SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust Finance & Performance Committee held on Monday 23 February 2026 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 K McMahon	Non-Executive Director
In Attendance:	Ms W Thompson	Director of Finance & Estates
	Mrs H Moore	Director of Planning, Performance & Informatics
	Mrs E Hannaway	Asst Dir Planning & Performance
	Mr M Neil	Director of Unscheduled Care, Medicine & Cancer (Items 1 - 4 only)
	Mrs V Cleland	Director of Primary Care & Older People (Items 1 - 4 only)
	Mr J Patton	Trust Chairman
	Miss C Hughes	Personal Assistant (Minutes)
Apologies:	Mr N McKinley	Non-Executive Director
	Mrs J Dunlop	Asst Dir Financial Management

1. Introductions — **Action**

Mr Havlin welcomed everyone to the meeting. He noted that apologies had also 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 – 24 November 2025

The minutes of the previous meeting held on 24 November 2025 had been circulated with papers for the meeting. The minutes were approved as an accurate record.

4. Matters Arising from the Previous Meeting

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

5.	**Performance Update : Level 3 Support & Intervention Framework – Unscheduled Care**	**Action**

A Briefing Paper on Level 3 SIF Escalation – Unscheduled Care, and a Presentation on Level 3 Escalations (Reducing Time Spent in ED and Ambulance Handover) had been circulated with papers for the meeting.

Mrs Moore explained that the Support & Intervention Framework (SIF) escalations at Level 1 – 3 are reported at this Committee and those at Level 4 – 5 would be discussed at both Finance and Performance Committee and Public Trust Board and be subject to additional external support relevant to the escalation level. As detailed in the briefing paper, the Unscheduled Care issue is at Level 3 but, at the SIF Bilateral Meeting (SPPG and SET) held on 20 February 2026, it was indicated that this may be raised to Level 4. It was indicated that a period of four weeks (from 20 February 2026) would be provided for the Trust to improve the position before further escalation. This is not guaranteed as the Permanent Secretary/Health Minister may take a different view. In addition to discussion today, this issue will also be highlighted at Confidential Trust Board on 25 February 2026.

During review of the presentation Mrs Hannaway noted that all Trusts are at Level 3 escalation for this issue. The Trust continues to take a collaborative approach to managing and supporting flow, and works closely with regional colleagues including the Regional Co-ordination Centre (RCC). The Hospital and Community Flow Oversight Group within the Trust is now co-chaired by Prof Kirk, Medical Director, and Prof Robinson, Deputy CE/Director of Nursing/ Midwifery/AHP/User Experience. Mrs Hannaway also advised that SET received a letter on 13 February 2026 from T McCaig, Interim Chief Operating Officer, SPPG, outlining concerns regarding failure to achieve the two hour turnaround for ambulances. Mrs Moore advised that a draft response letter is being prepared and will outline the Trust's concerns and actions.

Mrs Moore advised that since the SIF Bilateral meeting, the Trust has responded as if it were escalated to Level 4 and therefore Prof Robinson, and Prof Kirk have increased meetings with senior clinical staff; additional liaison with RCC and additional external support has been sought from PA Consulting – Urgent & Emergency Care & Community Flow Improvement Programme Team. (PA Consulting are currently working with the Trust in relation to savings plans.) Mrs Moore also noted that Wendy Magowan, RCC, is liaising with Barry Conway to provide support in relation to patient pathway co-ordination and flow throughout the hospital.

Action

As detailed in the presentation, Mr Neil outlined the four areas being prioritised – Pre-Hospital Demand; Same Day Emergency Care; Hospital Flow and finally Discharge Processes. First two items would require a longer timescale to implement the pathways and therefore, over the next four weeks, the focus will be on Hospital Flow and Discharge Processes. Over the next month Mr Neil indicated that David Robinson; Stephen Kirk; Veronica Cleland and himself will be leading a day to day operational group to ensure that every single minute of hospital time is appropriately utilised. They are focused on the doing the right thing for patients, the community and NIAS (NI Ambulance Service).

Mr McMahon noted discussion at a recent Trust Board meeting regarding the additional funding provided (£2m) to enhance Hospital at Home services. Mrs Cleland advised that Hospital at Home services are provided across the three Trust areas – North Down & Ards have 20 beds; Downe have 8 and there should be 12 in Lisburn but this is currently reduced due to staffing issues. These numbers are dependent upon the complexity of patients. The Team Co-Ordinator joins the Hospital Services 9.00am call each day and advises of availability of beds across the areas. The OPAT (Outpatient Parenteral Antimicrobial Therapy) Service is part of Hospital at Home and enables patients to leave hospital to and continue to receive antibiotic treatment in Care Homes. To date the service has demonstrated a reduced Length of Stay (LoS). Mrs Cleland also outlined the work with NIAS regarding options for patients in care homes and work with independent companies to assist with remote monitoring of conditions (cardiovascular; oxygen levels, etc).

During discussion all the Non-Executive Directors raised queries regarding the issues with patient flow at the Ulster Hospital and why the Trust is an outlier compared to the region. In response Ms Cleland detailed the significant number of dementia and delirium patients and outlined the work undertaken by the Provider Collaborative and Committee in Common to secure additional care home beds for these patients. A range of beds for residential and nursing are being sought at two levels – entry level and additional support level. She noted that this new initiative should increase availability of beds.

Mr Neil added that there has been an increased level of activity at the Emergency Department which has not been experienced in other Trusts. The Urgent Care Centre has had increased attendances also. Patients attending the Emergency Department are in the correct pathway. Mr Neil commented that Belfast Trust colleagues have visited the

Ulster Hospital and have not identified any areas for change/ improvement. He added that there is insufficient regional comparison data available. In all large complex systems there are always efficiencies to be achieved and consistencies to be embedded. Over the next four weeks there will be enhanced focus, by clinical and managerial colleagues, to ensure that all possible actions are taken.

Action

Mr Neil also advised that the patients identified as medically fit will be a mix of those waiting domiciliary packages; family members unhappy with Care Home option; etc. Regarding the patients awaiting domiciliary packages, whilst South Eastern Trust has the lowest level of unmet need, there will also be Belfast Trust patients awaiting packages to be arranged by their Teams. He stressed that the issues, and potential areas of improvements, will continue to be focused on by the Executive Management Team and reported at Trust Board. Mr Neil noted improvements in discharge prescription processes.

Mr Neil advised that the health system is reviewing broad themes – alternatives to hospital admission/ED; flow; and discharge. The options for alternatives to hospital ED/admission will require a longer term to deliver and therefore the focus is currently on flow and discharge. Good work is being carried out but it is not delivering the metric required. All efforts continue to be made to improve. He also reported that the Length of Stay (LOS) within Downe and Lagan Valley Hospitals has improved.

Mr Havlin noted that these issues will be escalated to Trust Board at the meeting scheduled for 25 February 2026. He thanked Mrs Cleland, Mr Neil and Mrs Hannaway for their input and they left the meeting.

6. <u>Business Case : Robot Assisted Surgery</u>

A briefing paper and business case on the Robot Assisted Surgery had been circulated with papers for the meeting.

Ms Thompson noted that this business case had been previously circulated via e-mail for approval in order to meet tight deadlines. The introduction of robot assisted surgery has many benefits and the Trust currently has clinicians trained in its use, who have been maintaining their skills via a partnership arrangement with the independent sector. The robot has arrived on site and commissioning work is being finalised.

During review Mr McMahon expressed concern regarding the revenue funding consequences. Ms Thompson advised that

the revenue costs are already included in the financial position and therefore this would not impact on breakeven. The service is already commissioned and discussions are taking place with SPPG regarding appropriate funding streams. In response to a query regarding the reduction in LOS, Ms Thompson indicated that this is not formally recorded as it would not achieve a cash saving. She added that this service will have significant benefits for patients and is the next progression of medical science.

Action

Mr Patton commented that he would raise the Robot Assisted Surgery outside of this meeting to ensure that appropriate clinical governance assurance/risk reviews and patient consenting are in place.

Mr Havlin sought and received Committee approval for this Business Case.

7. Business Case : ICT POD C Replacement, Phase 2-4

A briefing paper and business case for POD C Replacement, Phase 2-4 (DHCNI Capital Funded) had been circulated with papers for the meeting.

Mr Havlin noted that this business case had been previously circulated via e-mail for approve due to the timescales involved. He sought, and received, Committee approval for this business case.

8. Business Case : ICT Monitoring Round Allocation

A briefing paper for Ringfenced ICT Monitoring Round Allocation and a business case for Vocera Clinical Communication had been circulated with papers for the meeting.

Ms Thompson advised that this ring fenced funding will be utilised to update the Vocera communication system at Lagan Valley Hospital. In response to a query, she advised that this equipment will be sourced via the current contract but highlighted that all contracts are subject to a competitive tendering process when they reach renewal stage.

Mr Havlin sought, and received, Committee approval for this business case.

9.	**Business Case : LVH Electrical Infrastructure Connection of Generator and Theatres Supplies**	**Action**
	A briefing paper and business case regarding LVH Electrical Infrastructure Connection of Generator and Theatres Supplies had been circulated with papers for the meeting. Mrs Thompson outlined the major backlog maintenance issues at Lagan Valley Hospital and the impact on the entire infrastructure. This work is essential to ensure electrical back-up is available in the event of a power cut. During discussion Mrs McCauley noted that the additional revenue over a ten year period because the new generator has a larger capacity than required. Ms Thompson advised that the generator is the closest in size to meet the current needs of the Lagan Valley Hospital and, secondly, there will be the potential to use it to improve electrical capacity/sell back to the network. Discussions have commenced with the network provider regarding potential income generation. Mrs Henderson enquired if the Trust has considered electrical storage batteries as an option and Ms Thompson advised that this has been considered but found to be impractical due to the space required and sustainability issues. It is an inescapable pressure as a generator is required to ensure service continuity on the site. Mr McMahon noted a typo on page 35 of the business case and this will be corrected. Mr Havlin sought, and received, Committee approval for this business case.	
10.	**Business Case : Ravara Training & Resource Centre** A briefing paper and business case regarding the Ravara Training & Resource Centre had been circulated with papers for the meeting. Ms Thompson advised that this business case is part of an on-going programme of work to maintain the Resource Centres across the Trust's area. A business case had been approved in 2023 (copy circulated with papers) and the current business updates the costs and additional revenue required for this project. Mr Havlin noted the options considered within the business case and that this is the most cost effective. Mr Havlin sought, and received, Committee approval for this business case.	

11. Finance Report – Month 10 **Action**

The Finance Report (Month 10 – January 2026) had been circulated with papers for the meeting.

Ms Thompson noted the recent announcement regarding a £400m reserve claim by the NI Executive. The Department of Health will receive a £185.4m share of this loan which, whilst less than the £212m gap, should enable the system to breakeven albeit with challenges.

Ms Thompson noted that until the final figures have been submitted by DoH to the Department of Finance, and allocations confirmed by SPPG to the Trust, the public Trust Board Finance Report would continue to report a forecast deficit position. However, at the request of SPPG, the most recently submitted monitoring return assumed allocation of deficit funding and a breakeven position.

In response to a query, Ms Thompson advised that the Annual Accounts will detail the Trust's position and the deficit funding received in order to achieve breakeven. The Accounts should therefore be approved and not qualified as a result of a deficit, as was previously envisaged. Brief discussion took place regarding the regional financial position for the Health Service.

12. Financial Planning 2026/27

Ms Thompson advised that the financial position will be very difficult in 2026/27. The Treasury reserve claim in 2025/26 will be paid back over three years, ie £160m to be achieved in 2026/27 and £80m in each of the following two years.

Ms Thompson outlined the potential funding gap in 2026/27 across the whole system based on the draft budget, due to issues such as non-recurrent actions in 2025/26, impact of maintaining pay parity with the rest of NHS and national living wage. Trusts have also been instructed to pay uplifts to Independent Sector and Community & Voluntary Services, and absorb all growth/inescapable pressures including high cost drugs (£4m alone). In response to a query from Mrs McCauley regarding the deficit funding, Ms Thompson advised that the deficit funding has been provided recurrently.

DoH/SPPG have asked all Trusts to provide scenarios of actions required if the opening allocation is reduced by 6% and then 12%. Ms Thompson outlined the significant implications of the 6% target and how difficult it would be to scope actions to achieve 12%. During discussion it was

noted that planning is taking place and this will be shared and discussed at Trust Board in due course.

Action

In response to queries, Ms Thompson noted that the scenarios for 6% savings are being based by looking first at the recurrent savings from 2025/26 and then considering what further measures are achievable without significant impact on services. The options are to be reviewed and discussed at the Executive Management Team on 24 February 2026.

Mr McMahon noted the impact of high cost cases and queried if there is an option to provide in-house services rather than utilising the Independent Sector. Ms Thomson advised that the Trust is being proactive in this area and highlighted the recent business case for CATU (Community Assessment and Treatment Unit). Capital funded work is progressing and the Trust needs to consider how existing spend can be re-purposed to support the revenue consequences.

Mr Patton asked if, in the exploring of savings, were there any areas of business which had not been included. Assurance was provided that all areas were reviewed.

13. Any Other Business

No issues were raised.

14. Date of Next Meeting

It was agreed that the next meeting would take place on 27 April 2026 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital.