SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the
South Eastern Health & Social Care Trust Board
held on Wednesday 25 March 2026 at 2.30pm
in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chair of Trust Board (**JP**)

Professor D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E) (**DR**)

Mrs V Cleland, Interim Director of Primary Care & Older People's Services (**VC**)
Mr K Donaghy, Non-Executive Director (**KD**)
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison (**RG**)
Mr R Havlin, Non-Executive Director (**RH**)
Mrs S Henderson, Non-Executive Director (**SH**)
Professor S Kirk, Medical Director (E) (**SK**)
Mrs H Moore, Director of Planning, Performance & Informatics (**HM**)
Ms S McCauley, Non-Executive Director (**SMcC**)
Mr N McKinley, Non-Executive Director (**NMcK**)
Mr K McMahon, Non-Executive Director (**KMcM**)
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer (**MN**)
Mrs A Quirk, Non-Executive Director (**AQ**)
Mrs C Smyth, Director of People & Organisational Development (**CS**)
Ms W Thompson, Deputy Chief Executive, Director of Finance, Contracts & Estates (E) (**WT**)

'E' denotes Executive Director

IN ATTENDANCE: Ms M-L Sloan, incoming Director of Children's Services & Executive Director of Social Work (E) (**MLS**)
Mr B McFetridge, incoming Director of Surgery, Elective Care, Maternity & Paediatrics (**BMcF**)
Mrs M McNally, Assistant Director, Risk Management & Governance/Board Secretary (**MMcN**)
Ms J Loughrey, Head of Communications (**JL**)
Dr R Gray, Assistant Director, Quality Improvement & Innovation (until Item 7.2) (**RGr**)
MS Teams AI function (minutes)

OPENING REMARKS

The Chair (JP) welcomed everyone in attendance and advised the meeting would be recorded for minute-taking purposes.

PRESENTATION: QUALITY & INNOVATION

RGr presented a comprehensive overview of the Trust's innovation work, highlighting the lack of a regional framework, the need for strategic focus, evaluation, and partnerships before raising key questions about ambition, resources, and collaboration for future innovation efforts.

Regional Innovation Framework Gap: **RGr** explained Northern Ireland lacks a regional innovation framework similar to those in Scotland and England, making it difficult to coordinate and scale innovation across Trusts. The absence of structures like the Health Innovation Network means SET must break new ground in a demanding landscape.

Scoping Exercise and Evaluation: **RGr** stated a recent scoping exercise revealed that most submitted innovation work is small-scale service improvement rather than transformative change with little built-in evaluation. **RGr** emphasised the need for robust impact measurement to inform decisions about continuing, investing in or stopping projects.

Delphi Study and Innovation Definition: **RGr** highlighted a Delphi study involving over 100 participants showed limited understanding of innovation within SET. The resulting draft definition focuses on purposeful creation, testing, adoption and implementation of new or improved processes, products or services enhancing quality and delivering outcomes.

Mechanisms for Innovation: **RGr** outlined three mechanisms for innovation: healthcare systems and process innovation, participatory design (including partnerships with the School of Art & Design and PPI teams), and healthcare product innovation with an emphasis on feasibility studies and real-world adoption to drive short-term and long-term change.

Partnerships and Capacity Building: **RGr** stated **SET** is building partnerships with academic and regional partners with two staff members joining the clinical entrepreneur programme. **RGr** stressed the importance of external programmes and internal skill development, noting resource constraints and the need for strategic investment to realise innovation ambitions.

NMcK welcomed news of the Together for Families investment describing SET's role in system mapping and influencing Departmental approaches to resource allocation and model development. **MLS** stated SET has completed system mapping for care development, engaging over 60 staff and is sharing its model with DoH to inform the Together for Families programme, advocating for evidence-based resource allocation. **MLS** added SET is encouraging DoH to adopt its methodology and involve all Trusts in system mapping.

Key Questions for the Board: **RGr** posed three questions to Trust Board namely what is SET's ambition for innovation, what resources are needed to achieve it and how will partnerships be formed given financial constraints. **SMcC** welcomed the presentation and the questions posed to the board on SETs ambition. **SMcC** explained - as per the Risk Appetite Statement – that SET has a high appetite for innovation and will take measured risk to maximise technological innovation and commercial opportunities to improving patient outcomes, transforming services and ensuring value for money. **SMcC** suggested it would useful to have a joint session to discuss the next steps.

