharmacy open day had been well attended and had supported recruitment efforts. Mrs A McCorry also highlighted that a second post had been included within the workforce business case, and that further development work was required within certain domains, including the absence of a dedicated research post within pharmacy services.

The Committee noted the report and accepted it for assurance.
Both reports accepted for assurance.

15. DRAFT GOVERNANCE STATEMENT 2026/26

The Committee reviewed and approved the draft Governance Statement and noted that it would be submitted to Trust Board and the Audit and Risk Assurance Committee.

16. CORPORATE RISK REGISTER

The Committee noted that work was ongoing to strengthen the Corporate Risk Register, including improving its strategic focus and reducing the overall number of risks to enhance clarity.

17. ITEMS FOR TRUST BOARD ESCALATION

The Chair confirmed there were no issues for escalation to the Trust Board.

18. ANY OTHER BUSINESS

The updated workplan was noted.

The chair thanked everyone for their contributions to the meeting.

The meeting concluded at 12.50p.m.