South Eastern Health and Social Care Trust

Paper No: SET/153/26
Trust Board Meeting: 30 September 2026
Public Agenda Item 4.3

Title of Paper:	**Encompass Update**		
~~**For Decision**~~	**For Assurance**	~~**For Information**~~	~~**For Discussion**~~

1.0	**Background:**
	encompass is the regional electronic health and care record and remains central to the Trust's delivery of safe, joined-up care. This paper provides assurance to Trust Board on three current areas requiring sustained oversight: 1. Inappropriate access to records 2. Rejected referral communications 3. Reflection on the Northern Ireland Assembly Public Accounts Committee (PAC) Report on Major IT Projects (copy attached for ease of reference - **SET/182/26**). As at 18 September 2026, significant corrective actions have been implemented, investigations continue where required, and no evidence of patient harm has been identified.
2.0	**Key Issues:**
	1. Inappropriate access and access-control assurance Since implementation of Encompass in November 2023, nine members of SET staff have been subject to formal disciplinary investigation processes relating to suspected unauthorised access to patient information. Allegations are audited to determine whether access was appropriate and, where unauthorised access is established, the matter is managed under the Disciplinary Policy. Recent access-control issues identified vulnerabilities affecting restricted departments and Healthcare in Prison (HiP) information. For SET, login restrictions were not effective between 9 November 2025 and August 2026. The Trust and regional programme have adopted a three-stage approach: resolve the technical issues, investigate potential inappropriate access, and implement lessons learned through formal remediation and RCA processes. Progress Fix: Technical fixes have been implemented across the identified access-control issues, with further validation continuing to ensure no additional vulnerabilities remain.

	Audit: SET's audit review has identified a small number of accesses with potential to be inappropriate, but those cases cannot be confirmed until individual investigation is complete. The Trust is progressing a phased review, initially focusing on staff who should not have had HiP access but received it through the department-access issue, then considering wider cohorts where justified. Remediate: Regional actions in progress: an independently chaired RCA; review and categorisation of restricted departments; historical access review; tighter control of Audit Trail Viewer access; improved testing, change control and incident communications; and training/support for Information Governance teams. Audit processes across all Trusts remain primarily reactive. Regional discussions are underway regarding proactive auditing; however, implementation would require additional investment in capability and resource. **2. Rejected referrals** The original issue concerned referral rejection letters that should have been automatically issued to GPs but were not generated. SET's early alert recorded approximately 2,300 affected letters from November 2025, with subsequent regional analysis establishing that the issue extended back to SET go-live in November 2023. Clinical and administrative validation has been prioritised by risk. The most recent substantive SET position available for this paper indicates that all two-week-wait and urgent referral rejections had been reviewed; routine referral rejections has progressed significantly and will be complete by 25/09 if not before. At this time no negative impact to patients has been found. A final closure report was not yet available on 18 September 2026. The Referrals Task and Finish Group met on 17 September with rejected referrals, communications and the issues log on its agenda. We expect a Closure report in October at the current projection. Controls now include revised referral-triage & administrative guidance, continuing monitoring of re-referrals, strengthened validation/escalation, and regional RCA/Task & Finish governance, we expect implementation of these controls early October and will monitor to ensure these are embedded. Wider referral-workflow issues, including consistency of clinical and administrative practice, should remain within the improvement programme rather than being treated as a closed technical defect. **3. Reflection on the Public Accounts Committee report** The PAC report highlighted recurring challenges common to major public-sector digital programmes, including governance, capability, benefits realisation and performance measurement. It is linked to the previous reports from Audit Office linked below July 2025 - *Major IT Projects in Northern Ireland* - *Audit Office Link* Dec 2025 - *Comptroller and Auditor General's report 2025* - *Audit Office Link* July 2026 – *Report on Major IT Projects in Northern Ireland* - *PAC Link*

	Recent Encompass issues reinforce the importance of robust operational assurance. Benefits cannot be assumed solely because the system is live; they must be evidenced through reliable performance data, effective controls and transparent reporting. Delivering these outcomes requires sustained investment in clinical informatics, Professional lead teams, analytics, digital safety, information governance, Digital service, testing, training and change capability. Without sufficient capacity there is a risk that teams remain focused on remediation activity rather than optimisation and benefits realisation. Board assurance should therefore extend beyond system stability to whether the programme has the resources and capability needed to deliver long-term transformation benefits and what opportunities there are to progress. Taken together, these issues demonstrate the importance of continued investment in governance, assurance and optimisation to ensure Encompass delivers safe care and the full benefits of digital transformation.
3.0	**Link to Strategic Objectives:**
	Our People ☐ Population Health & Health Inequalities ☐ Delivering Care Closer to Home ☐ Hospital Care ☐ Safety, Quality and Experience of Care ☒
4.0	**Resource Implications (inc Organisational, Financial, Human Resources):**
	1. Organisational
	Continued leadership attention is required across Digital, clinical services, Information Governance, Risk, HR, Communications and operational directorates. Regional dependencies require clear escalation and accountability.
	2. Financial
	No additional funding approval is sought through this paper. However, recent operational issues and the PAC findings reinforce the importance of ensuring sufficient multidisciplinary capability is available to support safe operation, optimisation and benefits realisation.
	3. Human Resources
	The Trust requires an appropriately skilled and resilient blend of clinical, operational, technical, analytical, Information Governance, digital safety, training and change expertise. Capacity should be assessed against the assurance expectations arising from the PAC report and the practical workload needed to improve patient safety and provide staff with a positive, responsive and supportive Encompass experience.
	4. Environmental Factors Yes ☐ No ☒

5.0	**Impact on Safety, Quality and Experience (SQE):**
	1. Safety
	Unauthorised record access threatens confidentiality and public trust. Missing referral communications may delay clinical follow-up. Open cases must remain under formal investigation and safety monitoring until resolved.
	2. Quality
	Controls include risk-based audit, reliable reporting, robust pre-production testing, clear change control, consistent workflows, independent RCA and tracked completion of corrective actions.
	3. Experience
	Patients and referrers require confidence that information is protected, referral outcomes are communicated, and concerns are acted upon transparently and promptly.
6.0	**Key Risks and Proposals to Mitigate:**
	1. Key Risks
	Risk that patient information may be accessed inappropriately where access controls, monitoring arrangements or staff compliance are insufficient.
	2. Proposals to Mitigate
	Technical access controls, staff awareness, reactive audit processes and development of regional proactive-auditing capability.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☐ No ☐ Is it listed on CRR? Yes ☒ No ☐ Encompass Corporate Risk

Lead Director:	**Helen Moore, Director of Performance, Planning & Informatics**
Date:	**24 September 2026**

Reasons for Paper Presentation

Decision	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*
Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*