

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust

Finance & Performance Committee held on

Monday 23 June 2025 at 11.00am

in the Boardroom, Trust Headquarters, Ulster Hospital and via Teams

Present:	Mr R Havlin	Non-Executive Director (Chair)
	Mrs S Henderson	Non-Executive Director
	Ms S McCauley	Non-Executive Director
	Mr N McKinley	Non-Executive Director
	Mr K McMahon	Non-Executive Director
In Attendance:	Ms W Thompson	Director of Finance & Estates
	Mrs H Moore	Director of Planning, Performance & Informatics
	Mr M Neil	Director of Unscheduled Care, Medicine & Cancer (Item 5 only)
	Mrs J Dunlop	Asst Dir Financial Management
	Mr J Patton	Trust Chairman
	Miss C Hughes	Personal Assistant (Minutes)

1. Introductions

Mr Havlin welcomed Mr McMahon to the Committee and noted that he has replaced Mr Donaghy. He also noted that apologies had been received from Ms R Coulter, Chief Executive.

2. Declaration of Conflict of Interest

All present confirmed that they had no conflict of interest with any of the items on the agenda.

3. Minutes of the Previous Meeting – 19 May 2025

The minutes of the previous meeting held on 19 May 2025 had been circulated with papers for the meeting. The minutes were confirmed as an accurate record of the meeting.

4. Matters Arising from the Previous Meeting

It was noted that the only matter arising from the previous meeting had been an update to the Terms of Reference for the Committee. Ms Thompson advised that this work had been paused until the finalisation of the Trust Board Terms of Reference. All sub-committee Terms of Reference flow from the Trust Board document.

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5. **Performance Update : Presentation on Unscheduled Care** **Action**

A briefing on the Support & Intervention Framework (SIF) Escalation – Unscheduled Care (Level 3) had been circulated with papers for the meeting. In presenting the report, Mrs Moore outlined the SIF on Unscheduled Care which is rated as level 3. SIF reports at below level 4 are not routinely presented at Trust Board but she wished to take this opportunity to detail the journey being experienced by Unscheduled Care.

By way of background, Mrs Moore advised that Unscheduled Care is the patient's journey from home, through hospital and home again. The Trust has taken a joint approach to assessing and improving the patient journey via a Hospital and Community Flow Oversight Group, chaired by the Director of Unscheduled Care/Medicine/Cancer and the Director of Primary Care & Older People. The membership of the Group includes Directors; Clinical Leads; Associate Medical Directors and Assistant Directors. The focus of the Group included the issues raised at "the Big Discussion" Workshops and is regularly discussed by senior staff across the Trust. Mrs Moore noted that support has also been provided by Ms Wendy Magowan, Regional Co-ordination Centre. Ms Magowan has been a critical friend and provided constructive challenge throughout the process and assisted with the Locality Plan preparation. The Trust has also, just last week, opened the new Urgent Care Centre which has replaced the Minor Injuries Unit.

Mr Neil highlighted the circulated presentation and noted that, as detailed on pages 2/3 of the briefing, additional funding had been allocated to support improvements in ambulance handover times. Following discussion, with Trust regional/SPPG colleagues, regarding the best use of this funding, it was agreed that the frail elderly have a significant impact on SET hospital flow. He highlighted the eight proposals which have been identified:-

- Hospital at Home Expansion: This service provides hospital level care for people in their home. It has commenced in the North Down and Ards areas with capacity for 16 patients per day. The plan is to expand the service to the Downpatrick area before the end of the summer.
- Expansion of Early Review Team and Home Care Service: The best place to assess clients for home care is in their own home rather than the hospital environment. This Team, including Occupational Therapy and Home Care staff, provide a package of care

for a defined period of time. The plan is to expand this service across a wider area and include some weekend cover.

- Community Navigator in Emergency Department (ED): This is a trial project whereby a Senior Nurse/Social Worker in ED to act as a liaison with Care Homes/families to ensure they understand the suite of community services available to help clients obtain help without being admitted to hospital.
- Expansion of Frailty at Front Door Service and
- Medicines Optimisation Pharmacist: These roles (Geriatrician and a Pharmacist) will provide a dedicated Frailty Service within ED. The addition of a Pharmacist was viewed as vital to this service as often elderly people are admitted to hospital due to issues with their medication.
- Live Take Acute Physician: This will enable patients requiring acute medical treatment to commence their treatment plan immediately and reduce delay.
- Mental Health Home Treatment Team Overnight: This Team will provide care to patients requiring support whilst awaiting admission or community services. The current over occupancy within Mental Health wards was highlighted.
- Patient Low Twilight Shift: This will bolster the Patient Flow Team and assist with the decision making processes within ED.

Detailed discussion took place regarding the proposals outlined. In response to a query from Mr McMahon regarding the level of staffing outlined, Mr Neil advised that the plan is to have a Frailty Team in ED Monday – Friday, with the potential, after review of job plans, for virtual support to be available at weekends.

Mr McMahon enquired about the costings for the Hospital at Home Expansion proposal as the current year effect figure is higher than the full year effect. Ms Thompson clarified that the initial Hospital at Home business case had been progressed at risk as the plan would close undesignated beds, which could fund the Service, and therefore the net FYE should be lower than CYE as costs will be offset from savings from bed closures,

Mr Havlin asked if any information has been received from SPPG regarding the measurement of strategies in respect of ambulance handover times/ED waiting times. Mr Neil advised that the additional funding is expected to make a material difference to ambulance handover times and this is being discussed regionally with SPPG colleagues. In relation to the SIF measures against various levels, and how

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these would decreased/escalated, has been raised with SPPG/DoH but no definitive answer although the System Oversight Measure (SOM) indicates that by March 2026 no ambulance will wait over 2 hours for handover. Mr Neil also commented that a regional update was received last week in respect of the SOM on 12-hour breaches that the target will be measured by a 10% change from 2024/25 position. Mrs Moore outlined the ongoing work with SPPG/DoH colleagues to have clear indicators and how to strengthen actions being undertaken in respect of growth and frailty/falls. Discussions are also taking place with Mr Brian McAleer, SPPG, regarding how SIF could include targets and an indicator (arrow) to advise if performance has improved/decreased even if the level remains static. Information on the background to allocation of level/ de-escalation is awaited. Brief discussion took place regarding the use of Length of Stay (LOS) as an indicator but Mr Neil indicated that this can be very seasonal due to respiratory infections, etc.

Mr McKinley queried the increased level of attendances at ED and how they are being referred. Mr Neil highlighted page 3 of the briefing paper, graph outlined Growth in Attendances, which detailed the increased from May 2024 (14,393) to May 2025 (14,798). He advised that there has been an increase in the under of "walking wounded" patients who present themselves to ED. The opening of the Urgent Care Centre will assist with those patients who currently present at ED without being seriously unwell as they can be referred to that facility. Mrs Moore noted that discussions have been ongoing with SPPG colleagues regarding the definition of Urgent Care Centre, and the activity to be undertaken there, as it can deal with more serious cases than those previously cared for in the Minor Injuries Unit.

In response to a query from Mr McKinley regarding the role of Hospital At Home in relation to Nursing/Residential Homes. Mr Neil advised that the GP Out of Hours Service, and NIAS, are aware of the pathway to Hospital At Home care and details of the expansion will be shared.

Mrs Henderson enquired if the high vacancy levels across Social Work will impact services and Mr Neil indicated that the Hospital Social Work Team does not experience the same recruitment challenges as other areas. He outlined the support of the Multi-Disciplinary Team in conversations with families.

Mr Havlin thanked Mr Neil for his very informative presentation and he left the meeting.

6. **Business Case : Community Assessment & Treatment Unit – Linen Lodge** **Action**

A briefing paper and business case in relation to the Community Assessment & Treatment Unit (CATU) had been circulated with papers for the meeting. Ms Thompson advised that this business case has been presented for review prior to submission to SPPG. Whilst the Business Case is within the Trust's capital funding approval limit (£10m for Hospital Schemes and £5m for Non-Hospital Schemes), there is a significant revenue consequence for which SPPG support is sought. The normal process is that a "letter of comfort" is provided by SPPG with regard to the future revenue consequences, but this is becoming increasingly challenging in the current budgetary environment.

During discussion Mr McKinley queried the potential for developing a shared resource with another Trust but Ms Thompson noted that the South Eastern Trust is the only Trust which does not have inpatient Learning Disability beds. This service is provided via the Belfast Trust in Muckamore Abbey Hospital but, as that facility is in the process of closing, they are not accepting new admissions. This business case will help to address the issue by providing community support and short term respite services for Learning Disability clients to avoid acute admissions. The proposed location for Linen Lodge is Thompson House, Lisburn, a Trust facility. Mr Havlin enquired about the release of funding following the closure of Muckamore Abbey Hospital and Ms Thompson advised that this is provided centrally by SPPG therefore the saving will be in the regional budget.

During discussion Ms Thompson elaborated on the needs of the Learning Disability clients who would require short term support during a period of crisis, ie approximately a half day to a few days stay.

Mrs Henderson and Mrs McCauley raised issues regarding the strategic context of the business case and felt that this could be strengthened by including reference to the Trust's Policies; Strategies and DoH Programme for Government. Mrs Moore undertook to have this section updated before submission, if approved.

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Mr Havlin sought, and received, the approval of all members of the Finance & Performance Committee to progress this Business Case following the amendment suggested to the strategic context.

7. Opening Indicative Budgets 2025/26

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A report entitled “Revenue and Capital Budgets 2025/26” had been circulated with papers for the meeting. Ms Thompson advised that this information would also be discussed at the Trust Board scheduled for 25 June 2025.

In presenting the report Ms Thompson noted that the Trust’s Standing Financial Instructions require the presentation of the opening revenue budget to this Committee and Trust Board. This document is to provide assurance that the Trust has allocated the indicative budget in a reasonable manner.

During a review of the budget allocation process, Ms Thompson noted that the new financial year assumes the full year effect of recurrent allocations and then, during the course of the year, non-recurrent funding is allocated. There are some funds which have been allocated non-recurrently for many years and these are assumed as forthcoming during the year. She commented that it is now the end of June 2025 and the formal allocations have not yet been received. The budget allocation to each Directorate has no significant change to their closing recurrent budget position. In response to queries, Ms Thompson advised that the allocation appears low compared to historic spend due to the level of non-recurrent allocations that the Trust receives.

Ms Thompson reported that SPPG/DoH have proposed a two phased approach to savings. In Phase 1 Trusts must return to their deficit funding level in 2024/25 - £30.5m for SET. There is an expected additional regional ask of further savings (£100m) and this Phase 2 should be addressed via the regional Workstreams work. This work is progressed via a weekly System Financial Steering Group which includes DoH/SPPG and Trust staff. Some of the proposals include savings to be realised by from a change in nursing skill mix on wards, etc. All Trusts would be expected to sign up to any regional proposals and funding would be transferred around depending on achievement. This element of the deficit figure is being put to one side currently whilst the focus remains on Phase 1, the Trust’s savings target – this is a total new savings target of £38m.

During discussion, Ms Thompson advised that the Trust’s deficit position (£50.5m) is higher than other Trusts due to the recurrent savings in 2024/25 being significantly lower (£12m) as other Trusts have realised greater savings through the cessation of off-contract Agency staff - SET had the lowest non-contract Agency usage. Additional growth is not funded and this includes the full year effect of high cost cases which commenced in 2024/25.

In response to a query from Mr McKinley, Ms Thompson stressed that the main issue facing the Trust is the continuation of undesignated corridor beds which are financially unsustainable.

8. Update on Delivering Value/Savings Plan

A report entitled “2025/26 Savings Requirement : £38m Cash Releasing By End Of March 2026” had been circulated with papers for the meeting. Ms Thompson advised that this report had been presented to all Trust assistant directors and clinical leads on 16 June 2025 and is also included with papers for the Trust Board meeting scheduled for 25 June 2025. Staff were also updated on the financial challenges facing the Trust as a recent “keeping everyone in the loop” virtual meeting and via an “all user” e-mail from the Chief Executive.

In presenting the report, Ms Thompson outlined the Trust’s deficit position. A target has been set for each Directorate to reduce their expenditure by 5% - this work at Directorate level is supplemented by the workstreams of the Trust’s Delivering Value Oversight Group. All savings are discussed at this Group, which consists of the Executive Management Team and takes place on a fortnightly basis. The challenging financial position has been highlighted to all staff and accountability is spread across every level of the Trust.

Mr Havlin enquired about the reduction in staff levels and Ms Thompson detailed the reduction in Agency usage and vacancy control but stressed that there are no plans for redundancies.

9. Any Other Business

No issues were raised.

10. Date of Next Meeting

It was agreed that the next meeting would take place on 22 September 2025 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital.