

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 28 January 2026 at 2.38pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chairman of Trust Board

Ms R Coulter, Chief Executive (E)

Ms V Cleland, Interim Director of Primary Care and 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)
Ms S McCauley, Non-Executive Director
Mr N McKinley, Non-Executive Director
Mr K McMahan, Non-Executive Director
Mrs H Moore, Director of Planning, Performance & Informatics
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)
Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates (E)

'E' denotes Executive Director

IN ATTENDANCE: Mr B Garland, Chair, NI Blood Transfusion Service (observing remotely)
Ms J Loughrey, Head of Communications
Mrs M McNally, Board Secretary
Mr M O'Toole, Assistant Director, Employee Relations (obo Mrs Smyth)
Executive Support Manager, Office of Chief Executive (minutes)

OPENING REMARKS

The Chairman welcomed everyone in attendance particularly Mr Brendan Garland, Chair of the NI Blood Transfusion Service, who would be observing today's meeting remotely. **Mr Garland** thanked the Chairman for his kind invitation to join the meeting. The Chairman then covered several house-keeping matters including that the meeting would be recorded for minute-taking purposes only.

VIDEO PRESENTATION: SEHSCT REVIEW OF THE YEAR 2025

Ms Coulter introduced a short video presentation to acknowledge the hard work and accomplishments of the SET team over the past twelve months. Following the presentation, **the Chairman** recorded thanks to the Communications Team for having collated the footage.

1.0 APOLOGIES

Mrs Smyth (Director of People & Organisational Development).

2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS

None.

3.0 CHAIRMAN'S BUSINESS

Noted (SET/01/26).

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Coulter informed Members that Ms Parks and Mrs Preece would both retire in March 2026 before confirming that, following a recruitment process for each role, Mr Brian McFetridge would succeed Ms Parks as Director of Surgery, Elective Care, Maternity & Paediatrics and Ms Marie-Louise Sloan would succeed Mrs Preece as Director of Children's Services & Executive Director of Social Work. Members congratulated both Mr McFetridge and Ms Sloan on their respective appointments.

Ms Parks updated on the Regional Aquablation therapy service with Minister Nesbitt having visited the service last month to hear how new robotic technology would reduce the length of stay in theatre and post-op as well as reduce complications enabling the Urology Service to reduce the lengthy regional waiting list for treating enlarged prostates with over 80 cases completed to date. **Ms Parks** also confirmed her team had secured capital funding to purchase a surgical robot to assist with colorectal surgery.

Ms Coulter then covered a number of additional topics including:

- thanking staff for their efforts during Storm Chandra to ensure service delivery continued unimpeded
- updating on recent media reporting as well as correspondence received from RCN on the issue of Violence and Aggression towards HSC staff
- congratulating former SET colleague Mr Ray Kendall – recently retired ward manager in the Care of the Elderly team - on being awarded an MBE in the recent New Year's Honours List
- welcoming confirmation that the 2025/26 AfC Pay Award would be implemented in February 2026
- noting the implementation of the new Model Complaints Handling Procedure as having 'gone live' as of 1 January 2026 and recording thanks to the Complaints & Patient Liaison team for their efforts in support of its launch and roll-out

5.0 MINUTE OF PREVIOUS MEETING HELD ON 26 NOVEMBER 2025

Approved without amendment.

6.0 MATTERS ARISING

Noted (SET/02/26) being four matters actioned or on today's agenda for update.

7.0

ITEMS FOR DISCUSSION

7.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 9 2025/26

Mrs Moore presented the tabled paper (**SET/03/26**) summarising performance information contained therein. **Mrs Moore** referred to Slide 5 (System Oversight Measures) which set out the RAG thresholds for the metrics SET has determined as 'high' or 'medium' confidence with all now 'high confidence' compared to the metrics highlighted previously. **Mrs Moore** added SET had the ambition to build up the remaining system to where it needs to be by the end of March 2026. Amongst a number of issues highlighted, **Mrs Moore** referred to Slide 38 (Primary Care) welcoming the over-achievement against target of both KPIS relating to Unmet Need Hours as a testament to teams working to hold onto the significant progress made during 2024/25. **Mrs Moore** highlighted social media promotion of self-referrals into Physiotherapy as well as Slide 52 (Children's Services) specifically Unallocated Cases which remains an area of discussion as part of the Support & Intervention Framework (SIF) process.

Mr McKinley referred to Slide 34 (Fractures – Neck of Femur < 48 hours %) and asked if this was on an overall upward trajectory. **Mrs Moore** explained there had been investment in this area with SET achieving an improved figure of 70.7% of patients waiting under 48 hours against a target of 95% compared to circa 60% in December 2024. **Mr McKinley** asked for detail on the 62 day cancer target performance. **Mr Neil** acknowledged a noticeable drop on last year in part due to the changes in delivering breast assessment regionally so impacting on some waiting lists including first appointments which had increased thus pushing up the 62 day figure. **Mr Neil** explained SET was aware in advance of this likelihood and the region had built in new capacity since the summer resulting in an improving trajectory with waits now circa 7 weeks.

Mr McMahon welcomed tremendous improvements in day cases as well as diagnostic imaging but noted physiological diagnostics had deteriorated and asked was this a demand driven problem which could be resolved. **Mr Neil** replied it was mostly driven by demand with an element linked to capacity over the last number of weeks which had since eased. **Mrs Henderson** stated the Report had previously contained narrative to contextualise outliers and asked if this could be re-incorporated. **Mrs Moore** replied the Report was an intensive exercise now subject to tighter timelines as data inputs are dependent on SPPG releasing them so it was no longer possible to do so.

7.2 FINANCIAL REPORT: MONTH 9 2025/26

Ms Thompson presented the tabled paper (**SET/04/26**) advising of a Month 9 deficit of £10.9m equating to a forecast year-end deficit of £33.7m. **Ms Thompson** stated the Month 9 position was a movement from Month 7's deficit of £14.5m due solely to the allocation of the 2025/26 pay award which fell short of the required £19.2m adding DoH had instructed Trusts to pay the full back-dated pay award resulting in our deficit increasing because of the shortfall. **Ms Thompson** explained DoH will provide guidance on how the different elements of the deficit are to be presented in the Annual Report and Accounts. **Ms Thompson** reported that overall expenditure trends remained stable this month.

Ms Thompson also advised that savings plans were progressing with those schemes identified to commence delivery in Q4 starting to deliver out specifically around enhanced rates for nursing staff, admin agency controls as well as small elements of non-pay grip and control. **Mrs Henderson** recorded thanks to staff for their continued focus on financial prudence adding the savings outturn thus far had been impressive.

7.3 UNSCHEDULED CARE PRESSURES

Mr Neil presented a tabled paper (**SET/28/26**) instead of the intended verbal update following a request from the Chairman. **Mr Neil** stated it was important to recognise staff efforts over the past four weeks in working to keep patients safe during probably the most difficult January regionally in many years. **Mr Neil** thanked the public for their patience as they were waiting longer than what they and SET would want. **Mr Neil** updated on ongoing work with NIAS to support handovers and **Mrs Cleland** explained community teams continued to deliver more with stretched resources with the aim of providing support to service users to remain independent for as long as they can. **Mrs Cleland** added the Hospital at Home (HaH) scheme was operating at capacity.

Mr McKinley stated he wished to reflect on how - given discharge performance was strong with 600 average discharges per week - patients continued to wait significant periods of time for admission. **Mr McKinley** asked - in terms of patient flow – had SET reached the limit of what could be done to optimise discharge or were there other factors restricting patient flow. **Mr Neil** acknowledged there was a continuing need to improve in the face of relentless demand driven by an aging population and other societal demographics. **Mr Donaghy** noted SET had sought to maximise bed capacity in a planned way to ensure this could be delivered in a safe and cost-effective manner while seeking to reduce reliance on agency staff before asking how this had been progressed. **Mr Neil** explained SET had considered all options in early December and made the decision to press on with enabling wards to plan rotas ahead of time rather than waiting until January.

Mr McKinley referred to the Performance Report which indicated circa 2324 people waited more than 12 hours in ED during December 2025 and asked what more can be considered to reduce those waits since - given the excellent work being done on a daily basis – this persistent monthly pattern of approximately 2,000 12 hour breaches has been reported regularly for the last two years. **Mr Neil** replied there were very few options left which weren't already in place or had been tried previously with little impact. **Mr Neil** noted the vast majority of those waiting more than 12 hours would be for admission and was in the context of a December hit hard by flu and medical sickness. **Mrs Cleland** stated creative working with Independent Sector providers focused on the most appropriate settings for assessed need was generating results adding the Locality Plan was facilitating closer working partnerships to improve flow as well as being a basis for exploring alternatives to ED leading to better outcomes.

