

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 26 November 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

- PRESENT:** Mr J Patton, Chairman of Trust Board
- Ms R Coulter, Chief Executive (E)
- Mrs V Cleland, Interim Director of Primary Care & Older People's Services
- Mr K Donaghy, Non-Executive Director
- Mrs R Gibbs, Director of Adult Services & Healthcare in Prison
- Mr R Havlin, Non-Executive Director
- Mrs S Henderson, Non-Executive Director
- Professor S Kirk, Medical Director (E)
- Mrs H Moore, Director of Planning, Performance & Informatics
- Ms S McCauley, Non-Executive Director
- Mr N McKinley, Non-Executive Director
- Mr K McMahon, Non-Executive Director
- Mr M Neil, Director of Unscheduled Care, Medicine & Cancer
- Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics
- Mrs L Preece, Director of Children's Services & Executive Director of Social Work (E)
- Mrs A Quirk, Non-Executive Director
- Professor D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E)
- Mrs C Smyth, Director of People & Organisational Development
- Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates (E)
- IN ATTENDANCE:** Ms J Loughrey, Head of Communications
- Mrs M McNally, Assistant Director, Risk Management & Governance/Board Secretary
- Ms E Mullan, Chair, Southern Health & Social Care Trust (observer)
- Mr S Wallace, Head of Office, Southern Health & Social Care Trust (observer)
- Ms C McStay, Assistant Director, Adult Disability Services (presentation)
- Dr M McMurray, Clinical Lead, Adult Disability Services (presentation)
- Mrs M Anderson, Assistant Executive Support Manager, Trust HQ (minutes)

OPENING REMARKS

The Chairman welcomed everyone in attendance including Ms Eileen Mullan, Chair of the Southern HSC Trust and her colleague Mr Wallace who were joining to observe Board proceedings, covered several house-keeping matters and advised the meeting would be recorded for minutes-taking purposes only. **The Chairman** also extended a particular welcome to Professor Kirk attending his first meeting as the new Medical Director.

PRESENTATION: LEARNING DISABILITY SERVICES

The Chairman invited **Ms McStay** and **Dr McMurray** to give their presentation (**SET/133/25**) to Members on the work of Learning Disability Services.

Ms McStay explained the current structure of the service emphasising its community-based model that supports over 1,600 individuals across Lisburn, Downpatrick and North Down & Ards localities. **Ms McStay** added 70% of services are delivered in family homes and 30% in regulated placements such as residential homes and supported living. Members were advised of a growing and increasingly complex population with a notable influx of young people transitioning from Children's Services highlighting the need for bespoke placements and streamlined transition pathways for at least 17 young people in the next two to three years. **Ms McStay** explained the Learning Disability Service Model (LDSM) which was expected to be implemented following the Muckamore Abbey Inquiry Report with the aim to standardise pathways, promoting active citizenship and community integration. Members were briefed on new initiatives including the Vianstown Road supported living service for complex resettlements, the adoption of the Lifestar outcomes measurement tool for quality of life tracking and development of the Linen Lodge Community Assessment Treatment Unit (CATU) which has been designed to bridge gaps in specialist service access.

Dr McMurray highlighted ongoing investment in staff professional development, creation of new specialist posts and acknowledged critical support from business partners as well as senior leadership. **Dr McMurray** discussed the importance of cross-departmental collaboration and SET's commitment to service improvement despite resource constraints.

Following a Q&A session, **the Chairman** commended Ms McStay and Dr McMurray on their excellent presentation and insight into the valuable work being undertaken. **The Chairman** also thanked Ms McStay for her long and dedicated service within Adult Disability Services ahead of her upcoming retirement and wished her well.

1.0 APOLOGIES

None received.

2.0 DECLARATION OF POTENTIAL CONFLICTS OF INTERESTS

None declared.

3.0 CHAIRMAN'S BUSINESS

Noted (**SET/134/25**).

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Coulter welcomed Professor Kirk attending his first meeting as the new Medical Director and extended congratulations to Dr Robinson who had been recently recognised with an Honorary Professorship by Queen's University Belfast. **Ms Coulter** welcomed progress made in finalising the 2025/26 AfC pay award.

Ms Coulter reported on the successful implementation of the EPIC encompass digital healthcare record across all three Northern Ireland prison sites highlighting the scale of the achievement, international interest and ongoing collaboration with external partners. **Ms Coulter** commended the HiP team for their efforts in the rollout for over 2,000 individuals in prison healthcare settings marking the first such implementation in Europe. **Ms Coulter** acknowledged the rollout was supported by other Trusts and thanked HSC colleagues before noting the system had been recognised by the NI Executive as a significant achievement in digital health innovation.

