



Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

GOVERNANCE COMMITTEE

ANNUAL REPORT 2025/26



INTRODUCTION

It is the delegated responsibility of the Governance Committee to ensure that robust governance processes are in place across the whole of the Trust's activities that support the achievement of the Trust's strategic priorities. This includes providing oversight and assurance on the effectiveness of the Trust's corporate, clinical and social care governance systems, and recommending improvements where necessary to ensure these arrangements remain efficient, effective and proportionate

This Annual Report outlines the Governance Committee's activity and assurance role to the Trust Board for the financial year ending 31 March 2026. It sets out how the Committee has fulfilled its oversight responsibilities and supports the overall assurance framework of the Trust.

This report complements the Annual Report of the Audit and Risk Assurance Committee and aligns with the Good Practice Principle 6 (Communication and Reporting) from the Department of Finance Audit and Risk Assurance Committee Handbook NI (April 2018).

CHAIR'S FOREWORD

The Governance Committee's Annual Report for 2025/26 reflects a year of continued diligence by colleagues across the Southern Health and Social Care Trust to ensure commitment to implementing effective governance standards across all Directorates. I would like to place on record my thanks to my fellow Non-Executive Director colleagues, Mrs Geraldine Browne, Mr Chris Stewart and Mr Alastair Hughes, for their constructive challenge, commitment and support throughout the year.

I would also like to acknowledge the contribution of the Interim Chief Executive, Mr Steve Spoerry, and Executive Directors who attended the Committee during the year, including Dr Stephen Austin, Medical Director, Mrs Grace Hamilton, Executive Director of Nursing, Midwifery, Allied Health Professions, Functional Support Services and Infection Control, Mrs Catherine Marks Executive Director of Finance, Procurement and Estates, and Mr Colm McCafferty, Director of Children and Young People's Services and Executive Director of Social Work. Their

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For approval at Trust Board on*

engagement and openness have been instrumental in supporting effective assurance and scrutiny.

I wish to record my appreciation to the Chairs of the Governance Steering Groups for the quality of assurance provided through their reporting, and to those senior officers who attended meetings to support specific agenda items, including areas of safety, quality, standards, compliance and organisational governance.

Finally, I would like to thank the Board Assurance Manager, the Committee Secretary and the Head of Office to the Chair and Chief Executive for their ongoing support and for ensuring that strong governance arrangements were maintained throughout the year.

During 2025/26, the Committee operated during a period of significant change in the Trust's governance arrangements, including the establishment of new committees and the planned transition of the Governance Committee to the Patient Safety and Quality Committee. Throughout this period, the Committee remained focused on providing robust oversight, identifying emerging risks and ensuring that appropriate assurance was provided to the Trust Board.

The Committee has operated in accordance with its Terms of Reference and approved Schedule of Reporting. We remain committed to providing robust assurance to the Trust Board and contributing to continuous improvement in the Trust's governance arrangements.

WORK OF THE COMMITTEE

The Governance Committee supported the Trust Board and the Accounting Officer by providing assurance on the effectiveness of governance arrangements across the Trust. The Committee considered a wide range of reports and deep-dive reviews covering safety, quality, standards, compliance, regulation and organisational governance.

During the year, the Committee received regular updates from the Governance Steering Groups and considered matters relating to supporting professional practice, clinical audit, medicines governance, fire safety, laboratory services, complaints handling, whistleblowing, safeguarding, risk management and the Corporate Risk Register. Where concerns were identified, the Committee sought

assurance on mitigating actions and escalated matters to the Trust Board where appropriate.

The Committee also undertook focused deep dives into specific areas, enabling more detailed scrutiny of complex or high-risk issues and supporting informed challenge and assurance.

