

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 27 August 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)

Mr K Donaghy, Non-Executive Director
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison
Mr R Havlin, Non-Executive Director (attending remotely)
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
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer
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 V Walker, Head of Risk Management Advisory Services (obo Mrs McNally)
Ms J Shannon, Assistant Director, AHPs (obo Mrs Cleland)
Mr M O'Toole, Assistant Director, Employee Relations (obo Mrs Smyth)
Executive Support Manager, Office of Chief Executive (minutes)
Ms J Loughrey, Head of Communications

OPENING REMARKS

The Chairman welcomed everyone in attendance including Dr Pert, the Trust's new ADEPT Fellow and a member of the public both observing proceedings before covering a number of house-keeping matters and advising the meeting would be recorded. **The Chairman** advised Ms Shannon and Mr O'Toole were attending on behalf of their respective Directorates.

1.0 APOLOGIES

Mr McKinley (Non-Executive Director), Mrs Smyth (Director of People & Organisational Development) & Mrs Cleland (Interim Director of Primary Care & Older People's Services).

2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS

None declared.

3.0 **CHAIRMAN'S BUSINESS**

Noted (SET/84/25). **The Chairman** also notified Members Professor Stephen Kirk had been successful at interview to become the next Medical Director in succession to Mr Martyn following his retirement later this year. **The Chairman** stated this was Mr Martyn's final Board meeting so paid tribute to his outstanding contribution to the Board and SET over many years of dedicated service before thanking Mr Martyn and wished him well for the future.

Ms Coulter stated Mr Martyn's immense contribution since SET was established back in 2007 as the longest serving Medical Director in the UK had been second to none and ensured a lasting legacy for years to come. **Ms Coulter** recorded congratulations to Professor Kirk noting work was underway for a seamless transition.

The Chairman referred to a tabled paper (SET/103/25) setting out written questions received from a member of the public before reading them into the record as follows:

1. **What Board oversight of Raising Concerns was provided in relation to my written questions to the Trust Board which were summarily dismissed?**
2. **What Board oversight of Raising Concerns was provided in relation to my letter to the Non-Executive Directors and supporting documentation which were summarily dismissed?**
3. **How was the Board exercising oversight during the interim period? What was the process and what were the channels for raising concerns?**
4. **On what date was Mr McMahon appointed/designated Raising Concerns Champion and did he sign the letter dated 23/06/2025 in his capacity as Non-Executive Director or Raising Concerns Champion?**
5. **Where may the Trust's "Raising a Concern in the Public Interest Policy" may be viewed?**
6. **What is the "clear process for staff and members of the public to raise concern through a number of channels" referred to in the FOI response?**

The Chairman advised the process for dealing with the questions had been set out in the tabled paper with work on draft responses underway.

4.0 **CHIEF EXECUTIVE'S BUSINESS**

Ms Coulter highlighted recent success at the annual Training Awards of the Royal College of Obstetricians and Gynaecologists with the inter-professional training team led by Dr Rachel Farr being highly commended and SET receiving the Most Improved Award in the medium sized hospital category.

5.0 **MINUTE OF PREVIOUS MEETING HELD ON 25 JUNE 2025**

Approved without further amendment.

6.0 **MATTERS ARISING**

Noted (SET/85/25). **The Chairman** highlighted the revised Trust Board Terms of Reference also tabled for noting (SET/86/25).

7.0

ITEMS FOR DECISION

7.1 CORPORATE PLAN 2025-2028

Mrs Moore presented the Corporate Plan 2025-2028 (**SET/87/25**) explaining the most recent multi-year Plan was for 2017-2021. **Mrs Moore** noted SET produced an addendum every year since then and was now in a position to develop a new Plan on foot of publication of DoH's 3 Year Plan and the PfG. **Mrs Moore** advised the Plan had been developed through stakeholder engagement and set out overarching priorities namely: Population Health & Health Inequalities, Delivering Care Closer to Home, Hospital Care, Safety, Quality & Experience of Care and Our People. **Mrs Moore** explained specific objectives within each priority had been aligned to the three central themes – Stabilisation, Reform and Delivery – outlined in DoH's Plan and how the Corporate Plan would be delivered in conjunction with the new SOF/SOM Framework.

