SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Governance Assurance Committee Meeting held on Wednesday 21 January 2026 at 2pm in Syndicate Room 1 and via Microsoft Teams

PRESENT:	Mr N McKinley, Non-Executive Director (Chair) Mr K Donaghy, Non-Executive Director Mrs A Quirk, Non-Executive Director Mrs S Henderson, Non-Executive Director Mr K McMahon, Non-Executive Director Mr R Havlin, Non-Executive Director Mr J Patton, Chair of Trust Board Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates Dr Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs, Director of Support Services Professor S Kirk, Medical Director Mrs Gibbs, Director of Adult Services & Healthcare in Prisons Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics Mr M Neil, Director of Unscheduled Care, Medicine & Cancer Mrs C Smyth, Director of People & Organisational Development
IN ATTENDANCE:	Mrs M L Sloan, Assistant Director Mrs M McNally, Assistant Director, Risk Management & Governance/Trust Board Secretary Ms C McKeown, Head of Internal Audit Mrs V Walker, Head of Risk Management Advisory Services Mrs T Glover, Risk Management & Governance Adviser (minute taker)

CHAIRMAN'S OPENING REMARKS		**ACTION**
Mr McKinley welcomed everyone to the meeting and formal introductions were provided. Having covered a number of meeting etiquette matters, **Mr McKinley** congratulated **Mrs ML Sloan** on her new appointment. **Mr McKinley**, acknowledged **Ms McKeown**, from Internal Audit, who was attending in her capacity as observer. **Mr McKinley** acknowledged the significant amount of work undertaken and the assurance and evidence of progress between the two committees that support this sub-committee of Trust Board.		
1.0	**APOLOGIES**	
	Ms Coulter (Chief Executive), Mrs Moore (Director of Planning, Performance and Informatics) Ms S McCauley, Non-Executive Director, Mrs Preece, (Director of Children's Services & Executive Director of Social Work) Mrs Cleland (Interim Director of Primary Care & Older People's Services)	
2.0	**DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**	

	None declared.		
3.0	**MINUTE OF MEETING HELD ON 05 November 2025**		
	The minutes of the meeting held on 05 November 2025 were approved without further amendment.		
4.0	**MATTERS ARISING**		
	Members noted **SET/GAC/01/26** with matters either completed or an updated provided. **Mr Donaghy** sought further clarification in relation to the update provided by **Mr Neil** relating to the gap in commissioning between capacity and demand. **Mr Neil** advised that bed modelling undertaken with the Regional Coordination Centre indicates that the Ulster Hospital has a shortfall of approximately 100 beds, based on a 90% occupancy rate. The Trust is taking forward work to reduce hospital admissions and shorten lengths of stay. **Mr McMahon** asked whether all Trusts were in the same position. **Mr Neil** explained that the modelling tool has not been applied across all Trusts yet; however, by comparison the Southern Trust appeared to have a slightly smaller shortfall. **Professor Kirk** noted that not all beds have the same acuity, meaning that the level of clinical care and staffing required varies, with some beds designated for higher-acuity patients requiring more intensive monitoring, specialist equipment, and higher staff-to-patient ratios.		
5.0	**ITEMS FOR DISCUSSION**		
	5.1.(i)	**Risk Management Quarterly Report: Q3 2025/26**	
		Members received, for discussion, **SET/GAC/02/26** with **Mrs Walker** giving a brief synopsis of key issues. **Mrs Walker** advised that at the time of reporting, there were 258 overdue complaints, 1613 overdue incidents. There was also 42 open SAIs, 27 of which were overdue. **Mrs Walker** advised that due to the transition to MCHP, there would be minimal data for Complaints in the report as MCHP had gone live on 01 January 2026. **Mrs Walker** highlighted the challenges around achieving SPPG's SAI target of no more than 30% of open SAIs can be overdue. **Mrs Walker** advised that the top three learning themes out of incidents were staff education/knowledge training, communication and clinical practice. For SAIs the themes were also communication, with failure to manage risks sufficiently and misinterpretation of results also listed. Categories of Complaint are similar to the previous quarters, institutional, quality and communication are the top three. There were 620 compliments received in the quarter, which is similar to	

		previous quarters. **Mrs McNally** advised that work was planned to explore if compliments could be recorded on Datix. **Mrs Walker** explained that recommendations >6 months overdue have been added to the Weekly Live Governance Call, this initially showed an improvement but the number outstanding has recently risen. Risk Management will continue to alert Director colleagues. **Mr McMahon** asked for further breakdown of information around the 16 Catastrophic incidents reported in quarter. **Mrs McNally** confirmed that the report format is to be reviewed to provide more analysis of the information which will also be broken down to directorate/sub-directorate level. **Dr Robinson** suggested adding in Care Opinion information. **Mrs McNally** agreed to include more clarity around the Catastrophic incidents for Q4.	
	5.1.(ii)	**SAI Backlog Overview**	
		Mrs McNally advised that the Trust continues to work towards the SPPG target of having no more than 30% of open SAIs overdue at any one time, with a commitment to achieve this by June 2026. Currently, there are 41 open SAIs, of which 26 are overdue (63%). While this remains above the target, it represents an improvement compared to the same period last year, when 68 SAIs were open and 52 were overdue (76%), demonstrating a positive trajectory. Further improvement is also evident in the reduction in the length of time SAIs remain overdue. At this point last year, the most overdue SAI stood at 85 weeks; this has reduced to 55 weeks currently, with only one SAI now in this position, reflecting improved review timescales and progression of long-standing cases. Progress has been supported by strong engagement from Directorates and the introduction of the live governance call, which has strengthened corporate oversight of the status of each report. Targeted support continues to be provided at key points in the SAI process to address blockages, improve timeliness, and prevent cases from becoming overdue. Achieving the 30% target remains challenging given the reduced number of open SAIs, as each overdue case has a proportionally greater impact on overall performance.	
	5.1.(iii/ iv)	**IS Quarterly Report & Briefing paper**	
		Members received, for discussion, (**SET/GAC/03/26 & SET/GAC/04/26)** **Ms Thompson** advised that there is now a newly established subcommittee approved by EMT called Elective Care Independent Sector Governance group, the first meeting of which was on 9 January 2026. The core aims of the group are in regards to commissioning both Insourcing and Outsourcing with IS Providers	

		Separate reporting will now be established and be submitted to CGC from Q4 onwards. It was acknowledged that the report would grow throughout 26/27 as the work of the group progressed. **Mr McMahon** sought clarification around whistle blowing incidents within this business model. **Ms Thompson** explained that although whistle blowing is quite rare in this sector, there is a well-established route for whistle blowing. **Mrs Quirk** inquired about updates regarding the Conway investigation. **Ms Thompson** responded that, the matter is being managed at a regional level as it involves all Trusts.	
	5.2	**<u>Independent Inquiry Recommendations Implementation Oversight Meeting Group</u>**	
		Members received, for discussion, (**SET/GAC/05 &06/26)** **Professor Kirk** provided an overview, advising that following initial DoH responses to the Inquiry into Hyponatraemia-Related Deaths (IHRD) and the Independent Neurology Inquiry (INI), the Inquiries Independent Programme Management Board (IIPMB) has been established to oversee and coordinate the Department of Health's response to these public inquiry recommendations. **Professor Kirk** advised there was no significant update regarding the Neurology Inquiry, other than all Trusts are fully compliant with all the recommendations, bar two in which they were partially compliant. For recommendation 42 (Lone Working), the Trust is actively identifying and mitigating risks at present. The Trust has undertaken a scoping exercise to see if any staff fall into this definition, none have been identified. In relation to the Infected Blood Inquiry, appropriate screening is ongoing, **Professor Kirk** highlighted that SET uses BHSCT laboratories and there have been no specific issues identified. The Who assessment has been introduced with the addition of the request to use a drug called TXA which reduces the risk of bleeding, this has been actioned in the Trust. **Regarding the SHSCT Cervical Screening Reports** SHSCT and the Public Health Agency (PHA) have published (05.11.2025) three new reports on cervical screening. While the recommendations are not directed at SET there is a recognition that there are implications and learning for the Trust. An initial review has taken place and Trust colleagues are participating in regional work led by the PHA. The final outcomes of that work are awaited. **Mr McKinley** asked for clarification about the implications and learning for the Trust. **Professor Kirk** explained that this mainly is around lost samples and failsafe's in place to mitigate this risk.	

