

## 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 May 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 C-M Dickson, 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  
Mr C Martyn, Medical Director (E)  
Mrs H Moore, Director of Planning, Performance & Informatics  
Ms S McCauley, Non-Executive Director  
Mr K McMahan, Non-Executive Director  
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  
Dr 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:** Mrs M McNally, Assistant Director, Risk Management & Governance (Board Secretary) (minutes)  
Mr D Cairnduff, Assistant Director, People & Organisational Development (on behalf of Mrs C Smyth)  
Mrs V Cleland, incoming interim Director of Primary Care & Older People's Services (observer)  
Ms J Loughrey, Head of Communications

### OPENING REMARKS

**The Chairman** welcomed everyone in attendance including trade union representatives and a member of the public observing proceedings before covering a number of house-keeping matters and advising the meeting would be recorded to trial a new method for minuting proceedings.

### PRESENTATION: TRADE UNION CHAIR – AGENDA FOR CHANGE PAY AWARD 2025/26

**The Chairman** advised he had agreed to a written request from the Trust's Trade Union Chair, Ms Gillian Foley, to address Members on the issue of staff pay before inviting her to present.

**Ms Foley** thanked the Chairman for the opportunity to highlight concerns relating to the implementation of the Agenda for Change Pay Award 2025/26. **Ms Foley** reminded Members the 2024/25 award had been significantly delayed resulting in payments being issued in the final pay-run

of the financial year. **Ms Foley** commented the 2025/26 recommendations had been announced and accepted by the Minister so there was a need to avoid a repeat occurrence this year. **Ms Foley** explained the pay award being delivered late in the financial year impacted those in receipt of welfare benefits, the ability to recruit and affected overall morale.

**Ms Foley** noted there remained no confirmation the pay award would be funded in full and Unison would be seeking a Ministerial meeting to ensure no staff member would be negatively impacted. **Ms Foley** asked for the Board's support in advocating for a fair and decent pay award to be delivered in a timely manner as well as the opportunity to return to Trust Board as the process moves on.

## 1.0 APOLOGIES

Mr McKinley (Non-Executive Director), Mrs Smyth (Director of People & Organisational Development) and Mr Neil (Director of Unscheduled Care, Medicine & Cancer).

## 2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS

None declared.

## 3.0 CHAIRMAN'S BUSINESS

Noted (**SET/38/25**). At this juncture, **the Chairman** advised Items 7.1 and 7.2 would be deferred to allow proposed changes to Trust Board's Terms of Reference to be considered at the next meeting as this may result in amendments to Committee Terms of Reference.

## 4.0 CHIEF EXECUTIVE'S BUSINESS

**Ms Coulter** updated Members on significant challenges being faced within Unscheduled Care and specifically UHD ED. **Ms Coulter** also highlighted efforts to address Elective Care waiting lists with Ms Parks chairing an Oversight and Implementation Group to prioritise actions on those waiting over 4 years.

## 5.0 MINUTE OF PREVIOUS MEETING HELD ON 26 MARCH 2025

Approved without further amendment.

## 6.0 MATTERS ARISING

Noted (**SET/39/25**).

## 7.0 ITEMS FOR DECISION

### 7.1 ANNUAL REPORT: SEHSCT DISCHARGE OF DELEGATED STATUTORY FUNCTIONS & CORPORATE PARENTING

**Mrs Preece** presented the 2024/25 Annual Report (**SET/40/25**) highlighting key issues arising from the delivery of statutory functions before requesting approval.

**Ms McCauley** asked about progress with a business case for more staff to meet legal duties arising from the Mental Capacity Act and whether this was being taken forward at pace. **Mrs Gibbs** confirmed the business case was being prepared but SPPG have advised that no funding available at present adding noted that one of

the challenges would be sourcing adequate resources both in terms of finance and qualified staff. **The Chairman** then sought and obtained approval for the Annual Report.

## 7.2 TERMS OF REFERENCE: PEOPLE & CULTURE COMMITTEE

Item deferred.

## 7.3 TERMS OF REFERENCE: AUDIT COMMITTEE

Item deferred.

## 8.0 ITEMS FOR DISCUSSION

### 8.1 INTEGRATED PERFORMANCE MONITORING REPORT

**Mrs Moore** presented **SET/44/25 Year End Report 2024/25**, **SET/45/25 Month 1 2025/26** and **SET/46/25 NME Assurance Report Q 2024/25** by summarising performance information contained therein and confirming the SDP had been stood down as of 31 March 2025. **Mrs Moore** advised the SPPG Director of Performance had attended the Finance & Performance Committee to discuss the new reporting arrangements. **Mrs Moore** advised the Report would now use Statistical Process Control (SPC) charts to plot data over time which is recognised as a good technique when implementing change to enable understanding as to whether the changes being made are resulting in improvement. **Mrs Moore** explained how this was a key component of the Model of Improvement used within NHS England. **Mrs Moore** also noted WHSCT and SHSCT had both went live with encompass this month so all Trusts were now on the system which was a significant milestone to enable standardised reporting in future.

**Mr McMahon** asked if the 2025/26 targets had been agreed yet with SPPG noting capacity appeared to be the primary limiting factor impacting performance before seeking clarity on a number of specific targets including whether the Cancer 14 day target to ask if this related solely to breast activity. **Mrs Moore** confirmed this was the case and provided relevant background including where a target had not yet been set. **Ms Coulter** added SPPG were adjusting targets across HSCNI and it was crucial any variation is clearly identified so the team would review the feedback received to make any necessary adjustments. **Mrs Henderson** referred to Page 17 of the Month 1 Report and asked if there was any reason behind the increase of 152 patients waiting longer than 12 hours within Unscheduled Care. **Mrs Moore** advised there had been a recent meeting with the Regional Co-ordination Centre (RCC) support team to understand why this was as there had been steady improvement against this target to this point. **Mrs Dickson** added April saw a significant rise in of complex discharges right across the board which appeared to have stabilised since. **Ms McCauley** referred to Page 30 of the same Report which stated some patients remain on AHP waiting lists despite already been seen and asked if the process of cleaning up the waiting lists had a set date for completion. **Ms Coulter** stated there was priority being given to reviewing patients waiting more than 4 years including for AHP services adding the 13 week target from referral to commencement of treatment appeared likely to remain as it is. **Mrs Dickson** advised AHPs dedicated significant time to supporting SHSCT and WHSCT during their pre go-live phases though this capacity should become

available again in the months ahead. **Mr McMahon** asked when the process within the AHP service whereby clinics were being reviewed to increase activity with additional non-recurrent resources might conclude and **Mrs Dickson** advised she would arrange to have more details tabled at the next meeting.

## **8.2 FINANCIAL REPORT: MONTH 12 2024/25**

**Ms Thompson** presented a Report (**SET/47/25**) noting it would not be appropriate to table detailed Year-End information ahead of the Annual Accounts being approved. **Ms Thompson** advised the 2025/26 outlook was very challenging with SET yet to receive an allocation letter so not in a position to present a budget for the new financial year. **Ms Thompson** stated the roll forward position was a deficit of circa £80m against which SET has a savings plan to reduce the forecast to around £50m. **Ms Thompson** detailed work to provide DoH with assurance robust structures are in place to take forward vital in-year decisions to manage the financial position including that of the Delivering Value Oversight Group supported by its five sub-groups. **Ms Thompson** referred to Page 5 to explain a number of 'grip and control' measures and advised outcomes would be set out in the Board Financial Report moving forward. **Ms Thompson** also updated on the Regional Financial Governance Review outcomes following review by the Finance & Performance Committee.

**Mrs Henderson** welcomed the work of the new internal groups as positive and asked to which Board Committee they would report into. **Ms Thompson** replied any issues escalated to the Delivering Value Oversight Group would be considered by EMT and included in this Financial Report with the Finance & Performance Committee examining key elements as necessary. **Ms Coulter** explained the new interim DoH Permanent Secretary recognises the necessity of taking a system-wide approach to financial stabilisation with all Trusts working together to make best use of public resources but in a context where many significant actions required regional decision-making. **Mr Havlin** referred to the establishment of the Agency Reduction Oversight Group (AROG) and the Community Care Oversight Group last year and asked if there was any understanding of savings already achieved through this work. **Ms Thompson** explained AROG had overseen the transition onto the new Agency Framework with resulting savings being circa £4-5m adding the Community Care Group had had a similar role monitoring parallel changes within the social work workforce.

## **8.3 LEARNING DISABILITY: COMMISSIONING OF INPATIENT SERVICE**

**Mrs Gibbs** presented a Report (**SET/48/25**) highlighting that BHSCT are commissioned to provide community psychiatry and in-patient services for Adults with Learning Disabilities (LD) residing in the SET area. With the closure of MAH, BHSCT have had reduced ability to provide a service despite no change in commissioning arrangements with DoH/SPPG looking at developing a new model. In the interim, patients placed in MH wards have a LD Psychiatry service provided by BHSCT psychiatrists to ensure there is a Registered Medical Officer (RMO) as legally required. **Mrs Gibbs** stated BHSCT had informed SET they could no longer provide RMO cover adding SPPG had confirmed again in writing they would move at pace to resolve the situation.

**Mrs Henderson** asked if revenue funding had been approved for the implementation of the Community Assessment and Treatment Unit (CATU) Business Case during 2025/26 and for the proposed development of 3 bedded in patient unit Business Case in 2026/27. **Mrs Gibbs** confirmed these were both approved in principle though the latter would not be until next year adding she wished to record appreciation for the ongoing flexibility and dedication of staff. **Ms Coulter** added these issues had been escalated at all levels within SPPG, BHSCT and addressed at SET SOF/SOMs meetings.

**Ms McCauley** commented it was important SET operate at pace as there was significant ongoing impact adding there was a need to clearly demonstrate how SET has managed and mitigated the known risks arising from this situation. **Mrs Gibbs** replied that SPPG had accepted via correspondence this was outwith SET's ability to resolve and funding transfer from BHSCT to SEHSCT. **Mr McMahan** asked how the withdrawal of RMO cover would be addressed in the short term and referred to the earlier business case discussion to highlight that given the risk sat with SET how this can be progressed as soon as possible. **Mr McMahan** then sought clarity on whether MAH had been formally recognised as closed. **Mrs Gibbs** replied BHSCT remained commissioned to provide all the relevant services which had been closed to admissions in 2022 from a SEHSCT perspective. BHSCT have advised that can only provide RMO support on a case by case basis and MAH was now closed to new admissions. **Mrs Gibbs** highlighted the incredible work by community staff to avoid admissions but there would always be a need to support a small number of in-patients.

#### **8.4 HEALTHCARE IN PRISON (HiP): PRISON POPULATION & IMPACT**

**Mrs Gibbs** presented a Report (**SET/49/25**) noting a 32% increase in NI's prison population since 2019 in the context of a decreasing overall crime rate but court processes adding to a remand population approaching 50% of all prisoners being a significant outlier compared to neighbouring jurisdictions. **Mrs Gibbs** explained an unstable prison population brings its own complexity with a previous RQIA Report accepting HiP was already 50% underfunded when benchmarked so it was alarming almost no additional resource had been made available despite the increase in demand. **Mrs Gibbs** hailed the good working relationship with NIPS and the many achievements made by HiP over the last five years but the outlook was concerning and had formed the basis of an Early Alert a number of weeks ago. **Mrs Gibbs** explained a number of steps had been taken since including meetings with SPPG and RQIA.

**Mrs Quirk** asked what engagement had taken place with DoJ to leverage funding given the human rights associated with access to health care and the impact longer prison stays may have on mental well-being and likelihood of re-offending. **Mrs Gibbs** explained DoJ had increased funding for NIPS but DoH had not for HiP. **The Chairman** asked what impact there had been from a recent high profile regional staff recruitment campaign for HiP. **Mrs Gibbs** stated there had been a 40% vacancy rate in primary care nursing and medical staff when she was appointed as Assistant Director with HiP responsibility which now stood at 1% with much credit due to the Lead Nurse and Clinical Director within the service for the turnaround. **Mrs Gibbs** commended the external campaign as helping to change the narrative around working within HiP as somewhere a real difference to society can be made.

**Mr McMahon** asked the about challenges faced by the HiP workforce and what could be done to address the inescapable pharmacy costs given more than 80% of the prison population were on some form of medication. **Mrs Gibbs** highlighted benchmarking work which had reviewed the staffing profile and found it to be diverse and based on a MDT model which other jurisdictions were moving towards and away from their medically led teams. **Mrs Gibbs** added SET carried the costs associated with pharmacy as HiP is a regional service so the team can clearly identify those pressures which continue to trend upwards. **Dr Robinson** welcomed the discussion noting he was due to visit Hydebank College next week with the Chief Nursing Officer and would underscore key points made as part of that engagement.

#### **8.5 ANNUAL REPORT: CELEBRATION OF NURSING & MIDWIFERY**

**Dr Robinson** summarised of the 2024 Report (**SET/50/25**) with **the Chairman** recording appreciation for the work of nursing and midwifery colleagues.

#### **8.6 VACCINATION PROGRAMME YEAR-END SUMMARY 2024/25**

**Dr Robinson** presented a Report (**SET/51/25**) highlighting SET staff had delivered circa 14000 vaccinations in partnership with PHA during 2024/25 – an increase of 235 on the previous year - in a context where there was general vaccination fatigue including amongst our colleagues. **Dr Robinson** stated he was able to confirm SET had the highest uptake amongst staff regionally – a message which will continue to be relevant and something highlighted as part of Hospital and Community Flow meetings. **Ms McCauley** commended the Report adding it was important to recognise how preventative action saves lives.

#### **8.7 REGIONAL BREAST ASSESSMENT SINGLE WAITING LIST UPDATE**

**Ms Parks** presented a Report (**SET/52/25**) which updated on the operationalisation of the Single Waiting List initiative with a new SOP in place to equalise the waiting times before noting this would not necessarily improve capacity or performance.

**Ms Coulter** stated EMT felt it was important to table the update to demonstrate SET's commitment to delivering as hosts of the new service. **Ms Coulter** added such ways of working formed part of a new direction of travel now that encompass had been implemented across all Trusts.

### **9.0 COMMITTEE BUSINESS**

#### **- APPROVED MINUTES**

#### **9.1 PEOPLE & CULTURE COMMITTEE: 17 FEBRUARY 2025**

Noted (**SET/52/25**) with **Mrs Quirk** stating there were no escalations to report.

**Mrs Quirk** also advised the Committee had approved the Medical Appraisal and Revalidation Annual Reports for 2022 and 2023 at its most recent meeting.

## 9.2 AUDIT COMMITTEE: 3 APRIL 2025

Noted (SET/54/25) with Mrs Henderson stating there were no escalations.

## 9.3 GOVERNANCE ASSURANCE COMMITTEE: 22 JANUARY 2025

Noted (SET/55/25) with Ms McCauley advising of no escalations at this stage.

## 9.4 FINANCE & PERFORMANCE COMMITTEE: 24 FEBRUARY 2025

Noted (SET/56/25) with Mr Havlin confirming there were no escalations.

## - ANNUAL REPORTS

### 9.5 PEOPLE & CULTURE COMMITTEE 2024/25

Mrs Quirk presented the Report (SET/57/25) acknowledging 2024/25 was the first full year the Committee had been in operation and would continue to develop its remit.

Mrs Quirk recorded thanks to everyone involved including the former Chair, Mrs O'Hagan, Mr Havlin and Mrs Dickson.

### 9.6 AUDIT COMMITTEE 2024/25

Mrs Henderson summarised the Report (SET/58/25) with the Committee remaining mindful of the need to continue to strengthen the internal control environment to underpin the unqualified overall audit opinion achieved during 2023/24.

Mrs Henderson paid tribute to the former Chair, Mr Brady, and Mrs O'Hagan who had retired and recorded thanks to all who support the Committee.

### 9.7 ADOPTION PANEL 2024/25

Mrs Preece outlined the content of the Report (SET/59/25) acknowledging the appointment of new NED colleagues and the completion of their inductions. Mrs Preece advised all decisions relating to adoption plans remain subject to High Court scrutiny so there was much regional activity as well as local engagement.

Mrs Quirk acknowledged the remarkable amount of preparatory work to support Members. Mr Havlin highlighted positive feedback from recent surveys as impressive given how challenging the process can be which was testament to how well the panels are run. Mrs Henderson commended the recent Fostering Day at Crawfordsburn Country Park and engagement at the Balmoral Show.

## 10.0 ITEMS FOR NOTING

### 10.1 HOSPITAL & COMMUNITY FLOW: A YEAR IN REVIEW 2024/25

Item deferred by the Chairman due to a need for clarity on its content.

**10.2 DoH PUBLIC CONSULTATION: FINAL REPORT OF THE REGIONAL REVIEW OF NEUROLOGY SERVICES**

Noted (**SET/61/25**) with **the Chairman** advising the Reports at Items 10.2 to 10.5 had been added to the External Report Register for information.

**10.3 NIAO REPORT: HEALTH & SOCIAL CARE IMAGING SERVICES**

Noted (**SET/62/25**).

**10.4 NIAO REPORT: EFFECTIVE AUDIT & RISK ASSURANCE COMMITTEES**

Noted (**SET/63/25**) with **the Chairman** adding he would be attending the official NIAO launch next month.

**10.5 DoF PUBLICATION: REVISED CORPORATE GOVERNANCE IN CENTRAL GOVERNMENT DEPARTMENTS – CODE OF GOOD PRACTICE NI**

Noted (**SET/43/25**).

**11.0 ANY OTHER BUSINESS**

**Ms Coulter** advised this was Mrs Dickson's final Public Board meeting as Director of Primary Care & Older People's Services before her retirement before paying tribute to her outstanding service to SET as well as the nursing profession more generally. On behalf of Members, **the Chairman** thanked Mrs Dickson for her incredible leadership and personal contribution over many years. **Mrs Dickson** thanked colleagues adding it had been an absolute privilege and wished colleagues well for the future.

**12.0 DATE AND VENUE OF NEXT MEETING**

**The Chairman** advised the next Public meeting would be held on Wednesday 25 June 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 3.52pm.