Ms Coulter advised a new Model for Complaints Handling Procedure (MCHP) endorsed by NIPSO would be operational for HSC Trusts from 1 January 2026 and additional detail would be provided in advance. **Ms Coulter** explained how a new PHA Accountability Framework would see PHA meet with individual Trusts biannually to focus on priorities, commissioning and performance management.

Professor Robinson updated of the flu vaccination and ongoing efforts to promote uptake. Members were informed of early flu season onset, hospital admissions data and the importance of maintaining high vaccination rates to protect staff and patients. Members were advised SET has the highest staff flu vaccination uptake regionally at 28% which represented a doubling of the number vaccinated compared to 2024/25. **Professor Robinson** stated clinics would continue to be available across SET premises with communications planned to further increase coverage.

Mrs Preece provided an update on a PSNI-led investigation into safeguarding concerns within the Presbyterian Church of Ireland outlining SET's involvement in a strategic regional group and ongoing co-ordination efforts with statutory agencies.

5.0 MINUTES OF PREVIOUS MEETING HELD ON 24 SEPTEMBER 2025

Approved without amendment.

6.0 MATTERS ARISING

Noted (**SET/135/25**) with four matters arising– three having been actioned and one carried forward same relating to the recent DoH Circular on Changes or Withdrawal of Services due to be considered by the Involvement & Engagement Sub-Committee in the near future and a further update brought back thereafter.

7.0 ITEMS FOR DECISION

7.1 INTERIM DELEGATED STATUTORY FUNCTIONS & CORPORATE PARENTING REPORT (Q1 & Q2 2025/26)

Members received, for decision, the aforementioned Report (**SET/136/25**) with **Mrs Preece** providing a detailed overview of SET's activities in discharging Delegated Statutory Social Care functions in relation to Corporate Parenting from 1 April to 30 September 2025.

Mr McKinley referred to the four 17 year olds referred to within the Report who had presented as homeless and asked for clarification. **Mrs Preece** clarified most 16 and 17 year-olds presenting as homeless were new to SET and not discharged from care before detailing the robust support structures

which exist for Care Leavers up to age 21 or 25 if in education. **Mrs Preece** addressed concerns in relation to assaults on staff and restraints in specific homes confirming additional support is provided to both staff and children with individual cases managed with appropriate interventions and union involvement. **Ms McCauley** referred to Page 22 & 23 and acknowledged how challenging a time it had been for staff coupled with the impact of industrial action. **Ms McCauley** asked for clarification how the LAC piece could be addressed if the data was unavailable. **Mrs Preece** stated a statement would be added to the final Report to clarify that, while SET was compliant with statutory functions for Looked After Children and those on the Child Protection Register, industrial action had impacted the ability to report data to SPPG and corrective actions will be included in the final Report.

Following discussion, **the Chairman** sought and obtained approval for the Report subject to the inclusion of the wording referred to by Mrs Preece.

7.2 BOARD ASSURANCE FRAMEWORK (BAF) RISK DOCUMENT & CORPORATE RISK REGISTER (CRR) Q2 2025/26

Members received, for decision, the tabled BAF/CRR (**SET/137/25**) with **Professor Kirk** summarising the current risk landscape, recent additions to the Register and SET's approach to transparency and assurance. **Professor Kirk** stated the BAF/CRR documented 152 recorded risks including two new Corporate Risks relating to Medical Device management and the healthcare complexity of an increasing prison population. **Professor Kirk** advised it had been considered at the most recent GAC meeting where Members noted a positive cultural shift towards identifying and addressing assurance gaps.

Following consideration, **the Chairman** sought and obtained approval for the BAF/CRR as tabled.

8.0 ITEMS FOR DISCUSSION

8.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 7 2025/26

Members received, for discussion, the tabled Report (**SET/138/25**) with **Mrs Moore** highlighting improvements in 12-hour ED waits, outpatient contacts and reductions in Unallocated Children's Cases. **Mrs Moore** also provided a detailed analysis of trends and areas requiring further scrutiny. **Mr Neil** addressed questions regarding breast cancer referral and assessment capacity noting a regional demand-capacity gap, ongoing efforts to secure additional funding and assurance that core capacity had remained stable year-on-year despite increased demand. **Professor Robinson** summarised quarterly nursing and midwifery assurance data, reporting improvements in pressure ulcers and falls and explained the reporting structure and data validation processes. Members sought clarification regarding data validation timelines.

NURSING & MIDWIFERY EXECUTIVE (NME) ASSURANCE REPORT Q2 2025/26

Noted (**SET/139/25**).

8.2 PRESENTATION: UNSCHEDULED CARE: AMBULANCE HANDOVERS & WINTER PREPAREDNESS 2025/26

Mr Neil delivered the aforementioned presentation (**SET/142/25**) expanding on a collaborative approach to improvement. **Mr Neil** noted length of stay, particularly in general medicine, benchmarks well against peer groups and relevant data was being monitored to avoid surprises in capacity planning.

