Meeting Note

DATE: Tuesday, 23 June 2026
TIME: 2.30pm – 4.00pm
VENUE: Online via Teams

Present	**Members & Partners** • **BHSCT**: Jennifer Welsh, Chief Executive; Stuart Elborn, Chair; Olga O'Neill, Director of Nursing. • **NIAS**: Maxine Paterson, Chief Executive; Michelle Larmour, Chair; Phelim Quinn, Non-Executive Director. • **NHSCT**: Suzanne Pullins, Chief Executive; Anne O'Reilly, Chair; Stevie Lennon, Director of Finance. • **SEHSCT**: Roisin Coulter, Chief Executive; Jonathan Patton, Chair. • **SHSCT**: Steve Spoerry, Chief Executive; Eileen Mullan, Chair (CiC Chair). • **WHSCT**: Tom Frawley, Chair; Teresa Molloy, Director of Planning and Performance. • **Partners**: Karen Bailey, Chief Executive, BSO.
In attendance	Helen Moore, Director of Planning, Performance & Improvement, SEHSCT. Programme Leads: Julia Fitzhenry; Grainne Harte. Secretariat: Heather Moorhead, NICON; Elly McGinn, NICON.
Apologies	Colm McCafferty, Director of Children, Young People and Women's Services, SHSCT; Prof Stephen Kirk, Medical Director, SEHSCT; Karen Hargan, Chief Executive, WHSCT; Tracey McCaig, COO, SPPG; Aidan Dawson, Chief Executive, PHA.

Item	Discussion Summary	*Actions*
1.0	**Chair's Welcome and Purpose** The Chair opened the meeting by confirming that this was one of two CiC touch-point meetings planned for 2026, with the second to take place in December. The purpose of the session was to reflect on the strategic alignment of priorities identified through the April workshop and to provide an escalation opportunity for ongoing provider collaboratives. The Chair noted feedback from recent discussions with Chief Executives and Len Richards that CiC should continue to look forward, be clear on the value it adds, and focus its time on how it can support collaboratives to work effectively for the system.	Secretariat to continue to frame agendas around forward look, impact, and escalations, not retrospective updates
2.0	**Roadmap overview – outcomes and benefits** Helen Moore with contributions from Julia Fitzhenry and Grainne Harte, presented a draft high-level roadmap, focusing on outcomes, benefits and impact for Provider Collaboratives in 2026/27. They explained that the roadmap had been developed to ensure that collaborative work is strategically aligned to planning guidance, the Reset Plan and the Three Year Plan and that it responds to the challenge of demonstrating the difference being made and how benefits will be measured. Members welcomed the succinct "plan on a page" as a useful way to communicate the programme to Trust Boards and Non-Executive Directors. Reflections from Stuart Elborn,	Secretariat to circulate the draft roadmap to members for comment

	acknowledged the effort involved in producing a concise two-page overview but questioned whether the priorities with greatest decision impact had been clearly differentiated Other Chairs expressed support for the style and level of detail provided, noting that the overview would be helpful for bringing wider Board members into the conversation. It was agreed that the draft roadmap and benefits framework would be shared following the meeting. Helen Moore advised that the intention is for the CiC Roadmap and Benefits Framework to be presented through twice-yearly touch-point meetings, while progress against Provider Collaborative priorities would be reported quarterly through the standard CiC Programme Reports.	
3.0	**New Provider Collaborative Priorities**	
	The Committee used the roadmap discussion to reaffirm its preference for exception-based reporting. Members indicated that CiC does not require routine progress updates at every meeting and would rather see reports structured against the roadmap that surface where impact is being delivered, where there is a forward-looking risk or opportunity, and where specific support or decisions are required at system level. It was agreed that the Programme Leads would review reporting templates accordingly, so that future CiC agendas focus on exceptions, impact and escalations, and any narrative is clearly linked to the outcomes-and-benefits framework. **Care Homes** Suzanne Pullins provided an update on the existing Enhanced Care Home Placements work and associated challenges, and proposed that this now be renamed the Care Home Provider Collaborative to reflect its broader scope. Suzanne explained that the new priority focusing on Care Home Demand and Capacity will be included as a workstream within the Provider Collaborative so that it can address wider issues in a more coherent way and connect with the System Financial Management and Reset Group. This includes aligning more closely with policy and commissioning work. She also noted that the collaborative will bring back further analysis and recommendations to CiC. The Committee endorsed the proposal to rename the existing Enhanced Care Home Placements collaborative as the Care Home Provider Collaborative and to expand its scope to include the Care Home Demand and Capacity workstream. **Procurement**	Programme Leads to review reporting templates in line with Roadmap and Benefits Framework development.

