

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 24 June 2026 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

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

Ms R Coulter, Chief Executive (E) (**RC**)

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 B McFetridge, Director of Surgery, Elective Care, Maternity & Paediatrics (**BMcF**)
Mr K McMahon, Non-Executive Director (**KMcM**)
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer (**MN**)
Professor D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E) (**DR**)
Ms M-L Sloan, Director of Children's Services & Executive Director of Social Work (E) (**MLS**)
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: Mrs M McNally, Assistant Director, Risk Management & Governance/Board Secretary (**MMcN**)
Ms J Loughrey, Head of Communications (**JL**)
MS Teams AI function (minutes)

OPENING REMARKS

The Chair (JP) welcomed everyone in attendance particularly those staff members observing today's proceedings as part of their Band 7 Development Programme before advising the meeting would be recorded for minute-taking purposes.

1.0 APOLOGIES

Mr N McKinley (Non-Executive Director) and Mrs A Quirk (Non-Executive Director).

2.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

None declared.

3.0 **CHAIR'S BUSINESS**

Noted (SET/92/26).

Condolences for Dr Tom Frawley CBE, Chair of the Western HSC Trust: JP formally recorded Trust Board's condolences following the recent death of Dr Frawley. As a long standing colleague, JP highlighting Tom's significant personal contribution to HSCNI as WHSCT Chair as well as his decades-long impact on public service leadership not least as a former NI Ombudsman & Commissioner for Complaints (the forerunner of NIPSO) noting his loss was deeply felt by many colleagues across the wider HSC community. On behalf of EMT, RC expressed her condolences to Tom's wife, Marie, and their children as well as the wider family circle noting Tom's legacy of serving in many senior leadership roles with great distinction including as a former Chief Executive of the former Western Health & Social Services Board. RC concluded that Tom would be best remembered for his integrity, wit and kindness which he brought to bear to everything he did.

Impact of Recent Inquiries: JP addressed the emotional and practical challenges posed by ongoing health service inquiries, recognising the potential for re-traumatisation among those affected and reaffirming SET's intent to address such issues constructively.

4.0 **CHIEF EXECUTIVE'S BUSINESS**

RC provided a verbal update on a number of topics as follows:

Anti-Racism Statement and Staff Support: RC reported on SET's swift response to recent racist attacks across Northern Ireland including the drafting and dissemination of a strong anti-racism public statement.

Recognition of Nursing Staff: RC welcomed SET's recent success at the Nurse of the Year Awards and congratulated all our nominees with special mention of MaryJo Thompson's receipt of the Chief Nursing Officer Award upon her retirement.

NHS Confederation Conference: RC summarised key themes from the recent NHS Confederation Conference which she had attended including technology, artificial intelligence and the Neighbourhood model.

Planned Industrial Action: RC informed Members of upcoming industrial action by medical staff, outlined ongoing efforts in conjunction with Professor Kirk as Medical Director as well as the People & OD team to mitigate any impact on service continuity.

Community Engagement and Staff Recognition: RC congratulated SET staff member Ms Claire McCauley on being recognised for her work in the Victorian Garden at Downshire Hospital having been awarded the BEM Medal in the Birthday Honours List.

HSC Committee in Common (CiC): RC updated on the work of the CiC which was currently developing key areas of focus to include sustainable psychiatry services, care home provider collaboration, procurement benchmarking, and information governance, RC added it was important to manage expectations regarding capacity for new initiatives.

5.0 MINUTE OF PREVIOUS MEETING HELD ON 27 MAY 2026

Approved without further amendment.

6.0 MATTERS ARISING

Noted (SET/93/26).

7.0 ITEMS FOR DECISION

7.1 QUALITY 4 ALL STRATEGY UPDATE

HM presented an update Report (SET/94/26) on the aforementioned Strategy, focusing on responses to Dr Gray's recent questions to Members around innovation ambition, required resources and partnership formation.

Innovation Ambition and Governance: **HM** outlined SET's ambition for innovation, emphasising a mission-led approach aligned with population needs and service challenges and highlighted the need to strengthen governance for safe testing as well as effective decision-making.

Resource Constraints and Workforce Utilisation: **HM** acknowledged financial limitations and the importance of leveraging existing staff trained in quality improvement and innovation rather than expecting new funding.

Board Discussion on Ambition: **SMcC** highlighted the importance of linking efficiency initiatives to quality improvement. Following discussion, **JP** concluded that Members should discuss and formally confirm what the Board's appetite for innovation was. **HM** agreed to bring a further paper to Members in due course.

7.2 BOARD ACCESSIBILITY ARRANGEMENTS

JP referred the tabled Report (SET/95/26) and initiated a discussion on the Board's public accessibility arrangements. Members discussed the possibility that low attendance from members of the public may be due to lack of awareness rather than accessibility barriers. At **JP**'s request, Members agreed Terms of Reference should be drafted for a more detailed review into this area.

7.3 TRUST BOARD STANDING ORDERS

JP deferred consideration of the tabled revised Standing Order (SET/96/26) which he stated had been received too late to ensure sufficient time for to consider properly.

7.4 REVISED TRUST BOARD MEETING SCHEDULE 2026/27

JP presented the tabled paper (SET/97/26) and proposed a reduction in the number of Board meetings from eight to six per year to align with efficiency and cost-saving goals with the option to revert if necessary.

Following consideration, Members approved the revised schedule with the understanding the arrangement would be kept under review and could be adjusted if it proved insufficient for the Board's needs.

7.5 ANNUAL REVIEW: TRUST BOARD TERMS OF REFERENCE

JP deferred consideration of the tabled revised Terms of Reference (**SET/98/26**) to allow for the revised Board Meeting dates just agreed to be inserted.

7.6 TERMS OF REFERENCE: REMUNERATION COMMITTEE

Members approved the tabled revised Terms of Reference (**SET/99/26**).

7.7 TERMS OF REFERENCE: FINANCE & PERFORMANCE COMMITTEE

Members approved the tabled revised Terms of Reference (**SET/100/26**) subject to a review that it aligns fully with the current version of the Integrated Governance & Assurance Framework (IGAF).

7.8 TERMS OF REFERENCE: CHARITABLE FUNDS COMMITTEE

Members approved the tabled revised Terms of Reference (**SET/101/26**).

8.0 ITEMS FOR ASSURANCE

8.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 2 2026/27

HM presented the tabled Report (**SET/102/26**) highlighting new palliative care indicators and updates on the Support and Intervention Framework (SIF) before Members had a detailed discussion on the Level 4 status for Unscheduled Care.

Ambulance Handover and Release to Rescue Protocol: **MN** explained the impact of the Release to Rescue Protocol which aims to offload patients from ambulances within two hours and fifteen minutes. **MN** described ongoing efforts to improve handover times and patient flow in collaboration with NIAS.

Community and Pathway Initiatives: **VC** described initiatives to improve care for frail elderly patients, including exploring single points of contact and better utilisation of community pathways, with learning from Welsh health authorities.

RC emphasised the need for system-wide collaboration, learning from other Trusts and shifting care from acute hospitals to community settings while acknowledging the relentless efforts of staff to sustain improvements.

8.2 SUPPORT & INTERVENTION FRAMEWORK (SIF) UPDATE

HM presented the tabled paper (**SET/103/26**) by detailing 11 escalations across various levels and recent formal escalations for stroke service as well as diagnostic reporting turnaround time.

HM explained SET has six escalations at Level 1, two at Level 2, two at Level 3 and one at Level 4 with recent formal escalations for stroke service and

diagnostic reporting turnaround time. **HM** noted ongoing work with SPPG on escalations and explained detailed information in the appendix for Board review.

8.3 ENCOMPASS UPDATE

HM presented the tabled paper (**SET/128&129/26**) detailing unauthorised access incidents within the Encompass system and a regional issue with rejected referral letters not reaching GPs before outlining actions taken to address breaches, enhance staff training and resolve technical failures with ongoing monitoring and regional collaboration.

Assurance and Risk Management: Members inquired about the assurance processes for other potential system failures. **HM** confirmed ongoing regional monitoring, risk sharing and governance structures to ensure system integrity.

Members agreed SET should progress with the proactive auditing of Encompass records including consideration of resource requirements and implementation of regional restricted access flags. Members requested a further report be tabled at the Board meeting in September 2026.

8.4 FINANCIAL POSITION: MONTH 2 2026/27

WT presented the tabled Report (**SET/104/26**) for the first two months of the 2026/27 financial year and highlighted the following key points:

Budget Status & Deficit Forecast: **WT** reported SET is operating without an approved budget and using indicative figures so is currently forecasts a year-end deficit of £46.1 million in the context of ongoing regional discussions about addressing the budget gap.

Savings Plans & Implementation: **WT** stated SET had identified £35.1 million in savings, focusing on reducing premium staff costs and procurement expenses with early indications showing spending under control and savings realised.

Cash Flow & Emergency Provisions: **WT** explained that, despite the lack of a formal budget, SET can continue to draw down cash as needed under emergency provisions, with the public sector potentially facing cash shortages early next year if a budget is not agreed. **RC** encouraged all staff to contribute to cost-saving efforts, highlighting team-led initiatives and emphasising the importance of accountability and innovation in resource management.

8.5 MUCKAMORE ABBEY HOSPITAL INQUIRY

SK presented the tabled paper (**SET/105/26**) summarising the findings of systemic abuse and governance failures at MAH, noting the scale of the investigation, ongoing police actions and the need for regulatory overhaul as well as improved Board oversight.

RG confirming the appointment of Ms Clare McStay had been appointed to lead implementation of recommendations.

8.6 ATHERTON REPORT

SK presented the tabled paper (**SET/106/26**) on reviewed failures in Southern Trust's cervical screening programme, identified issues with laboratory management and oversight adding the review highlighted the importance of robust governance and quality control. **SK** stated there was no direct clinical risk identified for SET.

8.7 LAGAN VALLEY HOSPITAL URGENT CARE CENTRE: TEMPORARY CHANGE OF HOURS

MN presented the tabled paper (**SET/107/26**) explaining that a decision had to be taken to temporarily change opening hours following a significant deterioration in our medical workforce position.

9.0 COMMITTEE BUSINESS

9.1 CHARITABLE FUNDS COMMITTEE

SMcC presented a number of tabled documents including approved minutes from the meeting held on 17 January 2026 (**SET/108/26**) and the Committee's Annual Report for 2025/26 (**SET/110/26**).

SMcC provided a verbal report on the meeting held on 17 June 2026 and Members noted the update. **SMcC** reported an increase in charitable expenditure, progress on reducing the number of funds in preparation for CCNI registration and the addition of a new NED to the Committee.

9.2 REMUNERATION COMMITTEE

JP presented tabled documents namely approved minutes from the meeting held on 17 January 2026 (**SET/108/26**) and the Committee's Annual Report for 2025/26 (**SET/110/26**).

JP provided a verbal report on the meeting held on 8 June 2026 with Members noting the implementation of a new performance programme for EMT Directors and confirmation that there were no issues requiring escalation.

9.3 FINANCE & PERFORMANCE COMMITTEE

RH presented tabled documents namely approved minutes from the meeting held on 17 January 2026 (**SET/108/26**) and the Committee's Annual Report for 2025/26 (**SET/110/26**). **RH** then provided a verbal report on the meeting held on 22 June 2026 which was noted.

9.4 AUDIT COMMITTEE

SH presented tabled documents namely approved minutes from the meeting held on 17 January 2026 (**SET/108/26**) and the Committee's Annual Report for 2025/26 (**SET/110/26**). **SH** also provided a verbal report on the meeting held on 18 June 2026 and Members noted the update.

9.5 PEOPLE & CULTURE COMMITTEE

Members noted a change in the Committee's next meeting date and were advised its Annual Report would be presented at the next meeting.

9.6 DESIGNATED NON-EXECUTIVE DIRECTOR REPORTS

Members noted tabled reports on **Maternity Services (SET/118/26)**, **Raising Concerns (SET/119/26)**, **Patient Safety (SET/120/26)**, **Domestic Violence & Sexual Abuse (SET/121/26)** and the **Being Open Framework (SET/122/26)**.

10.0 ITEMS FOR NOTING

10.1 BIG DISCUSSION: FRAILTY EMERGENCY DEPARTMENT PROJECT

Noted (SET/123/26).

10.2 EXTERNAL REPORT REGISTER: RECENT ADDITIONS

Noted (SET/124/26).

10.3 RESPONSE TO WRITTEN QUESTIONS SUBMITTED TO TRUST BOARD

Noted (SET/106/26) with the questions received and responses provided recorded as follows:

The Ministerial Statement clearly specified that a NEW Patient Safety and Quality Committee is to be established. Why is SEHSCT renaming its current Governance Assurance Committee rather than following the directions from the Health Minister and the DoH?

The Governance Assurance Committee held its final scheduled meeting on 29 April 2026. At the Trust Board meeting held on 27 May 2026, Members were asked to consider and approve a recommendation to establish a dedicated Patient Safety & Quality Committee (PSQC) by way of approving a Terms of Reference which expands upon and subsumes the remit of the Governance Assurance Committee with a revised and enhanced remit aligned to the Ministerial Statement. Following consideration, Members agreed the draft Terms of Reference as tabled.

The Ministerial Statement clearly specified that the NEW committees in all Trusts will operate within a regionally standardised approach. Why is SEHSCT delegating the Terms of Reference for what should be a NEW committee to the current Governance Assurance Committee, rather than establishing a new committee and adopting the regionally standardised approach as envisaged by the Health Minister and DoH?

As per the Ministerial Statement, the Trust's PSQC will operate within a regionally standardised approach. Under Standing Orders, Trust Board holds reserved authority to establish new Board Committees and/or approve Committee Terms of Reference. As such, the new Committee's Terms of

Reference were considered and approved by Trust Board at its meeting held on 27 May 2026.

How can the public have any confidence in the renamed committee to improve patient safety and quality of care? The current SEHSCT proposals appear to be a continuation of the current processes with all of their flaws, rather than the fresh start envisaged throughout the Ministerial Statement.

The PSQC is a new Committee with its own Terms of Reference which aims to enhance oversight and assurance on matters relating to patient safety and quality of care.

If SEHSCT considers that the Governance Assurance Committee has been totally superseded and is no longer fit for purpose, that committee should be dissolved and a clean break made between the old arrangements and the new regional policy to be implemented through the new committee, which should be dedicated SOLELY to patient safety and quality. Why has SEHSCT determined to follow a different pathway? Who within SEHSCT took the decision to defy the clearly expressed instructions from the Minister and the Department?

As noted above, the Governance Assurance Committee held its final scheduled meeting on 29 April 2026. The Trust has followed the Ministerial Statement and has established a dedicated PSQC in line with instructions contained therein.

JP confirmed the agreed written response was issued on 19 June 2026.

10.4 UROLOGY INQUIRY UPDATE

SK provided a verbal update on the findings of the Urology Inquiry which were published earlier today. **SK** advised the Inquiry had identified patient harm, consultant practice deviations and systemic governance failures.

SK recommended aligning lessons identified with those highlighted in other recent reports for Board review in September. Following discussion, Members agreed with this approach.

10.5 CORPORATE PARENTING: BOARD MEMBER ATTENDANCES 2025/26

Deferred until the next meeting (**SET/127/26**).

11.0 ANY OTHER BUSINESS

None.

12.0 DATE AND VENUE OF NEXT MEETING

JP advised the next Public meeting would be held on Wednesday 30 September 2026 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 5.03pm.