

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST
Minutes of the People and Culture Committee of the
South Eastern Health & Social Care Trust Board
held on Wednesday 19 November 2025 @ 09:30
in the Board Room, Trust Headquarters, Ulster Hospital

PRESENT:

Mrs A Quirk, Non-Executive Director (Chair of Committee)
Mr K Donaghy, Non-Executive Director
Mr K McMahon, Non-Executive Director
Mrs S Henderson, Non-Executive Director
Mrs C Smyth, Director of People & Organisational Development
Ms W Thompson, Deputy Chief Executive / Director of Finance and Estates
Mrs L Preece, Director of Children Services & Executive Director of Social Work
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics (attended first half hour)
Professor D Robinson, Deputy Chief Executive / Executive Director of Nursing, Midwifery & AHPs and Director of Patient Experience
Mrs M McNally, Assistant Director, Risk Management & Governance.

IN ATTENDANCE:

Mr D Cairnduff, Assistant Director, People & Organisational Development
Mr M O'Toole, Assistant Director of Employee Relations
Bob Magill, Head of the Office of the Medical Director, Medical and Dental Workforce,
Elaine Pollock, Head of Service, Social Work, Learning & Development & Research
Ms M McDowell, Interim PA to Claire Smyth, Director of People & Organisational Development (Minutes)

OPENING REMARKS

The Chair welcomed everyone to the meeting and apologies were noted below.

1.0 APOLOGIES

Apologies were recorded from Professor S Kirk, Medical Director, Mrs V Cleland, Director of Primary Care & Older People, Mr M Neil, Director of Unscheduled Care, Medicine & Cancer, Mrs H Moore, Director of Planning, Performance & Informatics, Mrs R Gibbs, Director of Adult Services and Healthcare in Prison; Mrs E O'Neill, Assistant Director, People & Resourcing

2.0 DECLARATION OF INTERESTS

There were no declarations of interest made at this juncture or during the meeting.

3.0 MINUTE OF PREVIOUS MEETING HELD ON 21 August 2025

The minutes of the People and Culture Committee held on, 21 August 2025 having been previously circulated were agreed as correct.

4.0 MATTERS ARISING

4.0 Equality Screening Report will be picked up today under agenda item 7.1.

5.0 Mrs Smyth and Mrs Quirk will meet separately to discuss Risk Management.

6.1 People Report and Action Plan have been separated and presented at today's meeting under 6.1 and 6.2.

7.3 Policy Updates will be picked up today under 6.4 on agenda.

8.4 Management of Violence & Aggression, will be picked up today under agenda item 7.4.

5.0 Presentation – Social Work LIT Team

Elaine Pollock, Head of Service, Social Work, Learning & Development Team undertook a strategic review and operational analysis of workforce training delivered by LIT. This review was based on Quality improvement, Quality management and quality control theory and was part of her Masters in Business Improvement.

The objective was to ensure delivery of a quality service, identify and reduce waste, and to check if training was meeting the needs of the workforce population.

Training delivery and attendance was considered across a 3-year period, with a positive outcome for LIT delivery at 89%. There was some notable data around attendance, with encompass having a major impact on training attendance. Focused attention on mandatory training (through direct contact with managers and individuals, advertising etc.) saw an astronomical spike in attendance in the following months; highlighting that when management prioritise training, attendance improves.

Main cause of waste was DNA's, cancellations due to work pressures and cancellations for 'no specific reason.' This added substantial non value tasks for Admin Team, mapped against their time and reorganisation of further training sessions, resulting in estimated £10,000 over 1 year wasted.

Further actions were identified to increase attendance: better communication; follow up on DNA's; prediction of need; increase seats to allow for additional bookings to cover DNA's; stopping printing resources; improve accessibility; reducing travel, reminders; review and move more training online. Development of a number of generic resources that can be accessed at times that suit the practitioners.

Further focus has also taken place around mandatory level 1 safeguarding training. Previously there were two separate training sessions for adults and children, however after a review regionally, Ms Pollock was able to adopt a resource that combines children's and adult safeguarding alongside domestic abuse awareness. This will support the improvement in compliance. Communication has been sent to the workforce and desktop promotion will occur in January.

The Chair thanked Ms Pollock

6.0 ITEMS FOR DISCUSSION

6.1 People Report

The Chair invited Mr Cairnduff to give an overview on the People Report, paper no. SET/PC/37/25, circulated in advance of today's meeting.

Mr Cairnduff advised that keeping with discussion at previous meetings, Key metrics have been highlighted:

Staff Retention: maintained, slight increase.

Mandatory Training: Mr Donaghy raised concerns regarding low compliance for Fire/Appraisal training; numbers not improving. Mrs Thompson advised that Fire training is monitored through Finance & Estates sub-Directorate meeting with the aim to reach 75% compliance. Struggling with low figures in Medical Specialities, need to feedback to Directorate.

Appraisal: Concerns raised regarding low compliance throughout multiple Directorates; Adults, Children's, Finance & Estates, Medicine/USC, Nursing/Midwifery & Support Services, Planning and Performance, Primary Care and Surgery all showing less than 50% compliance.

Action Plan developed, to be presented at People & Culture Steering Group meeting, scheduled for December 2025. Each Sub-Directorate will be set a target based on headcount and current compliance level.

Low compliance noted for Cyber security; Safeguarding (Adults/Children's) within support services. Mr Robinson agreed to discuss this with Support Services.

Management of Violence & Aggression towards staff; there will be a number of regional representatives attending the Health Committee meeting, scheduled for 20 November 2025 to discuss Violence & Aggression towards staff.

Mr Donaghy raised issue with stats presented on dashboard, and asked if Q1 & Q2 figures are the number of instances and if percentage in far column is proportionate to 2024/25.

Mr Cairnduff said he will request changes be made to this slide, last column, to be titled % of 24/25 instead of difference.

Mr Donaghy also raised concerns about rise in number of disciplinaries. Mr O'Toole responded to assure members that the Trust has a robust process in place and that some statistics are linked to absence management. Mr O'Toole then went on to outline the process and the ongoing work within the Absence Management Team.

Industrial Tribunals/Legal Cases showing significant increase, which Mr O'Toole explained this is typical across the region, with self-supporting litigation cases taken by staff, who are no longer employed by the Trust, which is contributing to this figure.

The Chair thanked Mr Cairnduff and Mr O'Toole

6.2 Action Plan Update

The Chair invited Mr Cairnduff to give an overview of the Action Plan, paper no. SET/PC/38/25.

Mr Cairnduff highlighted areas for improvement:

liP Recognition indicator 5: Keen to work towards Developed standard from current level of Established. Improvements need to show across 4 stages of Assessment. Have developed toolkit to assist Managers, now available on LearnHSCNI. Looking for ideas to show recognition e.g. Kindness Box and Chairman's Awards.

Placements: New initiative post covid, working with SERC & SRC. Mrs Henderson queried why only 1 placement had been allocated of the 10 placements endorsed and what was being done to allocate further placements. Mr Cairnduff replied this was due to limited capacity in departments. OWD will continue to work with SERC & SRC and will start to target specific areas.

Prof Robinson asked Mr Cairnduff to link in with him, as he is keen to offer as many placements as possible, highlighting SEHSCT is the largest employer in area.

Mr McMahon queried if appraisal should be red. Mr Cairnduff agreed and committed to issuing updated action plan following the meeting. The Chair thanked Mr Cairnduff.

Action. OWD/Mr Cairnduff to link in with Prof. Robinson re placements.

6.3 Absence Action Plan & Progress Report

The Chair invited Mr O'Toole to give an update on the Absence Action Plan and Progress Report, paper no. SET/PC/39/25, circulated in advance of meeting.

Mr O'Toole advised that the Trust Sickness Absence Target for 2025/26 is 7.66%; currently sitting at 8.57. South Eastern H&SC Trust has highest absence rate in the region. The Absence Team have taken action to address this rise by offering additional online training sessions, weekly attendance clinics and have uploaded Attendance Training Slides to LMS for quick reference; targeting hot spots/short term absence, monitoring and using the Policy when staff abuse the system. Absence team linking with Teams/Managers, creating 'Concern groups' to offer assistance. Monthly communication to go out to managers to advise of closedown; reminding them to record sickness and contract changes to avoid overpayments.

Attendance Manager met with HR Directors from both NICS & NIFS to review ways of working and share ideas. The Director of NISC setting up a Regional NI Working Group for Public Sector Organisations. SET Attendance Manager will attend.

New Regional Management of Sickness Policy to be launched on 1st April 2026. Hybrid approach to training; offering online and face to face sessions (Jan – March 26) across all Trust sites. Leadership Centre currently working on new eLearning package for all Managers. Online training sessions will run 3 times per week in the evening and 1 session on a Saturday, prior to launch, to capture evening and weekend staff.

OH Case review meetings have ceased due to capacity; small team, high demand. New weekly working group set up to take forward. QI Team linking with OH, working on updating the Managing Stress toolkit. FastTrack to OH, now available to offer support to staff, before they get to the stage of long-term absence.

New HWB initiative 'Strengthening our Core' due for sign-off January 2026. The Chair thanked Mr O'Toole.

6.4 Policy Updates (verbal)

The Chair invited Mr Cairnduff to give a verbal update.

None, other than the Adverse Weather Policy, due to be signed off December 2025. The Chair thanked Mr Cairnduff.

6.5 Raising Concerns

The Chair invited Mr O'Toole to give an update on the Raising Concerns paper no. SET/PC/40/25, circulated in advance of the meeting.

Mr O'Toole advised we received 9 concerns raised as of 31st October 2025 – six now closed and three still active, with only 2 going for formal investigation. The general themes are:

- Workplace Concerns
- Contractual Compliance Issues
- Fraud

All cases triaged on receipt and forwarded to Fraud, if necessary, all others dealt with under HR policies and processes such as conflict bullying and harassment. Updated toolkit and PageTiger ready for launch.

Discussion ensued around the Hill/McBride Report. Mr O'Toole, Mr Cairnduff, Mrs McNally and Lisa Dullaghan from Safe & Effective care are considering the report recommendations and will provide a response on behalf of the Trust for issuing back to the department.

An anonymous complaint was raised, which came in via a 3rd year nursing student in relation to staff breaks and racism, particularly towards members of the black community. Was shared with service leads, Multi-Cultural Forum, Universities and TU's and following a number of staff engagements and walk around, no further action required.

Mr O'Toole concluded that the Trust has reviewed its processes and structure under the Raising Concerns Framework, and are now using the regional policy, which is aligned to the Chief Executive's Office and supported by People and OD leads with Mrs Smyth, Director of People & OD acting as Senior Responsible Person.

Mr Donaghy asked where does the Trust share learning and outcomes. Mrs Thompson advised that fraud outcomes come through the Audit Committee. Mr O'Toole advised it is very hard to share feedback on anonymously raised concerns but steps have been put in place to monitor and rectify actions as needed.

Mr O'Toole agreed to prepare a briefing which highlights process for sharing feedback and learning. The Chair thanked Mr O'Toole for the update.

6.6 IIP Reports - Phase 2 and 3

The Chair invited Mr Cairnduff to give an update on Phase 2 and 3; IIP Reports, Circulated in advance of meeting together with Briefing Paper no. SET/PC/41/25.

Mr Cairnduff advised that this is a rolling assessment and provided updates on Stage 2 within Surgery, Elective, Maternity & Paediatrics and Stage 3 within Unscheduled Care, Medicine & Cancer Services.

Key themes were highlighted:

HSC Values & Behaviours

Teams working collectively for benefit of patients

Autonomy working supported

Reinforcing staff engagement; keeping staff informed

Improve communication and engagement for future planning

Ensure staff are involved and heard

Recognition, common theme in terms of responses, ongoing work in this area, will be included in Directorate Action Plans.

Trust aim is to maintain Silver level of accreditation or higher. The Chair thanked Mr Cairnduff.

7.0 ITEMS FOR NOTING

7.1 Equality Screening Update

The Chair invited Mr Cairnduff to give an update on equality screening, paper no. SET/PC/42/25, circulated in advance of meeting.

Mr Cairnduff advised Equality Screening is the first step in the process to identify any potential adverse impact on service users and staff in the nine S75 Equality Categories. If an Equality Screening identifies a major adverse impact, the Trust will move directly to an EQIA, with a six-month consultation period. None, apart from Encompass has progressed to EQIA since October 2024.

All policies and proposals are screened at Trust level. HR policies are now regional and are screened at both Trust and regional level. A full list of screenings undertaken between, October 2025 – September 2025 is included in Appendix 1 attached to briefing paper.

The Chair thanked Mr Cairnduff.

7.2 People & Culture related Internal Audit Reports (verbal)

The Chair invited Mr Cairnduff to give a verbal update on above.

Mr Cairnduff advised that no new issues have been raised, previous actions progressing as planned. The Chair thanked Mr Cairnduff.

7.3 Maintaining High Professional Standards in the Modern HPSS – Report

The Chair invited Mr Magill to give an overview of the Final Report completed in July 2024 and published in 2025. Briefing paper no. SET/PC/43/25, circulated in advance of meeting. Mr Magill gave a verbal update as follows:

Current regional framework considered no longer fit for purpose; limited to Medical & Dental staff and lacking formal records prior to 2017. Concerns

raised around confidentiality vs patient safety, and delays in completing formal investigations.