MEMBERSHIP OF THE COMMITTEE

A revised composition of the Governance Committee came into effect on 1st January 2025 in line with new Non-Executive Director appointments and is set out below: -

Mr J Johnston	Non-Executive Director
Mr C Stewart	Non-Executive Director
Mrs G Browne Member until September 2025)	Non-Executive Director
Mr A Hughes (Member from December 2025)	Non-Executive Director
Mr S Spoerry	Interim Chief Executive
Mrs G Hamilton (Commenced 27 th October 2025)	Executive Director of Nursing, Midwifery, Allied Health Professionals, Functional Support Services and IPC / Deputy Chief Executive
Mrs D Ferguson (Retired 26 th October 2025)	Interim Executive Director of Nursing, Midwifery, Allied Health Professionals, Functional Support Services and IPC
Mr C McCafferty	Director of Children and Young People's Services / Executive Director of Social Work
Dr S Austin	Executive Medical Director
Mrs C Marks	Executive Director of Finance, Procurement and Estates

In attendance

Ms J McGall, Director of Mental Health and Disability

Mr S Wallace, Head of Office for the Chair and Chief Executive

The Board Assurance Manager, supported by the Committee Secretary, is the Secretary to the Committee and attends all meetings to provide appropriate support to the Chair and Committee members.

MEETINGS OF THE COMMITTEE

In accordance with its Terms of Reference, the Governance Committee met on a quarterly basis during 2025/26. Meetings were held on:

- 7 July 2025
- 4 September 2025
- 11 December 2025
- 26 February 2026

The attendance record for members was as follows: -

Mr J Johnston	4/4
Mr C Stewart	4/1
Mrs G Browne	2/2
Mr A Hughes	2/2
Mr S Spoerry	3/4
Mrs G Hamilton	2/2
Mrs D Ferguson	1/2
Mr C McCafferty	3/4
Dr S Austin	4/4
Ms C Marks	2/4

All meetings were quorate. Formal minutes were recorded for each meeting and approved at the subsequent meeting. Minutes accurately reflect the discussions held, decisions taken and actions agreed, with actions monitored through a standing matters-arising process.

Earlier in the year, the Committee also met three times in confidential session. Following changes to the Trust's governance arrangements and the establishment of new committees, matters previously considered in confidential session were transitioned to alternative assurance routes, and confidential sessions are no longer required.

The Committee has an appropriate process between meetings in place for actions/matters arising from Committee business to be appropriately pursued by the relevant Director.

The Committee has a process in place for recording declarations of conflicts of interest and this mirrors the process used at Trust Board level.

TERMS OF REFERENCE FOR THE COMMITTEE

The Governance Committee operates in accordance with formally approved Terms of Reference by the Trust's Board which define its role in providing assurance to the Trust Board on the effectiveness of corporate, clinical and social care governance arrangements across the Trust.

During 2025/26, the Committee reviewed and approved its Terms of Reference at its meeting on 11 December 2025, reflecting changes in governance arrangements and the evolving assurance landscape. A further review was undertaken on 26 February 2026, at which point the Committee agreed the planned transition from the Governance Committee to the Patient Safety and Quality Committee, with the Terms of Reference to be further refined to support this change.

Within the Audit and Risk Assurance Committee Handbook (2018) there is a strong emphasis on governance, risk management and internal control and this is delivered by both the Governance and Audit and Risk Assurance Committees.

REPORTING TO TRUST BOARD

Formal minutes of Governance Committee meetings were submitted to the Trust Board for information following Committee approval. The Chair of the Committee

*For review by Patient Safety and Quality Committee
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also provided summary updates to the Trust Board, highlighting key areas of assurance, emerging risks and matters requiring escalation.

Where the Committee identified issues of significant risk or concern, these were escalated to the Trust Board in a timely manner to support informed decision-making and oversight.

Formal minutes of confidential session were submitted to Trust Board confidential section for information, following Committee approval.

Business conducted in confidential session by the Committee is reported to a confidential session of the Trust Board via the Committee Chair's report.

WORK PLAN

The Governance Committee operated to an agreed annual work plan during 2025/26, which was reviewed and amended as required to reflect emerging risks, changes to governance arrangements and the establishment of new committees.

In order to discharge its remit, the Committee received regular reports from the three Governance Steering Groups: the Safety and Quality Steering Group, the Standards, Compliance and Regulation Steering Group, and the Organisational Governance Steering Group. Through these groups, the Committee obtained assurance on a wide range of governance activities, including compliance with statutory and regulatory requirements, quality and safety performance, risk management and organisational governance processes.

During the year, the Committee considered detailed reports and updates in relation to clinical audit, medicines governance, controlled drugs management, fire safety, laboratory services, complaints and compliments, whistleblowing and raising concerns, safeguarding, and the Corporate Risk Register. The Committee also received updates on the implementation of recommendations arising from internal audit, external inspections, independent reviews and public inquiries, and sought assurance that appropriate action plans were in place and being progressed.