	5.3	**<u>ICO Audit in Lakewood Briefing Paper & Executive Summary</u>**	
		Members received, for discussion, (**SET/GAC/07 & 08/26)** The audit took place in Lakewood Secure Children's Centre in September 2025 following the ICOs audit methodology. The key elements of this were a desk-based review of selected policies and procedures, both on-site and remote interviews with selected staff, and an inspection of physical controls. • Governance & Accountability – Awarded Limited Assurance • Information and Cyber Security – Reasonable Assurance Significant work has progressed since September 2025 with a number of the recommendations having been fully actioned. A full update on the action plan will be presented to the Digital Health & Information Governance Steering Group Sub-Committee on 5 March 2026. The Digital Health & Information Governance Steering Group Sub-Committee will be responsible for overseeing the ICO's Audit recommendations/action plan and will provide updates to this Committee on a biannual basis. **Mrs ML Sloan** provided further information for the committee around some of the detail in the findings, and advised that she had read audits undertaken in England as a comparison analysis, some of which had over 50 recommendations. **Mrs McNally** advised that the ICO would check in three months if the recommendations had been completed, all of which are on track.	
	5.4	**<u>Sharing the Learning – Identification of QI initiatives from SAIs</u>**	
		Mrs McNally explained that this exercise has involved reviewing 97 closed SAI reports. The purpose of the exercise is to move from reviewing cases in isolation and to look at focusing on identifying wider organisational systemic risk that have opportunities for improvement. It also hoped to identify recurring issues or themes that would then provide us opportunity for improvement. Ideally it is hoped this exercise will provide the top three to five area areas that we can work on that will improve patient safety. This is being taken forward in consultation with Ruth Gray looking at potential for QI projects. **Mrs McNally** advised that a further workshop is planned for February and she will bring an update back to the committee at the April meeting to provide a level of assurance to the committee that learning from SAIs is being shared and being used to inform QI projects.	**MMcN**
	5.5	**<u>Model Complaints Handling Process</u>**	

		Mrs Walker confirmed that MCHP had gone live on 01 January 2026. In relation to Complaints training 5608 staff have completed Stage 1 training, and circa 500 staff had completed Stage 2. Datix training is still running face to face throughout February. Stage 1 is also on the HSC Learning platform. Analysis regarding who needs to complete Stage 2 training is ongoing **Mrs Walker** provided some statistics regarding the Complaints activity since the implementation of MCHP and highlighted the significant work that had been undertaken to ensure MCHP went live on 01 January 2026, and the challenges and changes for both the Complaints Team and frontline services. **Mrs Walker** informed members that NIPSO has requested pre compliance information relating to the Trust's Complaints Handling Procedure and patient facing information, which will help ensure the Trust will achieve compliance by allowing issues to be addressed before the formal check. The Complaints Task & Finish group will also continue to meet. Members were informed of the staffing challenges with the Complaints Team, in terms of recruitment and funding. **Mrs Walker** advised that all Trusts were struggling with the implementation phase of the new process but was hopeful that we should see the benefits in the near future. **Mrs McNally** explained that there has been some criticism received regarding the training on the HSC Learning platform, this will be reviewed by the regional group later in the year. **Mr McKinley** expressed that it will be interesting to see how the patient experience of MCHP compares to the old process.	
	5.6	**<u>Being Human Framework</u>**	
		Mrs Smyth referred to the Being Human Framework which was developed by RQIA, and advised that an internal working group has been set up to look at a number of frameworks, which includes McBride/Hill report and Being Open and develop an overarching action plan for the Trust. **Mrs Smyth** highlighted that it proposed that an internal steering will be convened, which will be co-chaired by Professor Kirk and herself. This group will then feed into the People & Culture Group. **Mrs McNally** advised that there is a regional steering group that has a number of work streams.	
6.0	**<u>ITEMS FOR APPROVAL</u>**		
	6.1	**<u>Risk Registers</u>**	

