

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 25 June 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chairman of Trust Board

Dr D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E)

Mr K Donaghy, Non-Executive Director
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 N McKinley, 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
Mrs C Smyth, Director of People & Organisational Development
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)
Ms J Shannon, Assistant Director, AHPs (obo Mrs Dickson)
Dr M McMurray, Clinical Lead, Adult Disability Services (obo Mrs Gibbs)
Ms S Thompson, Equality Manager (until Agenda Item 4.0)
Ms A Jose, International Nurse Co-Ordinator (until Agenda Item 4.0)
Ms N Lugayeni, Community Inclusion Officer (until Agenda Item 4.0)
Executive Support Manager, Office of Chief Executive (minutes)

OPENING REMARKS

The Chairman welcomed everyone in attendance including 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. **The Chairman** added Dr Robinson was deputising for the Chief Executive at today's meeting before welcoming Ms Shannon and Dr McMurray attending on behalf of their respective Directorates.

PRESENTATION: MULTI-CULTURAL FORUM

The Chairman advised he had invited representatives from the Trust's Multi-Cultural Forum to present to Members on their ongoing work in support of staff across the organisation and was thrilled with this opportunity to engage the wider Board. **Ms Thompson** thanked the Chairman for his

personal support of the Forum since its inception, provided background as to the origins of the Forum and detailed a number of key initiatives they have undertaken to date. **Ms Jose** and **Ms Lugayeni** then shared their personal experiences of working in SEHSCT and being part of the Forum.

Mr Havlin asked how the Board could support the Forum's work going forward. **Ms Jose** suggested it would be beneficial if Members helped with raising awareness particularly amongst nursing colleagues who can find it challenging to attend meetings due to the nature of shift patterns. **Ms Thompson** acknowledged the importance of maximising opportunities for inclusion and said that the Forum were also considering different times and dates to ascertain if this might assist. **Ms Lugayeni** wished to record her appreciation for the partnership between SEHSCT and PSNI which she stated was very useful when navigating the impact of recent civil disturbances.

Mr Martyn asked how the Forum communicated with its membership and across the Trust before offering his full support with any assistance his Directorate could provide going forward. **Ms Thompson** explained there are regular updates issued via a weekly all-users email and highlighted how the Forum's achievements were being incorporated into the Annual Equality Progress Report. **The Chairman** concluded the session by stating how much of a privilege it always was for him to attend the Forum and its events including the hugely successful Annual Fun Day in Downpatrick which he encouraged Members to attend if able to do so. Referring to recent civil disturbances, **the Chairman** stated it had been a worrying time and colleagues should know that Trust Board has their full and unequivocal support before praising their invaluable contribution in ensuring we deliver high quality services to the entire community – a message he asked be relayed far and wide.

1.0 APOLOGIES

Ms Coulter (Chief Executive), Mrs Gibbs (Director of Adult Services & Healthcare in Prison) and Mrs Dickson (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/65/25**). **The Chairman** also advised of a number of additional responsibilities and changes undertaken by NEDs:

- Mrs Quirk has been designated as Maternity Services Champion (new role)
- Mr McMahon has been designated as Raising Concerns Champion (succeeding Mrs O'Hagan) and has joined the Finance & Performance Committee
- Mr Donaghy has stepped down from the Finance & Performance Committee to participate in a public engagement initiative on behalf of the Chairman

4.0 CHIEF EXECUTIVE'S BUSINESS

Dr Robinson provided an update on behalf of the Chief Executive:

- Mr Martyn had advised of his intention to retire as Medical Director later this year and a recruitment process will be initiated in the near future to appoint a successor
- Mrs Moore will succeed Mrs Dickson as Lead Director for Quality
- The Urgent Care Centre at the Ulster Hospital was officially opened by Minister Nesbitt last week

- SEHSCT Sure Start teams had achieved UNICEF Accreditation
- Members were also briefed on current Unscheduled Care pressures

5.0 MINUTE OF PREVIOUS MEETING HELD ON 28 MAY 2025

Approved without further amendment.

6.0 MATTERS ARISING

Noted (SET/66/25). **The Chairman** invited Mrs Moore to provide an update in respect to Mr McMahon's feedback on the presentation of data within the Integrated Performance Monitoring Report. **Mrs Moore** advised of a number of changes made including an additional column describing whether targets are based on Ministerial targets or System Oversight Measures (SOMs) compared to the previous reporting year adding there may be further adjustments following the launch of a SPPG dashboard in the near future.

7.0 ITEMS FOR DECISION

7.1 ANNUAL REPORT: RURAL NEEDS MONITORING 2024/25

Mrs Smyth presented the 2024/25 Monitoring Report (SET/67/25) highlighting key issues relating to SEHSCT's statutory obligations before requesting approval.

Ms McCauley asked if an infographic presented as part of a Home Care Report to Trust Board previously could be incorporated into the submission to DAERA. **Mrs Smyth** confirmed the template was set by the sponsor Department but she would check with the Equality Team to ascertain whether or not this could be incorporated as part of SEHSCT's submission. On that basis, **the Chairman** then sought and obtained approval for the Report.

7.2 TERMS OF REFERENCE: TRUST BOARD

Mrs Smyth presented the revised Terms of Reference (SET/68/25) which had been updated to reflect the approval of the DoH/SEHSCT Partnership Agreement. **Ms McCauley** asked for wording to be included to clearly outline the NED role in respect of visibility with staff colleagues, openness and transparency. On that basis, **the Chairman** sought and obtained approval subject to this inclusion.

8.0 ITEMS FOR DISCUSSION

8.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 2 2025/26

Mrs Moore presented the tabled Report (SET/69/25) by summarising performance information contained therein. **Mrs Moore** advised the System Oversight Measures (SOMs) are to be implemented from July 2025. Referring to Slide 11, **Mrs Moore** advised KPI outpatient activity was consistently exceeding target compared to last year with Cancer 14 day Breast activity now a regional performance measure. **Mrs Moore** provided an update in respect to Pathology as well as Direct Payments – the latter now being tracked as part of the SOMs.

In relation to Direct Payments, **Mr Donaghy** asked if the uptake was considered low and what factors might be contributing to this as he had understood this had

originally been envisaged to be a major regional initiative but now appeared to have lost momentum. **Mrs Preece** provided context as to the use of Direct Payments noting 261 such payments had been made in May 2025 against an expected trajectory of 275. **Mrs Preece** noted this was 95% against target and her team continued to promote Direct Payments for all those meeting the criteria.

8.2 FINANCIAL REPORT: MONTH 2 2025/26

Ms Thompson presented on the tabled Report (**SET/70/25**) highlighting DoH had indicated a further cash releasing savings target will be set to address the overall system-wide financial gap currently sitting at circa £600m. **Ms Thompson** advised the forecast position following low/medium savings equated to £50.5m adding work continued on agreeing a revised Trust saving plan for submission by the end of June. **Ms Thompson** outlined progress on savings plans made to date and summarised the Directorate Opening Capital Budget for the new financial year.

Mrs Henderson noted the new savings target of £16.9m was included in the £24.9 savings figure. **Ms Thompson** replied the £16.9m was the initial level of savings but our forecast envisages achieving savings of circa £25m and we now understand the ask will be significantly more than £16.9m. **The Chairman** stated this was an unprecedented financial position with uncomfortable asks being made of all Directorates already in a level of significant challenge. The Chairman stated it would no doubt require a sustained effort by all staff to identify and eliminate inefficiencies to save money where possible. **The Chairman** asked for ongoing regular Trust Board updates so Members are fully sighted on the progress being made.

8.3 PROGRESS REPORT: QUALITY 4 ALL STRATEGY UPDATE

Mrs Moore presented the tabled Report (**SET/71/25**) on behalf of Mrs Dickson detailing the Quality Team's continued work in support of Corporate Improvement Priorities.

Mr Havlin referred to the Innovation Pilot focused on heart failure at home and commended the partnership working on remote monitoring before asking if there were any capital requirements envisaged. **Mrs Moore** advised that the pilot would be evaluated before discussions are taken forward to explore the next phase of the remote monitoring at home. Mrs Moore added maximising Quality Improvement & Innovation capability within Directorates to enable change leadership was key to enabling a strong network of change agents. **The Chairman** asked what progress had been made on encouraging the public to join the MyCare app and what associated savings had been identified such as on postage. **Mrs Moore** provided an update on regional discussions on how to optimise the full potential of encompass including how to achieve less 'Do Not Attends' for appointments.

8.4 URGENT CARE CENTRE OPENING

Mr Neil presented the tabled Report (**SET/72/25**) noting the UCC was officially opened on Thursday 19 June 2025 with Minister Nesbitt in attendance as the service launched. **Mr Neil** commended the efforts of both the Clinical and

Estates Teams for working together to ensure the space available was maximised to provide an effective environment while delivering what was a complex capital project within budget and to an extremely tight timescale.

The Chairman congratulated everyone involved having also attended the launch noting this was an important milestone marking the completion of Phase Two of the proposal arising from the Public Consultation on the Future Provision of Urgent and Emergency Care Services in the Ards and North Down area. **Mr McKinley** also welcomed the opening and asked if communications were being issued so the public are aware of what the new service does. **Mr Neil** replied that the Communications Team had been active through social media, the production of information posters and signage as well as wider public engagement efforts. **The Chairman** asked if the numbers using the service could be tabled in due course and this was agreed through inclusion within the Integrated Performance Monitoring Report.

8.5 DoH ELECTIVE CARE FRAMEWORK UPDATE

Ms Parks summarised the tabled Report (**SET/73/25**) noting DoH had published the Elective Care Framework: Implementation and Funding Plan last month which focused on a number of key themes including transformation of elective services, backlog clearance, productivity, efficiency and patient communication – supported by ring-fenced investment totalling £215 million regionally. **Ms Parks** advised SEHSCT had a significant number of patients waiting more than 4 years for their first Consultant Outpatient appointment of for inpatient or day case treatment. **Ms Parks** stated oversight and implementation structures had been established to manage and reduce long waits over 4 years and then outlined the results achieved to date including the removal of 5,963 patients from the total Outpatient waiting list as at 6 June 2025 as well as anticipated next steps.

Ms McCauley welcomed Ms Parks' update as a critical piece of work adding it should never be the case that anyone should have to wait nine years on a waiting list so a concerted effort to address waiting lists was essential. **Mr McKinley** asked what level of confidence there was on the availability of non-recurrent funding since time was very much of the essence. **Ms Parks** stated there was a fair degree of confidence the necessary funding would be made available adding SEHSCT teams would only bid for funding if they believed they would deliver.

Mr Havlin asked how SEHSCT compared with other Trusts in terms of this area of performance and what lessons there were regionally on lowering waiting lists which could be replicated here. **Ms Parks** stated that in terms of outpatients the total number was comparatively similar but in respect of the number of patients waiting for over 4 years SEHSCT was an outlier which was why this aspect has been prioritised. **Ms Parks** also provided detail on the work on the Elective Care Implementation Team in terms of lessons which could be taken from practice elsewhere. **Mrs Quirk** asked if SEHSCT surveyed when there were incidents of so-called DNAs to understand why this occurred and to identify trends. **Ms Parks** replied SEHSCT were engaged in a piece of work with SPPG's Waiting List Management Unit who have looked at this in depth across the region by surveying why patients fail to attend their appointments. **Ms Parks** highlighted

efforts such as text reminders and telephone calls advising of forthcoming appointments as making a positive impact.

9.0 COMMITTEE BUSINESS

- APPROVED MINUTES

9.1 CHARITABLE FUNDS COMMITTEE: 29 JANUARY 2025

Noted (SET/74/25) with Ms McCauley confirming no items for escalations.

9.2 FINANCE & PERFORMANCE COMMITTEE: 19 MAY 2025

Noted (SET/76/25) with Mr Havlin confirming no items for escalations.

10.0 ITEMS FOR NOTING

10.1 DoH PUBLIC CONSULTATION: DRAFT CHILDREN'S AND YOUNG PEOPLE'S EMOTIONAL HEALTH & WELLBEING FRAMEWORK

Noted (SET/76/25).

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 27 August 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 3.35pm.