Ms Coulter heralded HaH which had been developed and rolled out with great success adding it should now be spread to support upstream work. **Ms Coulter** stated flow remained relentless and staff were doing their very best which was

delivering results such as a marked reduction in lengths of stay over the past year.

Mr Havlin asked what barriers were there to growing the HaH service and how did SET envisage further service development over the next year. **Mrs Cleland** stated HaH required additional resource to expand but her team were looking at technology including AI to support different ways of working including one akin to a virtual ward highlighting a new project which she hoped to provide an update on later this year. **Mr Havlin** asked if the project was unique to SET or being rolled out elsewhere and **Mrs Cleland** replied different elements were in place elsewhere within the NHS but this initiative was unique to SET with the aim of trialing new monitoring technology to support home based care.

Mr McMahon welcomed the improvements on ambulance handovers and asked if there had been recognition of those efforts by SPPG given the level of escalation placed on the issue with **Mr Neil** replying this would remain high on the agenda but there was recognition of the improved position.

7.4 SOCIAL WORK ASSURANCE NEWSLETTER: DECEMBER 2025

Mrs Preece presented the tabled paper (**SET/05/26**) highlighting achievements within Social Work across SET before detailing how the paper provided enhanced assurance beyond that which had been given previously. **Mrs Preece** noted a significant increase in fitness to practice referrals within the last year which was being reviewed to identify any themes. **The Chairman** queried why the paper had been tabled at a number of Committees recently and **Mrs Preece** replied consideration would be given to where this might sit going forward.

Mr McKinley asked what lessons were there behind the numbers alerting NISCC to a concern but not reaching their threshold to take forward. **Mrs Preece** replied these mostly related to social care staff with general themes being alleged poor attitude and behaviours. **Mr McKinley** noted there was reference made to Datix and some areas where it may not need to be so asked for insight as to why this might be given its role when recording complaints, SAIs and other incidents. **Mrs Preece** stated there was not a gap per se but there was a need for discussion on the amount of duplication within the system with the aim of moving to one Datix form which would be a great step forward. **Mr McKinley** agreed with eliminating duplication adding he was heartened to see the effort placed on supervision as detailed therein.

The Chairman welcomed the improvement on progressing outstanding Datix matters and asked what shared learning had there been with **Mrs Preece** identifying the introduction of a Children's Services Governance Lead has crucial as well as the importance of 'hot and cold' debriefs as part of the SAI process.

7.5 NISRA SUICIDE STATISTICS 2024

Mrs Moore presented the tabled paper (**SET/06/26**) into which Mrs Gibbs and her team had also inputted to share specific SET statistics for information.

Mr McKinley referred to previous conversations around SAIs and suicide adding he was conscious there was much involved for bereaved families and staff as

they navigate the process before asking how staff particularly within the Mental Health teams are supported when such tragedies happen. **Mrs Gibbs** explained how much reflective practice had been introduced including within HiP adding there was frustration amongst practitioners regionally of the foreseeable impact being experienced due to many years of Mental Health underfunding. **Mrs Gibbs** acknowledged last year's collective effort to complete outstanding SAI reports ahead of new guidance which had been successful but challenging to accomplish before highlighting that in cases of suicide it can be difficult for staff to complete SAIs when the individual was not known to services.

Mr McMahon asked - given 52% of total suspected suicides were people known to Mental Health services - was there any evidence of anyone within that cohort reaching out but because of capacity or resource could not be supported. **Mrs Gibbs** replied there was nothing which would cause her concern adding she was not aware of a case where someone who asked for help were not provided with some support. **Mrs Henderson** queried whether there were any barriers for accessing services from within the 48% not known to SET, if there was a significant waiting list and what more could SET consider to reach those unknown to services. **Mrs Gibbs** stated historically only circa 30% of those who completed suicide were known to services so it was in itself an important indicator that more had had contact given rising demand. **Mrs Gibbs** added there were a variety of service developments to look at how SET can more creatively provide support especially within Psychological Services and she would be happy to bring those outcomes to Trust Board in due course.

Mrs Henderson asked if SET had any partnerships with the Community & Voluntary Sector on the provision of such services. **Mrs Gibbs** stated there would soon be the launch of the SET Collaborative Partnership to help streamline and build links as the foundation of possible future reconfiguration. **The Chairman** asked if resources were targeted to geographical areas with the most need of support and **Mrs Gibbs** highlighted an ongoing pilot in the Colin, Kilcooley & Millisle wards as part of changing SET's offer to be more upstream.

7.6 QUALITY 4 ALL UPDATE

Mrs Moore presented the tabled paper (**SET/07/26**) confirming the AQR had been officially launched on World Quality Day and was available online. **Mrs Moore** congratulated this year's Quality Award Winners and referred to the associated document which detailed transferable learning captured. **Mrs Moore** noted Ms Karen Turner from Royal Free London had presented shared learning from their 'What Matters to Staff Programme' on which SET have been collaborating with plans for a phased expansion Trust wide under development.

Ms McCauley stated she had attended one of the QI workshops before Christmas which she found to be excellent and asked how SET could ensure such learning is integrated so it can be embedded long term. **Mrs Moore** acknowledged this was the conundrum in how to apply and share their learning adding EMT regularly considered how best to utilise each cohort with Mrs Gray (AD, Quality) very much challenging everyone to demonstrate sustainability and financial impact.

Ms McCauley stated she would be happy to volunteer to be involved going forward noting HaH was a great example of QI in action. **The Chairman** stated Trust Board had always been fully supportive of QI and it was clear the next stage needed to be how to translate learning into improved patient care outcomes thereby making a tangible difference to those we serve.

8.0 COMMITTEE BUSINESS

- APPROVED MINUTES

8.1 FINANCE & PERFORMANCE COMMITTEE – 22 SEPTEMBER 2025

Noted (SET/08/26) with no escalations.

8.2 AUDIT COMMITTEE – 2 OCTOBER 2025

Noted (SET/09/26) with no escalations.

8.3 GOVERNANCE ASSURANCE COMMITTEE – 5 NOVEMBER 2025

Noted (SET/10/26) with no escalations.

8.4 PEOPLE & CULTURE COMMITTEE – 19 NOVEMBER 2025

Noted (SET/11/26) with no escalations.

8.5 BUSINESS CASES FOR NOTING

Noted (SET/12/26) with **Ms Thompson** explaining that - in line with the Trust's revised business case guidance there was a requirement to bring revenue business cases in excess of £1.5m to Trust Board for noting. **Ms Thompson** added that this was in the interests of transparency as revenue budgets are fully delegated through the Trust's Schedule of Delegated Authority.

9.0 ITEMS FOR NOTING

- PUBLICATIONS FROM THE DEPARTMENT OF HEALTH (DoH)

9.1 GUIDANCE FOR SOCIAL CARE EMPLOYERS: RESPONDING TO RACISM AND PROMOTING INCLUSION

Noted (SET/13/26). **Mrs Quirk** stated she had reached out to HR colleagues to ask how SET would meet the requirements within the guidance which emphasised equality and data as foundational for improvement, challenged employers to assure themselves they are recording how staff are made to feel safe and how incidents of inappropriate behaviour are communicated.

Mr O'Toole replied most were dealt with informally which explained the lack of available data though there are formal support mechanisms for staff including feedback obtained via appraisals and supervision. **Mr O'Toole** undertook to check what relevant data other teams might hold and **Mrs Quirk** added she would follow up through the People & Culture Committee.

9.2 HEALTH SURVEY NI 2024/25

Noted (SET/14/26).

9.3 SAFE ACCESS ZONES ANNUAL REPORT 2024/25

Noted (SET/15/26).

9.4 NI CANCER RESEARCH STRATEGIC FRAMEWORK

Noted (SET/16/26). **The Chairman** asked for clarity on what the ask was regarding potential nominees with **Mr Neil** confirming he sat on the strategic group noting discussion was required on who might be best placed to represent SET as part of the Framework.

The Chairman asked if there was a cost associated with the initiative and **Professor Kirk** replied it was not likely to be significant and would complement the work of the UHD Clinical Trails Centre. **Mr McMahon** asked if there was a potential impact on Job Planning and **Professor Kirk** suggested there may be a need for 0.5 PA for a lead consultant which was a worthwhile investment when considering patients in trails generally tend to have better outcomes.

9.5 HEALTHY FUTURES OBESITY STRATEGIC FRAMEWORK

Noted (SET/17/26). **The Chairman** stated there were many vending machines across Trust sites and asked what more SET could do to encourage staff in considering changes recommended as part of the Framework. **Professor Robinson** explained there were long-standing restrictions on what can be provided in our facilities such as in Café Connect at UHD with the Catering team working closely with dietitians to craft a healthy range of choices adding he would circulate additional information to Members after the meeting.

Mr O'Toole also highlighted the Live Well website which is regularly promoted to staff. **Mr McMahon** stated both the Health Survey NI 2024/25 (Agenda Item 9.2) and this Framework made for uncomfortable reading with the population becoming less healthy suggesting a sustained step change was needed.

9.6 MAKING LIFE BETTER (MLB) NEWSLETTER – ISSUE 11 AUTUMN 2025

Noted (SET/18/26). **The Chairman** commended the Social Farming initiative and asked what involvement SET had had to date with **Mrs Gibbs** stating there were 11 farms across SET with 2 currently engaged with service users through the use of direct payments adding she was keen to explore further opportunities.

- OTHER KEY PUBLICATIONS

9.7 NI DEPARTMENT OF FINANCE: PUBLIC CONSULTATION – DRAFT NI EXECUTIVE BUDGET 2026-2029/30

Noted (SET/19/26).

- 9.8 **NI COMMISSIONER FOR OLDER PEOPLE (COPNI): ADVANCING AGE FRIENDLY PRACTICE IN NORTHERN IRELAND**
- Noted (SET/20/26).
- 9.9 **ROYAL COLLEGE OF NURSING (RCN): LEFT BEHIND – A REVIEW OF EVIDENCE ON THE CAREER PROGRESSION OF NHS NURSES**
- Noted (SET/21/26). **Professor Robinson** stated SET was undertaking analysis on the Review in terms of our workforce which he would bring to a future People & Culture Committee. **The Chairman** suggested there was also a need for a renewed overall focus on combating absenteeism.
- 9.10 **NI AUDIT OFFICE (NIAO): COMPTROLLER & AUDITOR GENERAL'S REPORT ON FINANCIAL AUDIT FINDINGS 2025**
- Noted (SET/22/26) with **Mrs Henderson** adding the Audit Committee would set aside time to consider the recommendations contained within the Report.
- 9.11 **NI COMMISSIONER FOR CHILDREN & YOUNG PEOPLE (NICCY): THE RIGHT WAY FORWARD – A RIGHTS-BASED PERSPECTIVE TO IMPROVING THE LIVES OF CHILDREN & YOUNG PEOPLE**
- Noted (SET/23/26).
- 9.12 **NI ASSEMBLY PUBLIC ACCOUNTS COMMITTEE (PAC): INQUIRY REPORT ON ACCESS TO GENERAL PRACTICE IN NORTHERN IRELAND**
- Noted (SET/24/26).
- 9.13 **NI ASSEMBLY HEALTH COMMITTEE: INQUIRY REPORT INTO ACCESS TO PALLIATIVE CARE SERVICES**
- Noted (SET/25/25). While welcoming the Report, **the Chairman** stated none of the recommendations had been costed which seemed at odds with the financial pressures facing HSCNI.
- 9.14 **UK GOVERNMENT: PUBLIC CONSULTATION – EXPANDING ACCESS TO NALOXONE 2025**
- Noted (SET/26/26) with **Mrs Henderson** encouraging participation in the Public Consultation.
- 9.15 **NI COMMISSIONER FOR OLDER PEOPLE (COPNI): BEYOND GOOD INTENTIONS – A REVIEW OF THE ADULT PROTECTION BILL AS INTRODUCED**
- Noted (SET/27/26) with **the Chairman** highlighting similar concerns as with Agenda Item 9.13 in terms of lack of costings.

10.0 **ANY OTHER BUSINESS**

The Chairman recorded best wishes to Mr Neil Guckian, Chief Executive of the Western HSC Trust, following his announcement he will retire in April 2026. **The Chairman** acknowledged Mr Guckian's immense contribution to HSCNI including SET having been our Director of Finance and Interim Chief Executive.

11.0 **DATE AND VENUE OF NEXT MEETING**

The Chairman advised the next Public meeting would be held on Wednesday 25 February 2026 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 4.06pm.