

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust

Finance & Performance Committee held on

Monday 22 September 2025 at 11.00am

in the Boardroom, Trust Headquarters, Ulster Hospital

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 McMahan	Non-Executive Director
In Attendance:	Ms W Thompson	Director of Finance & Estates
	Mrs H Moore	Director of Planning, Performance & Informatics
	Mrs J Dunlop	Asst Dir Financial Management
	Mrs E Hannaway	Asst Dir Planning & Performance
	Mr M Neil	Director of Unscheduled Care, Medicine & Cancer (Item 3 only)
	Mr J Patton	Trust Chairman
	Miss C Hughes	Personal Assistant (Minutes)

1. Introductions

Mr Havlin welcomed everyone to the meeting. He 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. Performance Update : Trust Board Performance Paper Timings and Support & Intervention Framework Update

A briefing on the Trust Board Performance Paper timings and Support & Intervention Framework update had been circulated with papers for the meeting. Papers on Summary of Governance Arrangements for HSC Trusts and All Trust response to request for Comments on Governance Paper (shared August 2025) were also circulated.

In presenting the report, Mrs Moore outlined the work with Strategic Planning & Performance Group (SPPG) Public Health Agency (PHA) and Department of Health (DoH) regarding the Support & Intervention Framework (SIF).

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SPPG have indicated that they are amending their timeline for the data run for their dashboard from the second working day to the eighth working day in an effort to improve Data confidence levels however, this significantly reduces the time available for Trust staff to validate the information and create the Trust Board performance report. A further review of timelines is also required in order to align with the Committees In Common scheduling and communication will continue with the SPPG colleagues. Preparations are underway for the next bi-lateral meeting with CE SET/SPPG on 9 October 2025.

Mrs Moore advised that the latest SIF report for SET contains issues at levels 1 – 3 but none at level 4. The “Ambulance Handover” item has been issued to all Trusts at level 3 and will be further discussed this morning but there is has been no indication that this will be raised to level 4. Mrs Moore noted that Mr Neil had been invited to this section of the meeting as the Director responsible for this area.

Mrs Hannaway gave a presentation on “Level 3 Escalation – Ambulance Handover”, during which she highlighted that this issue had been introduced as Level 2 in November 2024 and raised to Level 3 in June 2025 across all Trusts. SPPG have asked that Ambulance Handover plans be revisited and proposals made against recurrent investment of £2m. She noted that investment of £10m had been provided across the region and SET received £2m recurrently.

The Trust has acknowledged Ambulance Handovers as an area of focus and have established a Hospital & Community Flow Oversight Group, co-chaired by the operational Directors for acute and community care (Mr Neil and Ms Cleland), and attended by relevant Assistant Directors and Clinical Managers. Mrs Hannaway also noted that the Trust must balance patient safety risks across the main Emergency Department waiting room as sometimes those waiting in ambulances are not the most severely ill and bed space is allocated on clinical acuity rather than method of arrival. Mrs Hannaway highlighted in the slide presentation the information provided routinely at Trust Board meetings regarding Urgent & Emergency Care Attendances which demonstrates a rising trend of attendances. In response to a query Mr Neil advised that the Urgent Care Centre attendances via ambulance are low but similar to the previous arrivals to the Minor Injuries Unit therefore the data is comparable.

Mrs Hannaway noted the 12 Hour Breaches (Ulster ED only) slide and indicated that attendances have risen again since

Spring 2025 and performance has been stable over the last few months. This is an improving position based on previous activity and the two hour turnaround is at the best levels experience for some time. The Ulster Hospital has experienced the most challenging position across the region and a new regional escalation dashboard has been published by the Regional Co-ordination Centre (RCC) in order to identify and share workload when there is a spike or extreme situation being experienced in a particular Hospital. The Regional Position (4 hour ambulance handovers) slide, and the Regional Escalation Dashboard for the same dates, demonstrated the extreme position experienced by the Ulster Hospital compared to other Hospitals in the region.

Mrs Hannaway highlighted the Locality Plan for Unscheduled care which has been developed by the Trust. This Plan was shared with SPPG and RCC who indicated that they viewed the Plan as robust and were content with the information and actions.

Mrs Hannaway noted additional funding received and highlighted the slide on this allocation across the following areas:-

- Hospital at Home Expansion
- Expansion of Early Review Team and Home Care Service
- Community Navigator in ED
- Expansion of Frailty at Front Door Service
- Medicines Optimisation Pharmacist
- Live Take Acute Physician
- Mental Health Home Treatment Team overnight
- Patient Flow Twilight Shift

There has been a focus on caring for patients in pre-hospital attendance to avoid arrival at Emergency Department where appropriate and therefore half of the £2m investment has been directed to expanding the Hospital at Home service which is now operational across all three Trust localities. Work has been undertaken to maximise capacity for Hospital at Home for patients at home and in Care Homes.

Mrs Hannaway commented that the Ambulance Handover 4 hour target has improved from 18.7% in June 2024 to 22.2% in June 2025; and the average time spent in the Emergency Department by patients has reduced from 6 hours 1 minute to 5 hours 44 minutes in June 2025. RCC are conducting a demand/capacity exercise. Mrs Hannaway also noted that it is important to review the actions being taken in conjunction with the other SIF on Financial Breakeven which has an impact on use of non-designated beds and funding.

During discussion of the presentation, Mr Havlin enquired about the Hospital at Home project and Mr Neil advised that the caseload for this service will increase to 40 patients. The aim is to maintain a high level of capacity for this service and regular (daily) meetings take place to identify patients who are suitable for Hospital at Home and to raise awareness across Teams/GPs of the availability of the Service. He noted that there is challenge for Trust with ambulance handovers for frail elderly patients as often these are not the sickest patients to be treated and therefore they can experience 4 – 5 hour waits for handover. The Hospital at Home pathway has been established with GPs; NIAS; Care Homes and other Trust Teams (including Frailty at Front Door and Care of the Elderly) in order to prevent these patients arriving at the Emergency Department as Hospital at Home can provide the same level of care within their own home environment. Mr Neil added that a review will be maintained on the Hospital at Home caseload to ensure that the case-mix is maintained at the correct level and are avoiding patients coming to Hospital. He commented that the Hospital & Community Flow Group had identified the Emergency Department as a bottleneck for patients and the Hospital at Home service is preventing patients reaching that area.

In response to a further query regarding funding, Mr Neil indicated that in order to care for some patients in a different place, it will be necessary to reflect this in the use of financial resources in the future. Ms Thompson advised that funding will need to move from acute services to the community as the current investment is insufficient. A query was raised, by Mr McKinley, regarding how the benefits of Hospital at Home would be evidenced, and Mrs Moore noted that the improvements in patient flow will be demonstrated.

Mrs McCauley noted the RCC Dashboard and asked if the Ulster Hospital has been receiving the highest number of ambulances. Mrs Moore advised that this is not the case but the Ulster Hospital Emergency Department is the busiest in the region due to a number of patients arriving via other methods. Mr Neil noted that the availability of ambulances is not consistent across the region.

Mr Neil explained that it is utilised by RCC to understand the pressures across each Hospital site and is based on a suite of 12 measures which are updated four times per day. During the time period displayed on the slide, the Ulster Hospital as identified as extreme when compared with the other sites. Mrs McCauley enquired, during the time period displayed on the slide, the Ulster Hospital was identified as extreme when compared with other sites on certain dates.

Mr Neil outlined the pressures faced within the Ulster Hospital and noted that a slight increase in admissions, or a number of complex discharges, can severely impact the position.

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Mr McMahon enquired on progress with the RCC demand and capacity exercise and Mr Neil confirmed that this is being carried out across all Trusts using the same data set.

Mr McMahon noted that both Ambulance Handover and Financial Breakeven are at SIF Level 3 and asked how these conflicting areas are being balanced. Mr Neil stressed that patient safety is paramount. However, the Trust has to manage within the financial limits available and outlined the work being undertaken with PA Consulting to achieve financial balance. He noted that one area of expenditure being reviewed is Medical Locums and this year the Trust has a better level of Registrars, which should decrease the requirement for Locums.

Mrs Henderson asked if there was any indication that the Ambulance Handover SIF will increase from Level 3 to Level 4, given that SET are an outlier in this KPI. Mrs Moore advised that there has been no indication of any raising of the level.

Mr McKinley enquired about the work of RCC and how it added value to the specific ED challenges within the Trust. Mr Neil detailed the various aspects of the RCC role with day-to-day management of processes and review of capacity across the region. Examples of recent events were outlined where pressures in one area were identified and assistance provided by all other Hospitals in order to maintain performance across the region. Mr Neil also noted that Wendy Magowan, the SET RCC co-ordinator, is a Critical Friend and a great conduit to test ideas/performance.

Mr Havlin wondered if there is any learning available from colleagues in the United Kingdom and Mrs Moore confirmed that the issue of managing unscheduled care is long standing. Examples of looking beyond SET for options to explore include Trust Clinicians and Operational teams connecting in with Royal College of Emergency Physicians for new approaches and share experiences. However, Northern Ireland has an ageing population and therefore the Hospital at Home service is best method we have to invest in to support clients in their home environment which can avoid delirium and unnecessary hospital visits and admission. Mrs Moore also highlighted the regional Big Discussion Workshop and specific workshops to learn from others in terms of their approach to review Ambulance

Turnarounds and potential areas for improvement. Mrs Moore highlighted the “All Trust Response to Request for Comments on Governance paper” and “Summary of Governance Arrangements for HSC Trusts” reports which had been circulated. These detail the governance arrangements for SIF and will continue to be reviewed to finesse the process. She noted that the main challenges will be the changing environment for the current processes e.g. Ground Clearing meetings and the changing role of SPPG.

Mr Patton asked for an update on the SIF regarding Lakewood and staffing issues experienced. Mrs Moore noted that everyone has recognised the complexity of cases and staff issues being experienced.

Mr Havlin thanked Mrs Hannaway and Mr Neil for their informative presentation and they left the meeting.

4. Minutes of the Previous Meeting – 23 June 2025

The minutes of the previous meeting held on 23 June 2025 had been circulated with papers for the meeting. The minutes were confirmed as an accurate record of the meeting.

5. Matters Arising from the Previous Meeting

There were no matters arising from the meeting which were not included on the Agenda.

6. Draft Terms of Reference

Draft Terms of Reference for the Finance & Performance Committee had been circulated with papers for the meeting.

During review of the draft Terms of Reference, Mr Patton asked if the frequency and/or scheduling of meetings would need amended to align with the SIF schedule. Mrs Moore advised that to date SPPG have not provided a long term schedule of dates for SIF – currently being arranged on a meeting by meeting basis. It was agreed that the meeting schedule/frequency could be amended in the future if the position becomes clearer regarding scheduling of SIF, etc. Section 4, Frequency of Meetings, would be updated to include “subject to change”.

Discussion took place regarding the Remit of the Committee, Item 5 of the Terms of Reference, and Mr Patton enquired if section 5.14 was sufficient. It was generally noted that there are many evolving process currently, e.g. SIF, and this has an impact. It was agreed

that item 5.14 would be amended to read “To request and receive Performance reports on specific service areas and provide a holistic overview of challenges/relevant mitigating actions.”

Mr Havlin received approval of the Terms of Reference, subject to the minor amendments requested.

7. Draft Annual Report : Finance & Performance Committee 2024/25

A draft Annual Report of Board Committee Effectiveness : Finance & Performance Committee 2024/25 had been circulated with papers for the meeting. Brief discussion took place regarding the first Annual Report of Board Committee Effectiveness.

Mr Havlin received confirmation from the Committee that the draft Report was approved and would be presented at a future Trust Board.

8. Savings Plan

A report entitled “Update on Current Savings Plans (22 September 2025)” had been circulated with papers for the meeting.

Ms Thompson noted that the Month 5 Finance Report is included in the Trust Board papers. Since Month 4 there have been Finance Focus Groups with operational Directorates and clarity received on the confidence levels of achievement of savings. Whilst some savings plans have reduced their target there is now confidence that these will be achieved.

Ms Thompson detailed correspondence received from the Permanent Secretary, DoH, on 2 September 2025, advising that the Strategic Financial Management Group (SFMG) are unable to deliver the £100m regional savings originally anticipated and this will be shared across all Trusts with South Eastern Trust expected to delivery an additional £16.4m. The letter also requested:-

- (a) a plan to deliver breakeven by the end of the financial year – to be submitted by 22 September 2025.
- (b) A plan to deliver breakeven by the end of 2026/27 – to be submitted by 6 October 2025.

The focus on the plan to be submitted later today assumes that the Trust will achieve the £38m of savings already required via Trust plans and the work with PA Consulting. Ms Thompson advised that the plan will not be submitted

until tomorrow, 23 September 2025, after discussion with the Executive Management Team. This plan, and the longer term plan to be submitted on 6 October 2025, include the low, medium, high and catastrophic rated impact of actions on services.

Action

Mr McMahon and Mrs McCauley expressed concern regarding the level of current savings to be achieved. Mrs Henderson queried the reduction in the savings target achievable for 2025/26 which has been offset by a reduction in forecast spend, and sought assurance on the level of confidence in achieving savings. Ms Thompson confirmed that it has been made clear in Monitoring Returns to SPPG and DoH that the Trust has a £28m forecast deficit position. However the Trust is focused on closing this gap and all efforts are being made to address the position. PA Consulting have been gathering/analysing information provided to them and have now provided nine projects (some of which identify potential savings amounts). Further projects are expected to be provided over the coming weeks. One of the areas is discretionary spend which includes stationery; training; consumables; furniture and fittings. An e-mail will be issued to all staff later this week outlining a freeze on discretionary spend and this will be reviewed in six weeks' time.

Mrs Henderson questioned why the switch to less expensive medications had not been actioned earlier and Ms Thompson outlined the work of the MORE Pharmacy projects where medicines move off patent and therefore the generic medicine is cheaper. This year the target for these savings will be exceeded as the medicines involved are highly utilised but in previous years this was not always the case. Some medicines also require patients to go through a switching process and this can take time so some pharmacy savings will not be achieved until the last quarter of the financial year.

Ms Thompson also noted work being undertaken with Home Care provision. Reductions have been made to realise savings but, due to recycling of current care packages, the number of unmet need clients has not increased significantly.

Ms Thompson highlighted the removal of some undesignated beds but this has not achieved substantial savings due to the roster period process and the impact of removal of one bed.

Mrs Henderson and Mrs McCauley enquired about the payment to PA Consulting and Ms Thompson confirmed that

they are to receive 10% of all the savings they identify. PA Consulting are confident that they will deliver an amount in excess of £12m but Ms Thompson felt that the total may be lower than this at the end of the financial year. She hoped to receive further clarity on PA Consulting plans over the coming weeks.

Action

Detailed discussion took place regarding the regional financial position and the financial gap at DoH. Ms Thompson noted that there continues to be no funding for the pay award and the potential ramifications this could have across the system. There is also a financial issue facing other Departments of the NI Assembly Departments and this may impact future allocations.

Mr Patton gave his apologies and left the meeting at this point.

Mr McKinley noted the current position and enquired if there was anything more Board members should be doing. Ms Thompson advised that an update will be provided at the Confidential Trust Board meeting on 24 September 2025, and then a more detailed discussion will take place at the Trust Board Workshop scheduled for 13 October 2025. The Executive Management Team regularly discuss the financial position and review all areas for potential savings. It has been recognised that Directorates should also review any services which they could cease although this is difficult for the Service.

Mr McMahon recalled previous discussion regarding Retinue, a Medical Locums service, and enquired if it was realising savings. Ms Thompson confirmed that savings have been achieved via Retinue. There will also be further savings to be achieved from work ongoing regarding regional Medical Locum rates.

Mr Havlin thanked Ms Thompson for her presentation.

9. Draft Schedule of Dates for 2026

A draft Schedule of Dates for 2026 had been circulated with papers for the meeting. Mr Havlin noted that the schedule was agreed subject to changes required for SIF.

10. Any Other Business

No issues were raised.

11. Date of Next Meeting

It was agreed that the next meeting would take place on 24 November 2025 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital. *It was subsequently agreed that the time of the meeting on 24 November 2025 would change to 10.00am.*

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