Following discussion, Members acknowledged the need for further discussion and a formal response to be produced to the queries raised.

1.0 APOLOGIES

Ms Coulter (Chief Executive) (E), Mrs Preece (Director of Children's Services & Executive Director of Social Work) (E) and Ms Parks (Director of Surgery, Elective Care, Maternity & Paediatrics).

2.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

None declared.

3.0 CHAIR'S BUSINESS

Noted (**SET/50/26**).

4.0 CHIEF EXECUTIVE'S BUSINESS

DR informed Members that the introduction of body worn cameras within UHD ED had commenced noting positive public support and ongoing monitoring of their impact.

DR recorded thanks to JL and the Communications team for their assistance to date.

5.0 MINUTE OF PREVIOUS MEETING HELD ON 25 FEBRUARY 2026

Approved without further amendment.

6.0 MATTERS ARISING

Noted (**SET/51/26)** there being four items – two of which had been actioned and two carried forward relating to the Body Worn Camera initiative which **DR** had updated upon.

7.0 ITEMS FOR DISCUSSION

7.1 QUALITY 4 ALL STRATEGY UPDATE

HM presented the tabled Report (**SET/52/26**) summarising performance against SET's Quality Improvement Strategy highlighting current projects, the importance of executive sponsorship as well as efforts to mainstream innovation and quality including frailty care and enhanced patient observations. **RGr** explained SET is focusing on frailty at the front door with streamlined processes to identify and support older patients, preventing deconditioning. **RGr** also highlighted other Unscheduled Care initiatives include criteria-led discharge and enhanced patient care observations, aiming to improve patient outcomes and efficiency.

Enhanced Patient Care Observations: DR explained the shift from one-to-one 'specials' to a more therapeutic, targeted approach for patient care, resulting in better value for money and improved patient flow. The new model is supported by training and has led to a reduction in temporary staff usage.

Executive Sponsorship and Data Integration: HM emphasised the importance of continued executive sponsorship and data integration for sustaining effective implementation of quality improvement initiatives, noting that formalising the strategy at board level was pivotal for mainstreaming change.

Scaling and Spreading Innovation: RGra acknowledged the challenge remains in scaling and spreading successful pockets of innovation and quality improvement across SET with ongoing efforts to capture and mainstream these initiatives for greater impact.

7.2 INTEGRATED PERFORMANCE MONITORING REPORT

HM presented the tabled Report (**SET/53/26**) summarising performance information before addressing hospital performance, cancer targets, ED

pressures, outpatient waiting times as well as AHP services before outlining causes and mitigation strategies.

System Oversight Measures: HM reported changes in thresholds for amber and green performance measures which will affect future reporting on dementia and psychological therapy adding SET continues to monitor and report on these measures for assurance and accountability.

Elective and Cancer Care Improvements: HM welcomed significant improvements noted in elective care and cancer pathways with ongoing work to achieve the 62-day cancer target. **HM** highlighted how the team is trialling new approaches to improve performance despite data lag challenges.

Urgent Care Centre and ED Performance: NMcK questioned the performance of the UCC which is consolidated with ED figures. **HM** clarified that the UCC sees circa 3,500 to 4,000 patients monthly and performs significantly better than ED with plans to increase capacity through nurse recruitment.

Outpatient Waiting Times: HM advised that SET has achieved a 64% reduction in patients waiting over four years for outpatient appointments with similar improvements in inpatient and day case waits. Validation and targeted actions are ongoing to further reduce long waits.

12 Hour Breaches and Staffing Challenges: HM stated that, despite efforts to improve patient flow, 12 hour breaches increased compared to the previous year mainly due to medical staffing shortages in ED and increased activity.

7.3 <u>ENCOMPASS UPDATE</u>

HM presented the tabled Report (**SET/54/26**) updating Members on the regional deployment of the Encompass digital system.

Deployment and Upgrades: HM confirmed Encompass, powered by Epic, is now live across all trusts and prison healthcare in Northern Ireland. **HM** stated a major upgrade had been completed, leapfrogging four versions with extensive planning and support from professional leads. This had to wait to be completed until all Trusts were live with the version that had been introduced in 2023.

Integration and Access: Epic Care Link provides read-only access to Encompass for primary care colleagues, marking the largest web-based portal access instance globally at the time of go-live. The system is not a Trust record and any changes require regional coordination and agreement before implementation.

Service Implementations and Future Development: Not all services are yet integrated into Encompass, with ongoing work on child health systems and morbidity/mortality reporting cited by way of examples of future deployments. Further development of new functionality by Epic USA is anticipated but not currently contracted within the existing licence.

Risk Management in MyCare: **HM** addressed concerns about MyCare relating to the potential for the accidental release of patient information such as results

that may be abnormal or significant diagnosis, explaining that multiple checks and balances are in place including clinician-controlled release and default delays which were developed regionally.

HM stated the regional team is involved in managing and investigating any reported incidents. **HM** noted the ambition is that patients would be partners in their care and to enable them being fully informed. Whilst some are nervous about release of information, other patients were asking for more detail to be released and an increase in potential functionality within MyCare to be enabled.

7.4 FINANCIAL REPORT: MONTH 11 2025/26

WT presented the tabled Report (**SET/55/26)** outlining the year-end deficit forecast and planning for 2026-27 before confirming a break-even position for the year due to £28.8m in non-recurrent deficit funding and full pay funding. **WT** highlighted the non-recurrent funding will not be available next year but SET must operate within SPPG scenarios to achieve break-even under various assumptions. **WT** added year-end uncertainties remain but historically have not impacted the break-even outcome.

8.0 COMMITTEE BUSINESS

8.1 UPDATES FROM DESIGNATED NON-EXECUTIVE DIRECTORS

JP advised this would be a new standing agenda item to allow dedicated time to hear from Non-Executive Directors designated with specific special interest areas. **JP** also took the opportunity to confirm Mrs Henderson has agreed to become the Domestic Violence & Sexual Abuse designated NED and Mr Donaghy has been appointed the Being Open Framework designated NED.

- **Maternity Services (Mrs Quirk)**

AQ provided a verbal update noting the cancellation of the oversight meeting due to legal case preparations and highlighting positive initiatives in the neonatal unit such as the Parent Partnership Programme which involves parents in their child's care from birth to discharge. **AQ** also updated on the unit's progress in the breastfeeding initiative aiming for Level 3 accreditation adding the neonatal unit plans to seek support from the Charitable Funds Committee for initiatives.

- **Raising Concerns (Mr McMahon)**

Members were briefed on SET's engagement with Liaison Care, clarifying the scope, processes and safeguards in place before **VC** sought to address concerns raised in recent media reports. **RG** advised Liaison Care is contracted to review cases for people with additional support needs, using secure data transfer and desktop reviews. **RG** added SET communicates with families and providers in advance and meets regularly with Liaison Care to review recommendations. **VC** confirmed standardised letters are prepared for families raising concerns adding SET negotiates and challenges recommendations as needed. The approach differs from other Trusts with a focus on limiting restrictive practice and aligning with legislation.

- **Patient Safety (Mr McKinley)**

NMcK stated there was no update to report at this time.

9.0 ITEMS FOR NOTING

9.1 DoH GUIDANCE FOR NURSES & MIDWIVES TO HELP IDENTIFY DOMESTIC ABUSE

Noted (**SET/56/26**).

9.2 DoH REFORMING CHILDREN'S SOCIAL CARE NEWSLETTER: ISSUE 2

Noted (**SET/57/26**).

9.3 DoH BEING OPEN FRAMEWORK FOR NORTHERN IRELAND

Noted (**SET/58/26**).

9.4 NI PUBLIC SERVICES OMBUDSMAN (NIPSO): HEALTHCARE WAITING LIST COMMUNICATIONS FOLLOW UP REPORT

Noted (**SET/59/26**).

10.0 ANY OTHER BUSINESS

Items for Noting and Committee Escalation: Members agreed to streamline Items for Noting by directing items to relevant Committees for action and escalation ensuring Board focus on strategic issues rather than detailed operational matters. On that basis, Members agreed the aforementioned Items for Noting would be tabled for consideration at the appropriate Committee with escalation to Trust Board as needed.

11.0 DATE AND VENUE OF NEXT MEETING

JP advised the next Public meeting would be held on Wednesday 27 May 2026 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 3.55pm.