

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 24 September 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)

Mrs V Cleland, Interim 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

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

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)

IN ATTENDANCE: Ms S Hamilton, Head of Midwifery and Assistant Director, Women & Acute Child Health (obo Ms M Parks)

Ms J Loughrey, Head of Communications

Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary

Mrs S Duffy, Volunteer Services Manager (for presentation 7.1)

Mrs L Vladeanu, Assistant Director, Prevention & Population Health (for presentation 7.1)

Miss R Kyle, Personal Assistant, Trust Headquarters (minutes)

OPENING REMARKS

The Chairman welcomed everyone in attendance and advised the meeting would be recorded for minutes-taking purposes only.

1.0 APOLOGIES

Ms Coulter (Chief Executive) (E), Ms Parks (Director of Surgery, Elective Care, Maternity & Paediatrics) and Mr Martyn (Medical Director) (E).

2.0 DECLARATION OF CONFLICTS OF INTERESTS

None declared.

3.0 CHAIRMAN'S BUSINESS

The Chairman noted his tabled reports for information

4.0 CHIEF EXECUTIVE'S BUSINESS

Dr Robinson passed on his thanks to all for attending and to those who organised the Leadership Conference on Friday 12 September 2025.

5.0 MINUTES OF THE PREVIOUS MEETING HELD ON 27 AUGUST 2025

Approved without further amendment.

6.0 MATTERS ARISING

Noted (SET/114/25) with all matters arising actioned.

7.0 ITEMS FOR DECISION

7.1 PRESENTATION: SEHSCT VOLUNTEERING STRATEGY

Mrs Moore introduced the representatives from the Volunteering Team to Trust Board and outlined the new Strategy previously shared.

Mrs Duffy summarised the volunteering services and updated the Board regards to the work that volunteers do Trustwide. The Board heard from two volunteers of the Trust. Sally who is a retired Nurse and who now volunteers shared her experience and the personal impact it has had on her. Umai who is studying Medicine at QUB started volunteering citing that he wanted a unique experience and gets satisfaction from his volunteering role. He also has gained experience and skills which he has transferred to his successful application for Medicine.

Mrs Vladeanu also gave a brief overview of the Volunteering Strategy piece of work which has been carried out through all directorates emphasising the link to regional strategic direction from a variety of sources including our Trust People Plan, Corporate Plan, Ministerial Reset Plan, and Programme for Government. **Mrs Vladeanu** also highlighted the impact that the continuation of this would have on the Trust and requested endorsement from the Board.

Mrs Moore concluded the presentation giving the example of Dementia Clinic Role and how the volunteering is helping to improve efficiency with the service by implementing a call reminder service for patients, which has resulted in more people attending clinic, delivering an efficiency gaining worth £3800 for the Trust in 6 months.

Mr Donaghy queried if all 66 locations of volunteering was within the Healthcare system and if there would be any movements within other areas of social care. **Mrs Moore** confirmed there are volunteers in social care settings as well as healthcare settings. **Ms McCauley** queried how services are identified that need volunteering opportunities. **Mrs Moore** highlighted that this was a specific area of focus moving forward with the new Strategy to allow areas of need to be identified. **Ms McCauley** also inquired if there are any particular areas where there is greater need. **Mrs Duffy** highlighted that this varies however we are seeing a high turnover due to the change in age profile with more young volunteers looking for work experience. **The Chairman** concluded this session of Trust Board by thanking the presenters and volunteers.

7.2 ANNUAL REPORT: QUALITY 2024/25

Mrs Moore presented the Annual Report today to ensure publication of the document on World Quality Day on 14 November 2025. The report led by Dr Ruth Gray this year and encouraged staff to reflect on their roles and impacts they have had.

Mrs Moore advised that the final document will be an interactive document with links embedded in the report to give context. **Mrs Moore** also advised that it may require some minor tweaks that are not in the current version shared with Trust Board as links are submitted for embedding. **Mrs Moore** also highlighted that the Trust will be holding an event held on World Quality Day and invitations will be issued in due course.

Ms Quirk thanked Mrs Moore for all the positive and comprehensive work which has gone into this report before **the Chairman** sought and obtained approval for the Report as tabled.

7.3 TERMS OF REFERENCE: FINANCE & PERFORMANCE COMMITTEE

Mrs Smyth brought the aforementioned Terms of Reference having been agreed at the meeting on 22 September to the Board for approval. There have been a number for amendments regarding Committee membership. **Mr Havlin** advised that the frequency of the Finance & Performance meetings may need to change to reflect the Support and Interventions Framework schedule. **The Chairman** having noted no objections, approved the paper.

8.0 ITEMS FOR DISCUSSION

8.1 INTEGRATED PERFORMANCE MONITORING REPORT: MONTH 5 2025/26

Mrs Moore presented the above report and highlighted that the document differs slightly since the previous month. The change in timescales for release from SPPG for the dashboard that is used to inform the Trust Board performance report to be compiled was to allow an increased confidence in reporting however this led to a reduced timeframe for TB report production. The Trust is working with regional teams to review content of reports to Trust

Board and timeline for production and greater alignment across Trusts. **Mrs Moore** drew attention to Slide 9 where the Cancer 14 day target is a regional measure.

In Slide 11, **Mrs Moore** advised the Board that the arrows pointing up shows the unscheduled care attendances are increasing across all sites. This in turn increases significant pressures across other services. Ambulance arrival and waiting times are also being monitored. Work is ongoing regionally to reduce the ambulance waiting times and time frames have been given over the next number of months to reduce the maximum handover time from four hours to two hours. Slide 16 provides more details on the above ambulance handover times, which showed an improving position but with significantly more improvement required

Slide 23 shows improvement on the number of DNA's. The target shown was set by SPPG. **Mrs Moore** highlighted that outpatient services prone to have a high number of DNA's are overbooked to mitigate against lost time. Slide 41 deals with full and partial packages and that SET are referenced as the best performing trust in this regard. **Mrs Moore** concluded her presentation and thanked all for listening.

Mr McMahon queried whether there had been any loss in capacity across the region that was impacting the 14 day Breast Assessment target. **Mr McMahon** also questioned adverse outcomes from this. **Mr Neil** confirmed that the regional approach to booking had not increased capacity. The Trust and Minister of Health had cautioned this would be the outcome. The new initiative was never going to improve waiting times but serves to show the gap in capacity as well as removing the inequity in access of care.

Mr McKinley queried a surge in capacity in regards to planned discharge for Winter pressures. **Mr McKinley** queried the ability to build additional capacity and how we create additional discharge with no finances. **Mrs Cleland** gave assurances that she is working closely with Unscheduled Care and outlined two initiatives. The Early Review Team are responsible in taking patients out of hospital, following them home and allowing them to live independently. This initiative has received additional funding which will allow expansion in the team. The second initiative is the Care Home Liaison which identifies and facilitates early discharge and places the patient in the correct environment. Consideration is being given to roll this out to Downe and Lagan Valley.

Mrs Henderson queried the reduction in actual waiting times yet the percentage waiting times remains the same. **Mrs Moore** assured that work is ongoing to identify alternative ways to support service delivery, maximise productivity and efficiency and in turn reduce long waiting times including different collaborations such as Gynaecology Provider collaboration and use of technology.

The Chairman also queried if the DNA and drop shown in slide 23 would be able to equate that in financial terms. **Mrs Moore** advised that the work to analyse that has not been undertaken although in theory it should be possible as there is an assumed cost per appointment. However caution

was noted as any gain is for efficiency productivity rather than cash releasing given the long waiting times and volume of demand versus current capacity.

NME ASSURANCE REPORT Q1 2024/25

Mrs Moore also provided an overview of the aforementioned Report covering the first three months of 2025/26.

8.2 FINANCIAL REPORT: MONTH 5 2025/26

Ms Thompson presented the tabled paper (**SET/120/25**) again pointing out SET continues to forecast a deficit with current focus strongly on bridging the gap in the initial £38m of plans – currently £11.9m. Month 5 showed encouraging signs but **Ms Thompson** felt more confidence would be had after month six should the month 5 trend continue. Work is continuing to drive out all possible savings including within medical locums and agency reduction.

Mrs Henderson asked about the increased deficit to date for individual directorates on page three of the above paper and how was this covered. **Ms Thompson** highlighted that individual directorates will show larger deficits due to income not yet built into budgets and this is adjusted at the bottom of the forecast. **Mrs Henderson** also queried the confidence in PA Consulting finding savings. **Ms Thompson** discussed that PA are working jointly with the Trust to deliver further savings. PA have been engaging with Trust teams and are focusing on how areas that are currently delivering savings can potentially deliver more savings at an accelerated rate.

Mrs Henderson also queried on page nine the flexible staffing costs which appear not to be reducing. **Ms Thompson** confirmed that some measures are only just beginning and will deliver in the second half of the year. **Ms Thompson** also advised that the graph is calculated in millions and therefore more difficult to see in-depth savings. **Ms Thompson** gave assurance that more detailed tracking is taking place and also that good progress has been made in areas such as overtime spending.

8.3 MATERNITY SERVICES UPDATE

Ms Hamilton presented the above paper (**SET/121/25**) to the Board as a result of the Mary Renfrew and East Kent recommendations. The Trust took the 94 recommendations and put them into one Trust composite action plan. **Ms Hamilton** pointed out the good progress that has been made and the implementation of it into daily business. These new recommendations are benchmarked against the colleagues from Birmingham Women's who confirmed and reassured the processes the Trust currently use are correct.

Ms Hamilton expressed her delight with the addition of **Ms Quirk** to the team to lead. **Ms Quirk** also passed on her thanks to Ms Hamilton and the team for all the work that has gone into report and work. **Ms Quirk** was impressed with her visit to Lagan Valley, the conversations with the team and the adapted facilities. **The Chairman** queried why Birmingham

Women's was chosen and **Ms Hamilton** explained it was through connections with that hospital along with the positive model in midwifery governance in place there. **Ms Hamilton** praised the hospital for its warm and giving nature regarding policies and procedures.

8.4 DoH CIRCULAR: CHANGE OR WITHDRAWAL OF SERVICES: REVISED GUIDANCE ON ROLES AND RESPONSIBILITIES

Mrs Moore presented the aforementioned paper (**SET/122/25**) which gives notice to change of guidance issued in 2023 by highlighting key changes to Best Practice Principles and recommendations from RQIA applicable to temporary and permanent withdrawal of services. DoH have stressed this is a live document and subject to further change. **Mrs Moore** advised Directors of Planning have been involved in the review of the document and highlighted several aspects of the document such as Best Practice on paragraph 21. The 12 month change (page 8) is to identify improvements through SPPG. Depending on the nature of the change (page 9) requirement may be needed post change. This is a major change from the previous guidance. The Patient Plan Council (page 7) is also a notable change as this wasn't explicit in the previous guidance.

9.0 COMMITTEE BUSINESS

9.1 MINUTES: FINANCE & PERFORMANCE COMMITTEE: 23 June 2025

Minutes from the above meeting, having been previously circulated, are for Board members noting. **Mr Havlin** highlighted the shifting landscape since the meeting last took place and the present and this will place some of what was discussed at the above meeting in the past.

9.2 ANNUAL REPORT: FINANCE & PERFORMANCE COMMITTEE 2024/25

It was raised to note the addendum 4.0 that due to the change in Non-Executive Directors, none of the current NEDS were in post for the full time period from April 2024- May 2025. **The Chairman** agreed that a note should be made to reflect that.

9.3 MEETING DATE CHANGE: GOVERNANCE ASSURANCE COMMITTEE

Mr McKinley drew attention to the change of date for the next Committee meeting which would now be held on Thursday 5 November 2025 – a week later than previously planned – to account for the half term holiday period.

10.0 ITEMS FOR NOTING

10.1 DoH Public Consultation: Draft Learning Disability Service model

Noted (**SET/125/25**).

10.2 DoH Publication: Making Lives Better Newsletter (Issue 10)

Noted (**SET/126/25**).

10.3 DoH Publication: Health Inequalities Annual Report 2025

Noted (SET/127/25).

10.4 DoH Publication: National Referral Mechanism Panel Pilot

Noted (SET128/25).

10.5 HSC Circular (F) 19-2025: Guidance on the Acceptance of Gifts and Hospitality and Awards (and Conferences)

Noted (SET/129/25).

10.6 DAERA Guidance: Climate Change Mitigation Reporting for Public Bodies

Noted (SET/130/25).

10.7 DoF DAO Letter: Departmental Delegations/ Requirements for Department of Finance Approval

Noted (SET/131/25).

10.8 Response to Written Questions Submitted

Noted (SET/132/25). **The Chairman** explained the written questions referred to had been tabled at the August Trust Board meeting and the paper before Members outlined the response provided adding that the matter was now closed.

11.0 ANY OTHER BUSINESS

There were no additional items of business raised.

12.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next Public meeting would be held on Wednesday 26 November at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 3.45pm.