Mr Neil outlined contingency plans for staff capacity including responses to flu season, travel disruption and staff pressures. **Mr Neil** reported SET maintained robust medical and nursing cover with strong reliance on permanent staff and daily monitoring of staffing pinch points to ensure ward safety. **Mr Neil** explained that bed closures due to staffing have been avoided thus far adding targeted work had been undertaken to address nursing sickness rates which are slightly above target while emphasising the need to support staff wellbeing. In relation to the effect of GP action on length of stay and discharge, **Mrs Cleland** advised the 24/7 District Nursing Service and Treatment Rooms were prepared to support patients discharged to home or care environments thereby ensuring continuity of care. Clarification was provided that the Discharge Lounge is used to free up acute medical beds by relocating patients waiting for medication or transport, thereby improving emergency department flow and increasing capacity.

Mr Neil stated regular meetings with NIAS were taking place - including between medics and other stakeholders - to discuss risks, actions and system improvements with recent audits conducted on ambulance arrivals and discharge alternatives. **Mrs Cleland** added staff were working on community response options for care home residents and others who might otherwise be brought to ED overnight to provide more appropriate care at alternative times.

8.3 PRESENTATION: ELECTIVE CARE PROGRESS

Members received a presentation (**SET/173/25**) from **Ms Parks** giving a comprehensive update on the regional and Trust level Elective Care framework, regional investment in this area specifying allocations for red flag, time-critical, routine work, reported significant activity levels and reductions in endoscopy and diagnostic waiting times. **Ms Parks** explained SET had implemented extensive admin and clinical validation, removing thousands of patients from waiting lists due to resolved symptoms or duplicate referrals and achieved notable reductions in outpatient, inpatient and day case numbers.

Ms Parks stated SET has supported other Trusts by providing procedures such as hernia repairs, colonoscopies and cataract surgeries, demonstrating a regional approach to reducing long waits and sharing resources. Members were also briefed on additional work being delivered in-house and through the independent sector with the adoption of text reminders and an app to identify and remove duplicate referrals with the aim of streamlining waiting lists.

8.4 FINANCE REPORT: MONTH 7 2025/26

Members reviewed the tabled report (**SET/140/25**) with **Ms Thompson** reporting a reduction in the forecast deficit from £28 million to £14.5 million,

attributing this to closing the gap on Phase 1 savings and strong performance in savings delivery as recognised by SPPG and DoH.

Ms Thompson stated SET had received additional capital funding which will be used to address backlog maintenance and equipment needs with schemes prepared to utilise any available funds before year-end. **Ms Thompson** also advised an additional £5 million revenue funding had been made available to cover the permanent addition of 45 beds opened in 2020. **Ms Thompson** highlighted savings from bed closures relate to undesignated, unfunded beds and efforts would very much continue to balance savings with service needs. **Ms Thompson** concluded by emphasising that the current forecast assumes full funding for the 2025-26 pay award but uncertainty remains pending DoH decisions which may affect future financial positions.

8.5 PEOPLE REPORT: SEPTEMBER 2025

Members reviewed the tabled report (**SET/141/25**) with **Mrs Smyth** advising the Report which is considered in detail at each People & Culture Committee meeting as well as on a monthly basis by EMT would also now be tabled for information at Trust Board every other meeting to ensure visibility.

8.6 TOGETHER FOR FAMILIES: NEIGHBOURHOOD BASED MODEL FOR SUPPORTING CHILDREN & FAMILIES TO THRIVE

Members reviewed the tabled report (**SET/172/25**) with **Mrs Preece** provided a summary of how DoH envisaged the new model may be taken forward in line with Ministerial priorities.

8.7 REPORT ON THE USE OF THE COMMON SEAL

Members reviewed the tabled report (**SET/155/25**) and noted an update would be presented every May and November Board meeting going forward.

9.0 COMMITTEE BUSINESS

9.1 TERMS OF REFERENCE: GOVERNANCE ASSURANCE COMMITTEE

Members were verbally advised the Committee had recently reviewed their Terms of Reference and considered a name change to highlight its Patient Safety role. Members had agreed to defer completing the annual review of the Terms of Reference until a number of issues had been clarified.

9.2 TERMS OF REFERENCE; CHARITABLE FUNDS COMMITTEE

Members received, for decision, the tabled Terms of Reference (**SET/144/25**) which had been endorsed by the Committee on 24 September 2025. On that basis, **the Chairman** sought and obtained approval as tabled.

9.3 MINUTES: AUDIT COMMITTEE – 19 JUNE 2025

Noted (**SET/145/25**) with **Mrs Henderson** confirming no escalations.