Training remains an issue, with staff reporting insufficient time to complete requirements.

Office of the Medical Director awaiting formal DoH response before an Action Plan can be devised.

Work is continuing on the following

- All Clinical Directors and Assistant Clinical Directors have completed the Enterprise Leadership Programme.
- AMD/AD staff introduced mentorship roles; AMD present on site daily.
- Regular meetings established with OMD and Medical HR staff, with increased on-site presence.
- Development of an electronic recording system underway.
- Triangulation of information expanded to include job planning and appraisal data.
- Quarterly meetings held with GMC, with interim discussions as required.

One formal investigation completed within the last 12 months. Many issues resolved at an early informal (and often pre-informal stage).

Work ongoing on the Neurology Review.

The Chair thanked Mr Magill

7.4 Domestic and Sexual Violence and Abuse Policy

The Chair invited Mr Cairnduff to give an update to the committee on the Domestic and Sexual Violence and Abuse Policy paper no. SET/PC/44/25, circulated in advance of the meeting.

Mr Cairnduff advised Policy now live 18 months. Currently evaluating effectiveness of policy and role of Domestic Abuse Champion (DAC), which is to signpost staff or managers to appropriate resources and support.

This is a key piece of work, looking at communication and how to reach all areas. Sessions are being organised with DACs to consider how to identify new champions (Volunteers need to have safeguarding in their role) and gender split.

Mrs Henderson queried the gender split of the DACs and the business areas they work in to ensure even provision of support. Mr Donaghy asked if we can report how many cases (numbers of individuals) that have made contact with the DACs. Mr Cairnduff agreed to consider providing the information requested by Mrs Henderson and further agreed to pick Mr Donaghy's query up with the DACs.

The Chair thanked Mr Cairnduff.

7.5 ECNI Complaint Investigation

The Chair invited Mr Cairnduff to give an update to the committee on the ECNI Complaint Investigation Report, paper no. SET/PC/45/25, circulated in advance of meeting.

ECNI have published their investigation report on 16 October 2025 and sent out a corresponding press release. Press reports appeared on BBC website, Newsletter, Irish news, Belfast Telegraph, Belfast Live and local papers.

Rolling out recommendations, need to report back to ECNI within 6 months.

Mrs Quirk said we need to consider what potentially, may become an issue and take appropriate action. The Chair thanked Mr Cairnduff.

7.6 Building a Safe and Compassionate Culture within HSC E-Learning Package

The Chair invited Mr Cairnduff to give an update to the committee re above paper no. SET/PC/46/25, paper circulated in advance of meeting.

In advance of the launch of the Being Human Framework, RQIA developed the 'Building a Safe and Compassionate Culture within Health and Social Care' E-Learning Package.

The training can be accessed through Learn HSCNI. The link and relevant information has been shared with managers and staff.

The Chair thanked Mr Cairnduff.

7.7 Letter from DoH re Assurances on Operational Policies in the Cultural Space

The Chair invited Mrs Smyth to update the committee in relation to above, paper no. SET/PC/47/25, circulated in advance of meeting.

The Chairman asked that letter from Permanent Secretary, DoH seeking assurance around culture (received in June) and our response issued 16 July, be added to the agenda for noting purposes.

Mrs Smyth advised that the South Eastern H&SC Trust has clear and up-to-date and fit for purpose, operational policies and procedures in place in respect of:

- Conflict, Bullying & Harassment
- Raising Concerns/Whistleblowing

It was noted that these are regional policies, which have been signed off in partnership with TU's.

The Chair thanked Mrs Smyth

8.0 ITEMS FOR ESCALATION

During the committee meeting there was no items raised for escalation.

9.0 ANY OTHER BUSINESS

9.1 Department of Health: McBride/Hill report

The above report, which relates to the Belfast Health & Social Care Trust was referred to during the meeting. Mrs Quirk asked that Committee members look at this in greater detail and consider next steps.

9.2 Future People & Culture Committee meeting dates for 2026

Schedule of proposed dates circulated during the meeting.

Proposed dates for 2026 to be confirmed following Trust Board.

9.3 Professor David Robinson

Congratulations were proffered to David Robinson on achieving new title of Professor.

10.0 DATE AND VENUE OF NEXT MEETING

The Chair confirmed the date and venue of the next meeting would be Thursday 22 January 2026 @ 09:30 in the Innovation Centre, Syndicate Room1, Trust Headquarters, Ulster Hospital, Dundonald.

The Chair thanked everyone for attending and closed the meeting.