A programme of focused deep dives was undertaken to enable more detailed scrutiny of areas of heightened risk or complexity. During 2025/26, deep dives included fire safety, clinical audit, contract management, laboratory services and service user feedback. These sessions enabled the Committee to better understand underlying risks, mitigations and system pressures, and to identify where further assurance or escalation was required.

The Committee maintained oversight of key governance developments during the year, including the implementation of the Model Complaints Handling Procedure, progress against whistleblowing and raising concerns arrangements, medicines governance standards, and the development of a revised Risk Management Strategy. The Committee also monitored trends and themes emerging from complaints, incidents, claims and mortality reporting, and considered the implications for Trust-wide learning and improvement.

The work plan was further used to support the Committee's role in reviewing the Governance Statement and providing assurance to the Trust Board on the adequacy and effectiveness of the Trust's overall governance framework. In light of the evolving governance model and the planned transition to the Patient Safety and Quality Committee, the Committee ensured that its work plan remained aligned to its remit and that assurance responsibilities were appropriately transferred where required.

The following sections detail the areas and reports considered by the Committee in 2025/26.

GOVERNANCE STEERING GROUPS

The Governance Committee received regular assurance through reports from the three Governance Steering Groups: the Safety and Quality Steering Group, the Standards, Compliance and Regulation Steering Group, and the Organisational Governance Steering Group. These groups provided structured oversight of safety, quality, compliance, regulation and organisational governance arrangements, enabling the Committee to obtain assurance that robust systems and controls were in place across the Trust.

CLINICAL AUDIT AND QUALITY GOVERNANCE

The Committee considered reports on the Trust's clinical audit programme, including participation in national audits and confidential enquiries, internal audit activity and progress in implementing recommendations. The Committee received

assurance on the governance arrangements supporting audit prioritisation, reporting, learning and improvement, and monitored areas where implementation of recommendations remained challenging.

MEDICINES GOVERNANCE AND CONTROLLED DRUGS

The Committee received the Annual Report from the Accountable Officer responsible for Controlled Drugs, together with reports on compliance with Royal Pharmaceutical Society standards. These reports provided assurance on medicines safety, governance arrangements, incident management and workforce challenges.

FIRE SAFETY AND ESTATES GOVERNANCE

Fire safety was a recurring focus during the year. The Committee received detailed reports on fire safety compliance, risk assessments, enforcement activity and recovery planning, including deep-dive consideration of high-risk sites. Where concerns were identified, the Committee sought assurance on mitigation and escalated issues to the Trust Board as appropriate. In particular, the Committee sought assurance on the effectiveness of the mitigation actions in place to ensure fire safety at Daisy Hill Hospital pending completion of a business case for capital funding for works at the hospital.

LABORATORY SERVICES AND DIAGNOSTIC GOVERNANCE

The Committee reviewed reports on laboratory services, including accreditation status, workforce pressures, quality assurance and operational performance. Assurance was provided that laboratories continued to meet relevant standards, while recognising ongoing risks associated with staffing and demand.

COMPLAINTS, SERVICE USER FEEDBACK AND WHISTLEBLOWING

The Committee maintained oversight of complaints handling, compliments, service user feedback and raising concerns. During the year, the Committee received updates on the implementation of the Model Complaints Handling Procedure, trends in complaints and learning from feedback. Whistleblowing and raising concerns reports were reviewed to provide assurance on culture, awareness and the management of concerns raised by staff.

RISK MANAGEMENT AND CORPORATE RISK REGISTER

The Corporate Risk Register was reviewed on a regular basis, with the Committee scrutinising key risks within its remit, the effectiveness of mitigations and the trajectory of red and amber risks. The Committee also reviewed the Trust's

revised Risk Management Strategy and received assurance on arrangements to strengthen risk identification, escalation and learning.

DEEP DIVES AND FOCUSED REPORTING

To support more detailed scrutiny, the Committee undertook a programme of focused deep dives during 2025/26. These included fire safety, clinical audit, contract management, laboratory services and service user feedback. Deep dives enabled the Committee to gain greater insight into complex risk areas, triangulate assurance and determine where further action or escalation was required.

EXTERNAL/INTERNAL INSPECTIONS/INDEPENDENT REVIEWS

The following reports and progress updates on recommendations were presented to the Committee during the year: -

- i) Maternity Services:
 - a. MBRRACE – UK Perinatal Mortality Report
 - b. Update on Oversight of Maternity Services

NON-EXECUTIVE DIRECTOR VISITS TO RESIDENTIAL CHILDREN'S HOMES

The Committee received regular reports on Non-Executive Director visits to Residential Children's Homes, which provided assurance on the quality of care, safeguarding arrangements and the lived experience of children and young people in residential settings. These visits formed an important component of the Trust's assurance framework and supported direct engagement by Non-Executive Directors with frontline services.

Reports presented to the Committee highlighted themes arising from visits, including staffing pressures, the complexity of the care environment, and the challenges faced by staff in supporting vulnerable children and young people. The Committee received assurance that issues identified through visits were escalated appropriately, actions were agreed with operational teams, and learning was shared to support continuous improvement.

The Committee noted the positive feedback from staff regarding the value of Non-Executive Director visits and the reassurance these visits provided. Where necessary, the Committee sought further updates to ensure that matters raised had been addressed and that appropriate governance and oversight arrangements remained in place.

During 2025/26, the Committee continued to regard Non-Executive Director visits as a key source of qualitative assurance and an important mechanism for triangulating information received through other governance and performance reporting arrangements.

OTHER MATTERS

Annual Reports

During the year, the Committee received the following 2025/26 annual report: -

- Clinical Audit – National Audit Report
- Report from the Accountable Officer responsible for Controlled Drugs
- Compliance with the Royal Pharmaceutical Society (RPS) Professional Standards Report

GOVERNANCE STATEMENT

Separately, the Governance and Audit and Risk Assurance Committees review the adequacy and completeness of the Governance Statement. The draft Governance Statement 2024/25 was reviewed by members at the 7th July 2025 meeting.

LEARNING AND DEVELOPMENT

Members of the Governance Committee are supported to meet their learning and development needs in line with good governance practice. During 2025/26, examples learning and development activity during the year focused on supporting effective governance oversight and maintaining appropriate challenge in line with the Committee's assurance role for the Trust Board.

GOVERNANCE COMMITTEE SELF-ASSESSMENT

In line with good governance practice, the Governance Committee undertook a self-assessment of its effectiveness during 2025/26. The self-assessment considered the Committee's composition, remit, agenda management, quality of information received, and its ability to provide effective challenge and assurance to the Trust Board.

The Committee reflected on the outcomes of the self-assessment and identified areas for continued development, particularly in the context of evolving governance arrangements and the planned transition to the Patient Safety and Quality Committee. Actions arising were agreed to support continuous improvement and to ensure that the Committee remains effective in discharging its responsibilities.

END YEAR GOVERNANCE STATEMENT

The Committee received a draft of the end year Governance Statement.

SUMMARY

Governance Committee plays a critical role within the Trust's assurance framework, acting as a key source of oversight and assurance to the Trust Board in relation to governance, quality, safety and compliance arrangements. During 2025/26, the Committee received assurance from a wide range of sources, including the Governance Steering Groups, internal audit, external inspections, independent reviews, Non-Executive Director visits and focused deep-dive reporting.

Throughout the year, the Committee worked to discharge its responsibilities in line with its approved Terms of Reference, providing challenge where required and seeking assurance that risks were appropriately identified, managed and escalated. Where the Trust faced ongoing challenges in specific areas, the

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Committee ensured these were monitored closely and brought to the attention of the Trust Board as appropriate.

During 2025/26, the Committee also operated during a period of change in the Trust's governance arrangements. In preparation for the establishment of new committees and the transition to the Patient Safety and Quality Committee, the Governance Committee supported the realignment of assurance responsibilities to ensure continuity of oversight and avoid duplication.

The Committee is satisfied that it has discharged its responsibilities effectively during the year and has contributed to strengthening governance arrangements across the Trust during a period of organisational and governance change.

In conclusion, the Committee believes that it has delivered its oversight function effectively for the year ending 31st March 2026 and has contributed meaningfully to strengthening governance processes across the Trust.

MR JACKIE JOHNSTON CBE
CHAIR, GOVERNANCE COMMITTEE
SEPTEMBER 2026