	Karen Bailey set out "Procurement: Driving System-Wide Efficiency through Benchmarking and Standardisation", drawing on a BSO-led pilot which has already identified variation in pricing and product choice across Trusts, highlighting opportunities for greater consistency and efficiency and the potential to deliver system-wide savings. Early analysis has identified priority categories such as cardiology, and highlighted wider opportunities in areas including contract management and community equipment reuse, provided there is consistent clinical engagement and supporting DoH policy. Karen outlined the approach to benchmarking and the use of external comparators to inform decisions on product standardisation and price alignment across Trusts. She highlighted the importance of engaging Clinical Directors to inform decision-making and described the role of the Procurement & Supply Chain Partnership Board. Steve Spoerry highlighted the significant potential for system-wide savings through greater standardisation and price alignment. He emphasised the importance of clinically led decision-making, supported by evidence and external comparators, together with clear arrangements for escalation where consensus cannot be reached. The Committee endorsed the approach and agreed that further work should be taken forward. Progress should be reported to CiC, with any issues requiring system-level agreement escalated for consideration. **Hospital Network** CiC noted that Hospital Network work is aligned to the Vulnerable Specialties workstream within the Provider Collaborative Agency Reduction Implementation Group, with a further update to be provided at the August meeting. **Information Governance** CiC noted that scoping work on Information Governance is continuing and that an update will be brought to CiC in August. Jennifer Welsh was confirmed as Lead Chief Executive SRO and Alastair Campbell as Lead Director. **Flow and Transport** CiC endorsed the proposal that Lead Chief Executive SRO Maxine Paterson will link with the Regional Control Centre to further develop community pathways, and that Lead Director Seamus Mullen will engage Directors of Planning and Performance to support this work. It was noted that the transport element will be progressed through separate arrangements, with this workstream focusing specifically on the flow component of the priority. Reflecting this	Further scoping work to be taken forward and reported back to CiC.

	revised scope, the workstream will be known as Community Flow going forward.	
4.0	**Ongoing Provider Collaboratives**	
	Elective Care- Gynae Lead Chief Executive SRO, Roisin Coulter, reflected on the Gynae Provider Collaborative one year post the Gynaecology Provider Collaborative workshop in June 2025. She acknowledged that significant progress has been made, particularly in demand management, with an 85% reduction in patients waiting over three years by March 2026. The Consultant Enhanced Triage business case is nearing SPPG approval and will support enhanced triage and straight-to-test ultrasound pathways. With no additional funding available, the focus for March 2027 is to maintain current waiting time performance, supported by Trust-level engagement, assurance plans, and work with SPPG to align existing gynaecology programmes and progress the remaining priority actions. **Virtual Wards** Lead Chief Executive SRO Jennifer Welsh informed the Committee that the Virtual Wards programme is moving from the CiC Provider Collaborative portfolio to sit under the Sensible Care programme, led by the Chief Medical Officer and reporting to the System Financial Management and Reset Group. Jennifer reflected that the progress and momentum generated through CiC had helped position the programme for wider system adoption and integration within mainstream governance arrangements, and represented a positive outcome for the Provider Collaborative approach. **Psychiatry** Lead Chief Executive SRO Steve Spoerry provided an update on the Psychiatry workforce programme, highlighting significant workforce challenges across the region and concerns regarding the current and future supply of psychiatrists. He advised that a multidisciplinary working group had been established, bringing together Trust representatives, clinical leaders, Department of Health colleagues and the Royal College of Psychiatrists to consider workforce supply, vacancies, training pathways and future workforce requirements. Steve outlined the group's intention to undertake focused work over the coming months to develop a clearer understanding of the challenges and opportunities for improvement, with a view to reporting back to CiC. He sought, and received, CiC support to approach the Permanent Secretary regarding dedicated resource to support delivery of the workstream.	Programme Leads to update Lessons Learned Log Lead CEx SRO to engage the Permanent Secretary regarding dedicated resource for the Psychiatry workstream.
5.0	**Communication**	

	Helen Moore and Programme Leads presented a slide illustrating CiC Communication and Engagement- Messaging Pathways. It demonstrated how system-wide key messages are shared consistently across all organisations through CiC Chair, Lead Chief Executive, Members and Partners. It proposed an annual report and a mid-year Progress report from CiC. Chief Executives expressed thanks for visual simplicity of the pathway.	
6.0	**Summary and Next Steps**	
	Key messages were agreed at the end of the meeting by the Chair and Committee, supported by the Programme Leads. These were shared following the meeting to enable prompt and consistent messaging across Trusts and Partners, particularly given that Trust Boards are convening over the next few days.	
7.0	**Meeting Closure**	
	The Chair thanked members, deputies and attendees for their full engagement in what had been a substantive workshop and meeting. <u>Next CiC meeting dates:</u> **18 August 2026** 1:00 p.m. – 4:00 p.m. Venue: NT, Board Room, Trust Headquarters **20 October 2026** 1:00 p.m. – 4:00 p.m. Venue: BT, Board Room, Non-Clinical Services Building *Meetings to move to Wednesday mornings from December 2026*	

Approved as an accurate record of meeting for release by: **Date:**	**CiC Lead Chief Executive: Roisin Coulter** **CiC Chair: Eileen Mullan** **XX Month 20XX**