Mrs Henderson asked if there had been tensions identified between the Executive's priorities and what SET realistically can deliver given funding constraints. **Mrs Henderson** also asked which priorities carried the highest risk in terms of ability to deliver citing the potential the AfC pay award is not funded. **Mrs Moore** replied there was good linkages between the key documents including the PfG within the Corporate Plan and acknowledged there would always be tension on how to prioritise limited resource adding patient safety remained the overriding priority in all of what SET strives to deliver. **Ms Thompson** stated funding was both the enabler and limiting factor in terms of delivery adding SET would work to deliver within the current funding envelope but other factors such as workforce availability also act as operational constraints. **Mrs Henderson** asked how engagement was sought from stakeholders other than staff, what were the themes identified and how success would be demonstrated to stakeholders in due course. **Mrs Moore** explained how wider public engagement was sought and advised some feedback received centred on support for carers so there was a specific associated action contained within the Plan. **Mrs Moore** stated transparency on progress against objectives would demonstrate accountability which would be communicated through various mechanisms not least the work of the Involvement & Experience Sub-Committee and Trust Board.

Mr Donaghy referred to the Minister's focus on locality models and asked how this had been incorporated. **Mrs Moore** replied the Plan was high-level with locality initiatives linked to the Population Health & Health Inequalities Priority. **Ms McCauley** welcomed changes made through the consultation and asked what the next steps were for implementation. **Mrs Moore** replied the Plan would be published online later today if agreed with existing accountability mechanisms used to report on progress before recording thanks to stakeholders who had engaged for their input. **The Chairman** then sought and obtained approval.

7.2 SCHEDULE FOR TRUST BOARD MEETINGS 2026

Mr O'Toole presented the Board meeting dates for 2026 and the final quarter of 2026/27 for decision.

Members then agreed the dates subject to considering alternative dates if regional Committee in Common meeting clashes materialise.

7.3 TERMS OF REFERENCE: AUDIT COMMITTEE

Mr O'Toole presented the revised Terms of Reference (**SET/89/25**) which had been updated to reflect the approval of the Trust Board Terms of Reference. On that basis, **the Chairman** sought and obtained approval.

7.4 TERMS OF REFERENCE: PEOPLE & CULTURE COMMITTEE

Mr O'Toole presented the revised Terms of Reference (**SET/90/25**) which had been updated to reflect the approval of the Trust Board Terms of Reference. On that basis, **the Chairman** sought and obtained approval.

8.0 ITEMS FOR DISCUSSION

8.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 4 2025/26

Mrs Moore presented the Report (**SET/91/25**) summarising performance information contained therein. **Mrs Moore** referred to Slide 5 where the System Oversight Measures (SOMs) were now presented in much more detail and in RAG format with SPPG having released their dashboard last month noting some data returns were still being developed. Referring to Slide 9, **Mrs Moore** stated KPI Cancer 14 day Breast activity figure of 11% was now a regional performance measure for the waiting list SET manages for all Trusts. On Slide 11, **Mrs Moore** updated on progress being made on Elective Care waiting lists though validation and welcomed the downward trend shown on Page 19 in relation to Outpatient DNA and Cancelled on the Day rates. **Mrs Moore** added an outpatient modernisation group had been established to look at capacity, needs analysis and physical space. **Mrs Moore** highlighted Slide 32 which showed the position across Primary Care noting service specific challenges within AHPs. **Mrs Moore** updated on progress within Children's Services on Unallocated Disability Cases as set out on Slides 42 and 43.

