

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust

Finance & Performance Committee held on

Monday 27 April 2026 at 11.00am

in the Boardroom, Trust Headquarters, Ulster Hospital, and via Teams

Present:	Ms S McCauley	Non-Executive Director (Chair)
	Mrs S Henderson	Non-Executive Director
	Mr K McMahon	Non-Executive Director
	Mr N McKinley	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 (Item 6 only)
	Mr J Patton	Trust Chairman
	Miss C Hughes	Personal Assistant (Minutes)
Apologies:	Mr R Havlin	Non-Executive Director
	Mrs J Dunlop	Asst Dir Financial Management

1. <u>Introductions</u>	Action
Ms McCauley welcomed everyone to the meeting. She noted that apologies had also been received from Ms R Coulter, Chief Executive.	
2. <u>Declaration of Conflict of Interest</u>	
All present confirmed that they had no conflict of interest with any of the items on the agenda.	
3. <u>Minutes of the Previous Meeting – 23 February 2026</u>	
The minutes of the previous meeting held on 23 February 2026 had been circulated with papers for the meeting. The minutes were approved as an accurate record.	
4. <u>Matters Arising from the Previous Meeting</u>	
There were no matters arising from the meeting which were not included on the Agenda.	

5.	<u>Performance Update : Support & Intervention Framework – Review of Governance</u>	Action
	A Briefing Paper on the Support & Intervention Framework Governance Process had been circulated with papers for the meeting. Mrs Hannaway advised that the governance processes have been discussed with Strategic Planning & Performance Group (SPPG) and regional Trust colleagues over the past 14 months. The escalation process remains broadly in line with that previously outlined, ie:- ➤ Level 1 : Monitored at Directorate level and via Director Led Performance & Improvement meetings. ➤ Level 2 : Monitored at Directorate level and via Director Led Performance & Improvement meetings with escalation to Executive Management Team (EMT) by exception. ➤ Level 3 : In addition to the monitoring for Levels 1 and 2, these items are discussed at the appropriate Trust Board Committee ie the Finance & Performance Committee. ➤ Level 4 & 5 : In addition to the monitoring process, items at Level 4 and 5 will be presented at public Trust Board. Mrs Hannaway advised that the main change to the previous process is that instead of presenting updates at every Confidential Trust Board, there will be a comprehensive feedback at the Confidential Trust Board which takes place immediately after the bilateral meetings which occur every 2 – 3 months. This is in line with all Trusts across the region. During brief discussion Mrs Moore noted that in addition to the monitoring process outlined above, there are a lot of behind the scenes operational level discussions in the relevant Teams and with SPPG to address issues. Mr Patton asked that the Bilateral meetings are scheduled to take place slightly before Trust Board meetings in order to prevent a delay in the presentation of updates to Trust Board. This request would be notified to the appropriate offices to assist with arrangements. Ms McCauley received Committee approval to the Governance arrangements.	
6.	<u>Performance Update : Support & Intervention Framework Escalation Update</u>	
	The Support & Intervention Framework Escalation Update had been circulated with papers for the meeting. An update on escalation to SIF Level 4 for Ambulance Handovers and ED 12 Hour Waits was circulated at the beginning of the meeting.	

Mrs Moore advised that the Trust received confirmation of the escalation to Level 4 late on Friday, 24 April 2026, and the detailed update was provided this morning via e-mail. Mrs Hannaway presented on the screen the business intelligence dashboard 'qlikview' which has been developed to help operational teams by presenting all relevant information from both encompass and NIAS in one place.