9.4 MINUTES: CHARITABLE FUNDS COMMITTEE – 18 JUNE 2025

Noted (SET/146/25) with Ms McCauley stating there were no escalations.

9.5 MINUTES: GOVERNANCE ASSURANCE COMMITTEE – 13 AUGUST 2025

Noted (SET/147/25) with Mr McKinley advising there were no escalations,

9.6 MINUTES: PEOPLE & CULTURE COMMITTEE – 21 AUGUST 2025

Noted (SET/148/25) with Mrs Quirk stating there were no escalations.

9.7 ANNUAL REPORT 2024/25: CHARITABLE FUNDS COMMITTEE

Noted (SET/149/25).

9.8 ANNUAL REPORT 2024/25: FINANCE & PERFORMANCE COMMITTEE

Noted (SET/150/25) this being the first time this Committee's Annual Report had been tabled for Board consideration.

9.9 ANNUAL REPORT 2024/25: REMUNERATION COMMITTEE

Noted (SET/151/25) this being the first time this Committee's Annual Report had been tabled for Board consideration.

9.10 FINAL REPORT TO THOSE CHARGED WITH GOVERNANCE 2024/25

Noted (SET/152/25) having been reviewed by Audit Committee on 2 October 2025 and Charitable Funds Committee on 24 September 2025. Members noted an additional finding included from the draft version relating to sensitivity analysis used when calculating holiday pay provision.

9.11 FINAL ANNUAL ACCOUNTS 2024/25

Noted (SET/153/25) with Members having been advised previously these had been laid before the NI Assembly in early July 2025 following an unqualified opinion from the Comptroller & Auditor General.

9.12 MID YEAR ASSURANCE STATEMENT 2025/26

Noted (SET/154/25) with Members having been sighted on the draft Statement prior to submission to DoH.

9.13 REVISED FOSTERING FRIENDLY POLICY

Members reviewed the tabled documents (SET/156/25) and agreed the finalised version of the policy should be tabled for noting in due course.

9.14 TRUST BOARD AND COMMITTEE MEETINGS SCHEDULES 2026

Noted (SET/157/25).

9.15 DEPARTMENTAL DELEGATIONS/REQUIREMENTS FOR DEPARTMENT OF FINANCE APPROVAL

Noted (SET/158/25).

10.0 ITEMS FOR NOTING

10.1 DoH PUBLIC CONSULTATION: REVISED CODE OF PRACTICE FOR THE MENTAL HEALTH (NI) ORDER 1986

Noted (SET/159/25).

10.2 DoH REVIEW OF THE DELIVERABILITY OF THE NI MENTAL HEALTH STRATEGY'S ACTIONS 2026-29

Noted (SET/160/25).

10.3 DoH REVIEW OF POPULATION HEALTH NEEDS OF CHILDREN WITH COMPLEX MEDICAL NEEDS ATTENDING SPECIAL EDUCATION NEEDS (SEN) SCHOOLS

Noted (SET/161/25).

10.4 DoH REVISED HEALTHY CHILD HEALTHY FUTURE FRAMEWORK

Noted (SET/162/25).

10.5 VALUING MEDICINES: A (DoH) STRATEGY FOR THE SUSTAINABLE USE OF MEDICINES IN NORTHERN IRELAND

Noted (SET/163/25).

10.6 DoH UPDATE ON THE INDEPENDENT NEUROLOGY INQUIRY FINDINGS

Noted (SET/164/25).

10.7 DoH DATA: CHILDREN ADOPTED FROM CARE IN NI 2024/25

Noted (SET/165/25).

10.8 DoH REVIEW OF ACCESS PATHWAYS FOR MEDICINES WITHIN HSCNI

Noted (SET/166/25).

10.9 DoH OVERARCHING WINTER PREPAREDNESS PLAN 2025/26

Noted (SET/167/25).

10.10 RQIA: BEING HUMAN – FRAMEWORK FOR SAFETY CULTURE WITHIN HSCNI

Noted (SET/168/25).

10.11 PATIENT & CLIENT COUNCIL: PROFESSIONALS & THE PUBLIC IN PARTNERSHIP FOR PATIENT SAFETY

Noted (SET/169/25).

10.12 BELFAST HSC TRUST: McBRIDE/HILL REVIEW REPORT

Noted (SET/170/25).

10.13 SOUTHERN HSC TRUST & PHA: CERVICAL SCREENING REVIEW RELATING TO THE CERVICAL CYTOLOGY LABORATORY IN SHSCT

Noted (SET/171/25).

11.0 ANY OTHER BUSINESS

There were no additional items of business raised.

12.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next Public meeting would be held on Wednesday 28 January 2026 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 5.15pm.