In relation to Slide 15, **the Chairman** asked if efforts to meet the Cancer 62 day % metric would have a material impact. **The Chairman** also asked what could be done to increase diagnostic capacity. **Ms Parks** replied business cases had been submitted recently for CT, MRI and non-obstetric to manage demand through increasing in-house capacity. **Mr Neil** explained preparations to ensure teams could action Ministerial waiting list proposals so SET was confident in being able to deliver significant additional waiting list work. **Mrs Henderson** asked - given how far off target SET was - would there be any possibility of developing a mechanism through the waiting list plan so SET can monitor against an upward projection as it was difficult to identify improvements. **Ms Parks** stated efforts within outpatients had seen over 6,000 removed from lists through validation processes. **Mrs Henderson** sought clarity on breast 14 day figures as it appeared activity had significantly reduced with **Mr Neil** explaining the figure now regional and related to those seen at initial assessment within 14 days equating to 11%.

Mr Donaghy welcomed progress made on Unallocated Cases but noted pressures with sickness absence and vacant posts. **Mr Donaghy** asked what progress was being made locally and regionally and how SET compared to others in terms of Gateway services. **Mrs Preece** replied vacancies remained high within the Family Support, Looked After Children and Gateway teams which was

comparable with other Trusts. **Mrs Preece** stated SET was soon welcome a cohort of newly qualified social workers which would reduce vacancy rates before updating on engagement with the Chief Social Worker on the B5 role designed to assist with rebalancing workload. **Mrs Preece** welcomed the additional training places this year for new social workers which would provide more qualified staff for the future before detailing the significant reduction in Unallocated Disability Cases in recent months. **Ms Coulter** welcomed the discussion on how to carefully balance managing unscheduled care pressure with delivering elective care activity adding the regional approach had strengthened HSCNI's ability to address waiting lists.

8.2 FINANCIAL REPORT: MONTH 4 2025/26

Ms Thompson presented on the Report (**SET/92/25**) advising of a forecast deficit of £28.4m which was a movement from the April position of £50.5m due to an increase in the level of identified savings plans as well as receipt of non-recurrent deficit support. **Ms Thompson** explained a revised savings plan had been submitted and stated future finance reports would report progress at a summary level. **Ms Thompson** advised the majority of savings were planned for implementation in the second half of this financial year with much of the preparatory work currently underway. **Ms Thompson** updated on work with the assistance of external advisors to identify further savings measures to address the £11.9m gap in Trust level savings plans as well as working regionally to collectively address the additional regional £100m savings requirement. **Ms Thompson** also outlined progress on savings plans made to date.

Mrs Henderson asked what assurance there was vacancy control would not compromise patient care given other relevant risks within Directorate plans. **Mrs Henderson** welcomed the focus on reducing locum, agency and enhanced rate bank expenditure but noted the impact of more employed staff counteracting savings from vacancy suppression. **Mrs Henderson** also asked what the impact would be on ED waiting times from closing unfunded beds given this might displace pressure elsewhere. **Ms Thompson** replied measures were not 'zero impact' but were described as being 'low or medium impact' on services before explaining undesignated bed closures had required careful planning and management alongside additional capacity within the Hospital at Home service. **Ms Thompson** then outlined efforts to minimise the impact of vacancy control on service delivery. **Mr Martyn** stated the ideal position would be for commissioned beds based on demand and capacity but recognised the necessity to drive savings regionally. **Ms Coulter** noted the significant increase in staff headcount nationally since the pandemic with circa 70% of total SET budget committed to salaries so there was a need to focus on ensuring best use of staff by utilising technological advances and reviewing regional service models to ensure they are fit for purpose.

Mrs Quirk stated she understood the rationale behind the decision-making but would welcome an in-depth conversation for assurance purposes on those key considerations heading into the second half of the financial year and **Ms Coulter** agreed time should be set aside in the near future. **Mr McMahon** sought detail on how SET would achieve £3.5m though agency reduction highlighting the cessation of extra C-section lists at weekends as an example. **Ms Parks** explained engagement with SPPG to support separate C-section elective and

emergency pathways had resulted in some additional funding being made available enabling the creation of an additional regular list as well as the standing down of an ad-hoc list at weekends and bank holidays. **Ms Parks** added there was clear context and rationale behind the savings plans.

Ms Thompson stated the Report provided a summary of work within Directorates before explaining efforts to reduce high cost locum arrangements. **Mr Donaghy** asked how the savings plans might be impacted if the regional pay award is not implemented due to lack of funding. **Ms Thompson** acknowledged this was a risk unresolved regional issues such as the pay award could destabilise elements of the plan. **Ms McCauley** noted the potential for savings from the optimisation of Encompass, asked for detail on how management of homecare demand might achieve the anticipated £1.75m and sought assurance on how EMT balanced risk in relation to areas where significant amounts of savings were required. **Ms Thompson** stated she was content to provide assurance EMT had carefully considered all Directorate-specific measures to ensure they were achievable. **Ms Coulter** stated 'homecare' referred to domiciliary care and provided the rationale on recycling care packages. **The Chairman** referred to media reports on plans by Primary Care colleagues to pull back service provision as part of a contract dispute with DoH and asked if there had been any impact to date. **Mr Neil** stated his team were aware and monitoring the position but as yet there had not been any discernible impact.

8.3 REDWOOD FACILITY UPDATE

Mrs Preece updated on the Redwood facility having previously briefed the Board in November 2024 and March 2025. **Mrs Preece** explained that, due to circumstances outside of SET's control, the planned opening in September had been delayed until November. **Mrs Preece** advised she had been keeping in close contact with families affected by the delay as well as updates to the Minister. **Mrs Preece** stated this would delay the opening of short breaks within Lindsey House and her team were working with BHSCT to ensure a plan is in place for opening in November. **Mrs Preece** detailed the remaining outstanding issues which it is anticipated should be concluded by early October. **Ms Coulter** thanked Mrs Preece for her personal involvement in driving progress on this matter including meeting with families every fortnight to keep them informed.

8.4 SOCIAL WORK ASSURANCE NEWSLETTER: JULY 2025

Mrs Preece presented the Newsletter (**SET/93/25**) being its second edition as an important means to highlight what the team and celebrate achievements. Both **the Chairman** and **Ms McCauley** commended the Newsletter for its accessible content and goal of raising awareness of the full remit of social work.

8.5 HSC COMMITTEES IN COMMON UPDATE

Ms Coulter updated on the inaugural regional Committee in Common meeting she had attended with the Chairman and Mr Martyn as SET representatives. **Ms Coulter** explained work to develop a Terms of Reference and identify priority areas for regional collaboration adding there was recognition of the need for effective communication so stakeholders understand the aims to be achieved.

The Chairman added the conversation was at its preliminary stages and further details will be tabled to Trust Board in due course.

8.6 UHD URGENT CARE CENTRE (UCC) UPDATE

Mr Neil updated on the UCC's first weeks of operation highlighting the benefits of the new clinical space which had made for a much improved working environment. **Mr Neil** outlined how the service could be accessed and noted that in July 2024, there were 3,186 UHD MIU attendances with 85.8% of seen and admitted or discharged within 4 hours (34.2% of overall activity) compared to 3,585 UCC attendances and 82% of patients seen and admitted or discharged within 4 hours (36% of activity) in July 2025. **Mr Neil** stated the reduction in performance may reflect the greater ability to transfer patients from ED to UCC because when a patient transfers, the start time remains at the point of initial registration. **Mr Neil** added that, in the 30 days prior to opening, there were 3,575 MIU attendances (a daily average of 119) while in the 30 days after opening, there were 3,636 UCC attendances equating to 121 daily.

Mr Neil advised feedback had been positive with a number of small changes made as the team perfect the operating model including a pager system implemented to reduce waiting room crowding, additional workstations being progressed and the maximisation of clinical spaces through IT design with testing of new computer hardware proving beneficial. **Mr Neil** explained the benefits of the resus space which was smaller but a mirror image of ED's which had been used often for bone reductions as well as on a small number of occasions when the team had someone who had become unwell. **Mr Neil** also highlighted how, during the recent flooding incident in the ED waiting area, the additional UCC space had been used very effectively. **Mr Neil** discussed how the service might evolve with an evaluation to take place in due course.

9.0 COMMITTEE BUSINESS

9.1 GOVERNANCE ASSURANCE COMMITTEE MINUTE: 22 JANUARY 2025

Noted (**SET/94/25**) with **the Chairman** advising these had been re-tabled to account for a minor mis-identification of an attendee.

9.2 GOVERNANCE ASSURANCE COMMITTEE MINUTE: 30 APRIL 2025

Noted (**SET/95/25**) with **Ms McCauley** confirming no items for escalations.

9.3 AUDIT COMMITTEE MINUTE: 8 MAY 2025

Noted (**SET/96/25**) with **Mrs Henderson** confirming no items for escalations.

9.4 PEOPLE & CULTURE COMMITTEE MINUTE: 22 MAY 2025

Noted (**SET/97/25**) with **Mrs Quirk** confirming no items for escalations.

9.5 EQUALITY & GOOD RELATIONS ANNUAL PROGRESS REPORT 2024/25

Mr O’Toole presented the Report (**SET/100/25**) which had been endorsed by the People & Culture Committee. Following discussion, **the Chairman** sought and obtained approval for submission to the NI Equality Commission as tabled.

9.6 COMPLAINTS & COMPLIMENTS ANNUAL REPORT 2024/25

Mr Martyn presented the Report (**SET/101/25**) which had been endorsed by the Governance Assurance Committee. **Mr Martyn** provided detail on the implementation of the Model Complaints Handling Procedure on 1 January 2026. Following consideration, **the Chairman** sought and obtained approval.

9.7 INVOLVEMENT & EXPERIENCE ANNUAL REPORT 2024/25

Dr Robinson presented the Report (**SET/102/25**) which had been endorsed by the Safety, Quality Improvement & Innovation Sub-Committee. On that basis, **the Chairman** sought and obtained approval.

9.8 REPORT ON THE USE OF THE COMMON SEAL

Noted (**SET/98/25**).

10.0 ITEMS FOR NOTING

10.1 HSCNI RESET PLAN

Noted (**SET/104/25**).

10.2 PROTECT LIFE 2 ACTION PLAN & IMPLEMENTATION PLAN

Noted (**SET/105/25**).

10.3 COMPLAINTS & COMPLIMENTS RECEIVED BY HSC TRUSTS IN NORTHERN IRELAND 2024/25

Noted (**SET/106/25**).

10.4 AUTISM STRATEGY 2023-2028 PROGRESS REPORT 2024/25

Noted (**SET/107/25**).

10.5 MAKING LIFE BETTER – KEY INDICATORS PROGRESS REPORT 2025

Noted (**SET/108/25**).

10.6 MULTI-DISCIPLINARY TEAMS IN PRIMARY CARE – MDT IMPLEMENTATION PLAN 2025-2033

Noted (**SET/109/25**).

10.7 PUBLIC CONSULTATION: FOSTERING SERVICES MINIMUM STANDARDS

Noted (**SET/110/25**). **The Chairman** highlighted this Consultation as having particular significance given the Trust's corporate parenting obligations.

Following discussion, **Mrs Preece** proposed SET prepare a submission which was agreed with further detail to be circulated for input before the closing date.

10.8 MINISTERIAL APPOINTMENT: PROFESSOR TAYLOR AS FIRST REGIONAL CLINICAL DIRECTOR FOR ELECTIVE CARE

Noted (**SET/111/25**).

10.9 NIAO: MAJOR IT PROJECTS IN NORTHERN IRELAND

Noted (**SET/112/25**).

10.10 INDEPENDENT VERIFICATION OF THE BOARD GOVERNANCE SELF-ASSESSMENT TOOL

Noted (**SET/99/25**).

11.0 ANY OTHER BUSINESS

None.

12.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next Public meeting would be held on Wednesday 24 September 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 4.24pm.