Action

Mr Neil noted that today is also the commencement of the regional protocol to support NI Ambulance Service, Release To Rescue, and aims to have all ambulance handovers to take place within two hours. Preparations for Release To Rescue have been ongoing over the past number of weeks in order to meet, and sustain as far as possible, the two hour handover protocol. He outlined the key actions undertaken:-

- The Community Teams, particularly in relation to Homecare and Care Home provision, have undertaken a reset over the past two weeks which has shown a benefit to Hospital Teams over the past week.
- A Hospital reset has also been conducted over the last week, with all Clinical Teams in order to review processes. Each Team has outlined actions which can improve patient flow on the wards, for example more timely transfer of patients to Gastro; Respiratory and Cardiology Wards can ensure appropriate tests/diagnostics are undertaken that day to support treatment pathways/discharge. This "front loading" of activity has been discussed with Nursing and Ward staff to ensure engagement and efficiencies across the system. The early transfer of patients to the correct Ward will be important in reducing their Length of Stay.
- It has also been agreed by Medical staff that all referrals to speciality services will be seen "face to face" within a day.

Discussion took place regarding the preparations for Release To Rescue and the actions taken to date to address Level 3 SIF ED issues. Mr Neil noted that discussions have taken place regionally in order to learn from each other regarding processes which work well but he stressed that all Trusts operate differently. In response to a query, Mrs Moore noted that the Trust is also assisted by Regional Co-ordination Centre (RCC) staff, particularly in relation to maximising the use of the Acute Medical Unit (AMU). PA Consulting staff have been asked, as an external support, to assist with a focused piece of work within Unscheduled Care to help improve performance. Mrs Moore also highlighted the actions undertaken by Teams to improve efficiency, for example ED Consultants have been granted admitting rights and there are alternative pathways for frail/elderly patients. These processes will be monitored.

Mrs Moore also highlighted the Escalation Update presentation which had been circulated and referred to the end of the report which outlined the “Flow” information for Inflow; Throughflow and Outflow. There has also been discussion regarding the use of the Acute Medical Unit (AMU) and how efficiently utilise this Unit to maximise patient flow early in the day. The general improvement in NIAS handovers over the last few days was noted and, in response to queries regarding the regional position, Mrs Hannaway advised that performance vs the region is monitored via qlikview. Granular background information is also available to detail the number of patients arriving, processing through the hospital and discharged. In response to a query regarding the recent Emergency Care Waiting Time Statistics for NI (January – March 2026) report, Mrs Hannaway confirmed that the report was compiled from extracts of the data provided by the Trust. However, Mr Neill confirmed that this report considers ‘main ED’ data for the Ulster Hospital only when the unscheduled activity across the main ED and Urgent Care Centre (UCC) is actually monitored internally as one system.

In response to queries from Mr McMahon regarding the Length of Stay and impact on patient throughput, Mr Neil advised that a reduction of 0.5 – 0.7 of a day would significantly impact on the current over occupancy constraints. He undertook to share with the Committee a recent GI Team presentation which would demonstrate a pilot model and the impact small reductions in Length of Stay would create. During this discussion Mr Neil also noted the changes within Downe and Lagan Valley Hospitals and the impact transfers to these locations has on the Ulster Hospital capacity.

In response to queries from Mrs McCauley regarding the sustainability of meeting the “Release To Rescue” protocol, Mr Neil indicated that cultural changes have been made to achieve the target as far as possible. Mrs Moore noted that the Trust Board will be regularly sighted on appropriate key metrics. Consideration of content on-going and likely to include metrics such as Length of Stay; waiting time for offloading of patients; details of any breaches of the two hours protocol and 12 hours ED target. She also highlighted the work of the Hospital at Home Team which prevents admission to Hospital and supports flow.

Further to a query from Mr McMahon regarding the use of PA Consulting and Akeso, Mrs Moore clarified that Akeso have been assisting the Primary Care & Older People Directorate with the pathway for Hospital at Home and PA Consulting have focused on achieving financial savings to date however