	6.1.(i)	**<u>BAF Risk Document/Corporate Risk Register Q3</u>** Members received for approval, **SET/GAC/10/26** with **Mrs Glover** providing a brief overview of the quarterly developments. There were no new risks added or closed on the BAF during Q3. Additionally, there have been no significant changes in risk scores, with all remaining consistent with the previous quarter. As highlighted in the previous quarter, directorates were requested to provide a clear rationale for any BAF risks that have achieved their target score but remain on the register. This has now been taken forward, and the BAF template has been revised to include this detail. An Assurance Heat Map has been developed to support oversight of all BAF risks, and this is included within the quarterly BAF risk report. **Mrs Henderson** queried what further information was required to complete the RAG score on the Heatmap for BAF07. **Mr Neil** confirmed that the information was now complete and was included in the updated version. There were no CRRs opened or closed in Q3, also there have been no significant changes in risk scores, with all remaining consistent with the previous quarter. During Quarter 3, a total of 5 new risks were added to the Directorate Risk Register, while 3 risks were closed. Risk details can be found in Appendix 4. There are currently 156 open risks on the Directorate Risk Register. Members discussed the Assurance Heat map. **Ms Thompson** highlighted that the heat map had been completed by individual teams but felt that it would be beneficial to review in totality. **Mrs McNally** concluded by advising the guidance for the heat map was currently being developed.	
	6.1.2	**<u>Directorate Risk Register - Schedule</u>**	
		<u>Nursing, AHPs & Support Services</u> Members received, for review, **SET/GAC/11/26.** **Dr Robinson** referred to the 3 high grade risks, **NUEXP/PE/01** - Catering trolleys; **NUEXP/PE/06** – CCTV; and **NVEXP/PE/09** - Multiple breakdowns of laundry service SEHSCT leading to potential loss of service. **Dr Robinson** advised that there has been a reduction in breakdowns and further contingencies have been put in place, and can call on colleagues in Craigavon Area Hospital for assistance if required. **Mr Donaghy** enquired about the possibilities of a regional laundry service. **Dr Robinson** provided assurance that whilst there is not a defined regional laundry service, regionally colleagues from other Trusts provide assistance if and when required; and acknowledged that there had been discussion previously around regional laundry provision.	

		Adult Services Members received, for review, **SET/GAC/12/26** **Mrs Gibbs** referred to the extreme graded risk **AD/AS/14** - Struell Lodge Residential Home, and advised that the legal case is ongoing, and that BHSCT had previously undertaken an SAI in relation to this service user and his previous placement. This risk will remain until the court case concludes. The extreme graded risk relating to Muckamore Disability Resettlement (**AS/AD/01**), two service users remain in MAH, one is leaving next week and a tentative placement has been identified for the remaining service user. When this has been actioned, the risk will be able to be closed. Regarding **AS/HIP/01 AS/HIP/03 AS/HIP/06 AS/HIP/07 -** Healthcare in Prisons extreme graded risks, **Mrs Gibbs** advised the committee that a report will be tabled at Trust Board which will cover all these risks. **Mr Donaghy** enquired about any progress regarding **AS/AD/08** - Non-compliance with the statutory function of the completion of annual reviews. **Mrs Gibbs** noted that a piece of work is being undertaken to look at all statutory functions and a Social Work Governance lead has been appointed for Learning Disability, and work is ongoing to incorporate this into Encompass. **People & Organisational Development** Members received, for review, **SET/GAC/13/26** **Mrs Smyth** referenced **HR/GEN/06** - Failure to transfer from existing HR systems to timely/successful implementation of LMS and EQUIP, advising that a paper will be going to EMT for consideration for inclusion in the CRR	
	6.2	**Review of Terms of Reference**	
		Mrs McNally advised that the Chairman had attended a departmental meeting and is currently awaiting formal written correspondence. This relates to IHRD and the McBride Hill report, specifically in respect of the requirement for each Trust to establish a Patient Safety and Quality Assurance Committee within its governance structure. **Mrs McNally** is reviewing the current GAC Terms of Reference alongside the draft Terms of Reference that have been provided by DoH for the proposed Patient Safety and Quality Assurance Committee. There is a clear sense of urgency from the Department, which is progressing this work at pace and expects Trusts to do likewise. **Mr Patton** advised that work is underway to map existing reporting arrangements and information flows, with a view to transitioning these appropriately to the new Patient Safety and Quality Committee.	

		It was further noted that the draft Terms of Reference provided by the Department are 9 pages in length and do not currently identify specific metrics, meaning that significant development work is required. It is anticipated that a draft Terms of Reference will be presented to the Committee at its next meeting in April.	**MMcN**
7.0	**SUBCOMMITTEE BUSINESS**		
	7.1	**Approved Minutes: Safety, Quality Improvement & Innovation Sub-Committee – 05 September 2025**	
		Noted (**SET/GAC/14/26**).	
	7.2	**Safety, Quality Improvement & Innovation Sub-Committee Action Plan Updates Q3 2025/26** Noted (**SET/GAC/15/26**).	
	7.3	**SQIIC Action Plan position report as at 05 December 2025**	
		Noted **(SET/GAC/16/26)**	
	7.4	**Approved Minutes: Corporate Governance Sub-Committee of 24 October 2025**	
		Noted **(SET/GAC/17/26)**.	
	7.5	**CGC Sub-Committee Action Plan Updates Q3 2025/26**	
		Noted **(SET/GAC/18/26)**.	
	7.6	**Action Plan position report as at 30 December 2025**	
		Noted **(SET/GAC/19/26)**.	
	7.7	**Issues for Consideration from Sub Committees**	
		None	
8.0	**ITEMS FOR NOTING**		
	8.1	**Mental Capacity Act (NI) 2016 – update**	
		Noted **(SET/GAC/20/26)**. **Mr McKinley** referred to the paper and asked for clarification on the acute and community elements. **Mrs Gibbs** explained that this risk sits on all operational directorates DRRs, and regionally SET is the highest performing Trust. The SPPG has been asked to review the allocation of resources. It was further noted that the next phase of the MCA and Adult Protection Bill is forthcoming. There is significant system-wide concern regarding the capacity to absorb additional requirements, given that services are already operating at full capacity and delivering all actions currently considered necessary.	

		Despite ongoing efforts, the overall position is not improving. The area of greatest concern remains Learning Disability, with continued delays in Deprivation of Liberty Safeguards (DoLS). The Committee was advised that the backlog is being risk-stratified, and that the majority of outstanding work relates to Older People's services. **Professor Kirk** added that MCA training (3 yearly) has been added to Consultant and SAS doctors' appraisals.	
	8.2	**NI Trust Medication Safety Team newsletter for Nov 2025**	
		Noted **(SET/GAC/21/26)**.	
	8.3	**Covid Inquiry Update and Module 2 Summary**	
		Noted **(SET/GAC/22/26)**.	
	8.4	**SPPG/PHA Annual Learning Report**	
		Noted **(SET/GAC/23/26)**. Mrs McNally advised that elements of this report format will be considered as part of the planned revision of the RMG Quarterly Report, to enhance the provision of actionable, Trust wide learning.	
	8.5	**Learning Matters – Dec 2025**	
		Noted **(SET/GAC/24/26)**.	
	8.6	**Learning from Medication Incidents**	
		Noted **(SET/GAC/25/26)**.	
	8.7	**NME Assurance Report Q2**	
		Noted **(SET/GAC/26/26)**. Members agreed that going forward, this paper will no longer be presented to this Committee and will be submitted directly to Trust Board.	
	8.8	**Social Work Assurance Newsletter**	
		Noted **(SET/GAC/27/26)**. Members agreed that going forward, this paper will no longer be presented to this Committee and will be submitted directly to Trust Board.	
9.0	**ITEMS FOR ESCALATION TO TRUST BOARD**		
	None.		
10.0	**ANY OTHER BUSINESS**		
	None.		

11.0	**<u>DATE AND VENUE OF NEXT MEETING</u>** **Mr. McKinley** thanked members and extended his appreciation to their teams for the wealth and detail of information provided to support the meeting.	
	Mr McKinley confirmed that the next meeting will be held on **Wednesday, 29 April 2026** at **2.00pm** in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald, with the option for members to join via MS Teams. The meeting was declared closed at 3.15pm.	