their support to unscheduled will be to support identification of measure to assist with achieving the improvement required for Unscheduled Care SIF level 4.	Action
In response to a query regarding the recording of harm or near miss incidents which may have occurred within ED due to long waits, Mr Neil undertook to review and provide feedback to Mrs Henderson on data available from the SAI Team over the past year. In reply to a query regarding the NIAS and the RCC involvement in the new process, Mr Neil outlined the NIAS actions including:- ➤ “Hear and Treat” which directs callers to the appropriate service eg ambulance sent; patient advised to go to hospital or to seek Hospital at Home services. ➤ Increasing use of Integrated Care Hubs – NIAS have experts to answer calls to assist with directing callers to the appropriate service. ➤ Ensuring NIAS are available to support timely discharges ie transporting patients on discharge. Mrs Moore also highlighted regular discussions at both EMT and Hospital and Community Flow meetings to improve communication and actions to improve patient flow. A query was raised regarding the next steps to be taken in response to the receipt of this Level 4 SIF. Mrs Moore advised that EMT will discuss at the meeting scheduled for tomorrow and further updates will be provided to Trust Board members. Mrs Moore gave an overview of the following Level 3 SIFs:- ➤ Iveagh Inpatient Facility – Delayed Discharge: SPPG have advised that they are unable to approve the business case submitted for a purpose built facility with associated revenue. At the recent bilateral SIF meeting, the Trust was asked to further review the alternatives. The Children’s Services Directorate Team are reviewing the options available. During discussion Ms Thompson noted that this may become another inescapable pressure for the Trust as the service will need to be provided. Capital funding could become available as options to purchase property to provide the service in-house have been undertaken but, for various reasons, have fallen through. The main issue is the increased revenue costs which SPPG advise they cannot fund. ➤ Safety and Quality in Lakewood Secure Facility: A contractor has been appointed to carry out the works required.	MN

In response to a query regarding the financial implication of the work carried out to improve patient flow, Ms Thompson advised that the actual additional costs are minimal and would not significantly impact the Trust's savings plans.

Action

Ms McCauley thanked Mrs Hannaway and Mr Neil for their informative presentations and they left the meeting.

7. Update on 2026/27 Savings Plans – Phase 1

An Update on 2026/27 Savings Plans (Phase 1) had been circulated with papers for the meeting.

Ms Thompson noted that Trust Board had endorsed the submission of the SET Strategic & Operational Planning Guidance. The SPPG response has indicated that work should commence on the Phase 1, Scenario 1 (low and medium) savings plans outlined in the submission. Other elements are held in abeyance whilst under consideration as they may require Ministerial approval or decision. Ms Thompson added that another regional Finance Summit has been scheduled for 12 May 2026 in order to discuss Scenario 2 options in more detail.

In the meantime, Phase 1, Scenario 1 savings plans are being finalised for delivery. Ms Thompson detailed the presentation in the report and noted that some of the categories are slightly amended from the original proforma for SPPG. This updated presentation should make the information more meaningful for the Committee. She assured the Committee that it is not unusual in the early part of the financial year to have many items rated as “amber” as this is a personal evaluation of confidence in achievement currently. The ratings will be reviewed and amended throughout the financial year as evidence is received to support their level of achievement. During review of the report, Ms Thompson commented that the elements of Scenario 1 which are in “bold” are those areas where PA Consulting are working with Trust staff to plan and implement.

Ms Thompson advised that this information is presented to the Delivering Value Project Board which includes EMT Directors and PA Consulting staff.

Mrs McCauley asked, for expediency, if the focus could be on the detail against the red elements of Scenario 1. Ms Thompson clarified as follows:-

- Centralisation of Admin: With the move to encompass there were 35-40 staff with significant impact to their job roles and they have now been redeployed and savings delivered. A further piece of work is now being undertaken

to assess those staff who have 40% - 50% of their role impacted. A “root and branch” review exercise is being carried out to centralise administration and reduce Agency usage. This project had been discussed at EMT and, if there are insufficient resources available across Teams, then PA Consulting, or appropriate support from the Leadership Centre, may be asked to assist. ➤ Social Care Agency – Move to Bank: A recruitment exercise will be undertaken to create a Social Care corporate bank which will decrease the use of Agency staff. ➤ Reduction in Beds/DTAs: Given the current pressures within the Trust’s hospitals, it is currently difficult to envisage removal of all undesignated/corridor beds or that this could be sustained. However, rather than to remove this option from the plans, discussions are ongoing to assess if they could be removed for a period of time eg June; July and August. This work will involve not only acute beds but also dementia beds. ➤ Homecare Validation and Review: This review has been undertaken as a recommendation from an Internal Audit Report. Since this presentation was prepared, there have been ongoing discussions with PA Consulting and Trust staff and work has progressed to a stage where this rating may soon move from “red” to “amber”. ➤ Management of Growth in Residential and Nursing Homes: This work is linked to the ongoing work regarding patient flow within the Trust’s Hospitals. The Primary Care & Older People Directorate staff are working to balance managing this growth rate whilst assisting with patient flow out of hospital. The aim is for their expenditure level to remain static. Ms Thompson advised that this information will be built into the Trust Board Finance Reports in 2026/27. In response to a query regarding the achievement of additional savings, Ms Thompson advised that other avenues of savings are being sought on a continual basis. Directors of Finance across the Trusts liaise and discuss their savings plans in order that everyone can ensure no options are missed. During discussion of the potential for Phase 2 options to be implemented/regional position, Ms Thompson reported that only Phase 1, Scenario 1, plans have been progressed. All Trusts were asked to ensure that their “risk rating” was	Action
---	----------------------

appropriate and there has been consistency in the view that it is correct. She commented that three other Trusts were asked to resubmit their Phase 1, Scenario 1, plans. Ms Thompson added that there is no doubt that Trusts will be asked to deliver further savings but the response has been clear that additional savings can only be achieved with SPPG approval for regional implementation. Potential areas would include cessation of Agency usage; cessation of Medical Locums and retraction of services which would require consultation and EQIA/rural needs assessment.

Action

In reply to a query regarding the regional projects, Ms Thompson advised that these are being refreshed in 2026/27 and Directors of Finance are being asked to join each workstream. Any savings in these areas would help reduce the potential for Phase 1, Scenario 2, plans.

Ms Thompson stressed that there is currently no NI budget allocation and therefore all plans are based on a draft budget. All Trusts have been clear in the savings they believe are achievable based on Phase 1, Scenario 1 which is approximately 3% - 3.5%.

In relation to the work undertaken by PA Consulting, Ms Thompson highlighted the information the report which detailed the 2025/26 savings achieved. In response to a query Ms Thompson advised that PA Consulting are paid 10% of the full year effect of any savings they have achieved. This is calculated by establishing a baseline position at the commencement of their work on a project and then any savings, or reduction in an upward trajectory of expenditure, are viewed as the savings amount. She outlined the work undertaken within Nursing and indicated that the cessation of Enhanced Payment Shifts (EPS) for Bank staff has been a cost avoidance. Plans had been discussed within the Trust but it was only when PA Consultant professionals were able to reassure Nursing Workforce teams that they had implemented similar actions in other Trusts without an increase in Agency costs that there was the confidence to proceed.

Ms Thompson highlighted the final page of the Update on Savings Plan report and noted the 2026/27 plans for PA Consulting. The forecast savings were risk adjusted from £9.6m to £3m. She noted the project areas and confirmed that weekly meetings take place between PA Consulting senior staff and herself to review progress.

Discussion took place regarding the utilisation of PA Consultants. Ms Thompson advised that Trust staff do not have the capacity to undertake some of the projects currently

under review and also PA Consultants have a range of experts to assist in the specific project areas. They can provide assurance on their experiences within other Trusts to implement changes. Ms Thompson emphasised the effort and resources required from Trust Teams to support PA Consulting. However, the utilisation of PA Consulting is a reassurance to SPPG/DoH that the Trust is working to achieve savings and is content to seek external assistance to ensure all possible avenues are being explored.

Action

8. **Any Other Business**

No issues were raised.

9. **Date of Next Meeting**

It was agreed that the next meeting would take place on 22 June 2026 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital.