

**SOUTH EASTERN HEALTH & SOCIAL CARE TRUST**

**Minutes of a meeting of the South Eastern HSC Trust**

**Finance & Performance Committee held on**

**Monday 22 June 2026 at 11.00am**

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

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|-----------------------|-----------------|---------------------------------------------------------------|
| <b>Present:</b>       | Mr R Havlin     | Non-Executive Director (Chair)                                |
|                       | Ms S McCauley   | Non-Executive Director                                        |
|                       | Mrs S Henderson | Non-Executive Director                                        |
|                       | Mr K McMahon    | Non-Executive Director                                        |
| <b>In Attendance:</b> | Ms W Thompson   | Director of Finance & Estates                                 |
|                       | Mrs H Moore     | Director of Planning, Performance & Informatics               |
|                       | Mr M Neil       | Director of Unscheduled Care, Medicine & Cancer (Item 5 only) |
|                       | Ms R Smyth      | Costing & Commissioning Accountant (item 10 only)             |
|                       | Ms H Aadan      | Student, Financial Performance (item 10 only)                 |
|                       | Mr J Patton     | Trust Chairman                                                |
|                       | Miss C Hughes   | Personal Assistant (Minutes)                                  |
| <b>Apologies:</b>     | Mr N McKinley   | Non-Executive Director                                        |
|                       | Mrs J Dunlop    | Asst Dir Financial Management                                 |
|                       | Mrs E Hannaway  | Asst Dir Performance & Service Improvement                    |

| <b>1.     <u>Introductions</u></b>                                                                                                                          | <b>Action</b> |
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| Mr Havlin welcomed everyone to the meeting. He noted that apologies had also been received from Ms R Coulter, Chief Executive.                              |               |
| <b>2.     <u>Declaration of Conflict of Interest</u></b>                                                                                                    |               |
| All present confirmed that they had no conflict of interest with any of the items on the agenda.                                                            |               |
| <b>3.     <u>Minutes of the Previous Meeting – 27 April 2026</u></b>                                                                                        |               |
| The minutes of the previous meeting held on 27 April 2026 had been circulated with papers for the meeting. The minutes were approved as an accurate record. |               |

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| <p>4. <b><u>Matters Arising from the Previous Meeting</u></b></p> <p>There were no matters arising from the meeting which were not included on the Agenda.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Action</b></p> |
| <p>5. <b><u>Performance Update : Support &amp; Intervention Framework Escalation Update</u></b></p> <p>The Support &amp; Intervention Framework (SIF) Escalation Update had been circulated with papers for the meeting.</p> <p>Mrs Moore highlighted the Update report and noted that Strategic Outcome Measures have now been included in the pack for information. This information is produced from the Strategic Planning &amp; Performance Group (SPPG) sharepoint and is provided in the timescales of their information eg monthly, quarterly, etc.</p> <p>During review of the SIF Level 3 and 4 escalations, Mrs Moore noted the following points:-</p> <ul style="list-style-type: none"> <li>➤ Iveagh Delayed Discharge: The Team are working to progress these discharges. However, the business case has not been approved due to funding constraints and the Team are reviewing other options. One of the children will be turning 18 years of age soon and that will also change the model of care required.</li> <li>➤ Lakewood Secure Facility: Work has commenced to replace the doors and access controls. The Team are also involved in regional work to review the approach for children who require this level of support.</li> <li>➤ ED &gt;12 Hour Waits and Ambulance Handover: It was noted that weekly updates are provided to Non-Executive Directors for assurance on the work being undertaken. An SPPG/SET Assurance Board was held on 15 June 2026 (membership at the Assurance Board included Mr Havlin, Mr Patton and Mrs Moore). SPPG colleagues have yet to confirm the performance metrics and targets to be achieved in order to de-escalate from Level 4 but likely will include a decrease in the number of non-designated beds currently utilised within the Trust. The current focus is on alternatives to care and not just care in hospital. It was indicated that it may be some months before SPPG confirm the de-escalation requirements but sustainability of improvements is key.</li> </ul> <p>During review of the 12-hour breaches, Mr Neil advised that the Level 4 escalation came into effect in the weeks preceding the launch of Release To Rescue. When compared to the same period last year, there have been significant moves in the right direction although not yet where the Trust needs to be. Challenges remain with achieving the Release To</p> |                      |

Rescue target but work is ongoing to identify and make the changes required to produce sustained improvement. To provide assurance, Mr Neil highlighted support being sought to achieve sustained improvement, ie:-

## Action

- There is a focus on the work of the Acute Medical Unit and how this can be adjusted to improve patient flow.
- GIRFT (Getting It Right First Time) is an NHS England programme which SPPG are utilising. Prof M Jones is the Group Lead and he has visited the Acute Medical Team. Initial feedback provided by Prof Jones has reflected on strengths and re-affirmed the approaches being taken. Formal report awaited.
- Meetings have also taken place with a Trust in Wales (Cwm Taf Morgannwg) who have been successful in reducing the number of admissions from Care Homes. A joint meeting with NIAS, SET and the Welsh Team has taken place and identified support to be provided to NIAS to identify other support networks across the Trust to direct frail elderly patients to other pathways available instead of ED. A central intervention hub/control room will provide direction to NIAS staff regarding appropriate alternatives including District Nursing; Palliative Care, etc.

During discussion, Mrs McCauley noted the significant increase in ambulance attendances at ED since the introduction of Release To Rescue. Mr Neil advised that NIAS have a "Hear To Treat" protocol which was implemented during low availability of ambulances, however this was stood down when ambulances became more available. Discussions are ongoing with NIAS to work through how best to advise patients towards appropriate care. The segmentation of calls will assist when directing appropriate patients to viable alternatives. Mrs Moore commented that part of the balance when categorising patients is risk appetite and noted that the Coroners' Office is now involved in discussions regarding community and hospital care arrangements.

Mrs McCauley commented on the level of support being provided to the Trust from various groups including Akeso, GIRFT and PA Consulting. Ms Thompson advised that PA Consulting have been assisting with preparing an action plan to review a cohort of patients. There will be potential financial savings if the level of pressure within ED can be reduced. In relation to Akeso, Mrs Moore advised that they are providing support with the development of Ambulatory Hubs.

In response to a query from Mr McMahon regarding the volume of patients arriving at ED from Care Homes, Mr Neil advised that 40% of these patients arrive between 8pm – 8am. Part of ongoing discussions relates to how to redirect these patients to alternative appropriate care pathways. The Hospital and Community Flow weekly meetings are focused on improving the targets and de-escalation from level 4. Mr Neil also highlighted the recruitment process for Clinical Fellows has commenced and these staff should be in place at the beginning of August 2026. This should improve the workforce position within ED.

**Action**

Mrs McCauley enquired if there was any indication that SPPG may raise the SIF level to 5 and Mr Patton advised that at the last meeting with SET, SPPG indicated there were currently no conversations regarding a further escalation. A wider NI system piece of work will be required to improve the position. Mrs Moore commented that, as previously outlined, the Trust is working to sustainably improve the ED waits and ambulance handovers.

Mr Havlin thanked Mr Neil for his input and he left the meeting.

**6. Draft Terms of Reference**

The updated Draft Terms of Reference had been circulated with papers for the meeting. Mr Havlin noted the minor amendments made to the previous Terms of Reference and believed these to be appropriate.

Mr Havlin sought, and received, Committee approval to the Terms of Reference.

**7. Draft Annual Report for Finance & Performance Committee 2025/26**

The Draft Annual Report of Board Committee Effectiveness – Finance & Performance Committee 2025/26 had been circulated with papers for the meeting.

Mr Havlin noted the Report and felt it to be an accurate reflection of the business of the Committee in 2025/26. Subject to the amendment of a typographical error, the Committee approved the Annual Report.

**8. Consideration of Changes to the Programme of Work 2026/27**

The Programme of Work 2025/26 was contained in the Draft Annual Report 2025/26. Mr Havlin noted the previous Programme of Work and enquired if any amendments were

required. Ms Thompson commented that, depending on information availability, some of the scheduling may change but all the actions outlined are carried out within the financial year. Mrs Moore commented that in relation to the updates on SoFs and SoMs, the receipt of the Level 4 has been prioritised, but regular updates will be provided.

**Action**

Mr Havlin sought, and received, Committee approval to the Programme of Work.

**9. Business Case : CSSD Refurbishment**

A Briefing Paper and Business Case on the CSSD Refurbishment, Ulster Hospital, had been circulated with papers for the meeting.

Ms Thompson noted that the business case is for a three year programme of work in CSSD. This is exceptionally complex work due to the maintenance of a clean zone throughout the work. A lot of work was undertaken in order to prepare the business case and, since its completion, new products may be available to the Estates Team which can provide a temporary sealed wall in order to secure the clean zone. This may enable to work be undertaken in a shorter time than currently envisaged. In reply to a query, Ms Thompson noted that CSSD is a priority service and prevention of any contamination is paramount.

In response to a query, Ms Thompson advised that SET CSSD provide contingency arrangements for Southern Trust and a reciprocal arrangement is in place if required. There is a rolling programme of maintenance for CSSD equipment and therefore a robust contingency arrangement is in place.

Mr Havlin asked if the reduction in equipment (from 14 to 9) was appropriate and if the lower number will provide sufficient service. Ms Thompson noted that when CSSD was commissioned in 2010, the Trust carried out private work for other companies but, since then, the independent companies have established their own internal services. It was a significant income stream for the Trust at that time but this has reduced to only contingency cover if required.

Mrs McCauley noted that in the business case the criteria for environmental screening is under desirable rather than essential. Ms Thompson advised that whilst the new equipment will be more environmentally sustainable, there are significant ventilation costs involved. It was commented that environmental benefits come at a cost which has significant pay back period and it is matter of balancing cost - vs- benefit.

Mrs Henderson commented that the preferred option (Option 3) has the same running cost information as the status quo option (Option 1). Ms Thompson advised that whilst there are currently more pieces of equipment, the new equipment will have more expensive maintenance agreement costs. There are also tasks which the Trust Estates staff are able to undertake on the current equipment but this will not be permitted with the new maintenance agreements as it would effect the warranty for the equipment.

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

#### 10. **Annual Financial Benchmarking**

The Annual Financial Benchmarking presentation had been circulated with papers for the meeting. Ms Thompson introduced Miss Smyth and Miss Aadan. She noted that the information to be presented today is part of a regional report prepared by SPPG based on data submitted by all Trusts. The focus of the report is to review where funding has been utilised and suggest potential areas for savings. Ms Thompson noted that the information available from the Patient Level Information Costing System (PLICS) has been impacted by the introduction of encompass across the Trusts and it may be a few years before all Trusts have the same level of encompass information for accurate comparable data. Miss Smyth stressed that Trusts do not have an opportunity to quality assure the report before it is issued by SPPG but can respond with updates on any issues raised.

Miss Smyth advised that the 2024/25 data was submitted to SPPG, within the deadline timescale, for the period April – October 2024 due to clinical coding delays. Other Trusts also had issues in submitting the data. Mrs Moore outlined the issues affecting Clinical Coding Teams in respect of completing discharge letter information on encompass. Initially the Coding Team were asked to include all available information (some records were 500 pages) which was an impossible ask. It has now been agreed regionally that only the discharge letter and a few other pieces of information should be uploaded. The skill and work of the Coding Team was acknowledged by Mrs Moore and Miss Smyth.

Miss Smyth highlighted the Regional Indices and the NI Cost Index within the presentation. It was noted that a score of less than 100 is good performance and a score over 100 is poor performance. Overall the Trust has a score of 97 and is the most efficient in the region. The one area of concern was Outpatient activity which is due to the Ambulatory Hubs.

Miss Smyth detailed the areas raised by SPPG within the Report:-

- Endoscopy Procedures: SPPG suggested savings of £0.6m in this area. The Trust continues to monitor Endoscopy procedures and a business case is being developed to secure additional Endoscopy Operators. It is expected that the position will improve in 2026/27. In response to a query, it was noted that there is confidence that the recruitment process will be successful.
- Emergency Care: SPPG suggested savings of £1m in this area. However, review of the data has discredited this suggestion as the data for other Trusts relates to Minor Injuries Units (Nurse led) and the SET provides an Urgent Care Centre (Medical led). The Urgent Care Centre provided a service for more complex patients and provide more diagnostics. As these services operate different patient pathways, it is felt that they should not be directly benchmarked.
- Day Cases: SPPG suggested that there are potential savings opportunities, for all Trusts, in converting Inpatients to Day Cases in line with the British Association of Day Surgery Guidance. Trust staff are monitoring the position but it was noted that SET has the longest waiting lists in the region. In response to queries, it was noted that due to the long waits for an outpatient appointment, many patients' conditions have deteriorated/become more complex and then the clinical decision is that they require an inpatient procedure.
- Outpatients: SPPG suggested savings of £1m in General Medicine Outpatients and £0.9m in Cardiology Outpatients. It was noted that there may be issues with capturing data for ambulatory patients eg realignment of AHP activity across hospital and community sectors may be required to provide accurate General Medicine data. This is the first data index for Cardiology and reporting may require adjustment as some patients may be coded to Older People rather than Cardiology. Work is going to improve reporting in this area.
- Mental Health: SPPG suggested savings of £2.8m in this area. It was noted that Community activity for Mental Health was not submitted for 2024/25 due to unvalidated Encompass data and due to Regional Change in Reporting Service Lines for Community Mental Health, the Trust could not revert to prior year activity therefore Trust only recorded costs at total cost for 2024/25 PLICS

Submission. Trusts staff have advised SPPG that this savings opportunity is not valid as the Mental Health cost per capital indicates that SET and Southern Trust have the lowest unit costs regionally.

## Action

- Health Visiting: SPPG suggested savings of £0.6m in this area. It was noted that there had been a 10% increase in total cost within this area, however the encompass activity for 2024/25 was unavailable and therefore 2023/24 information was used. One Trust activity is almost double compared to other four Trusts & therefore benchmark may be misleading. Trust staff will review the 2025/26 data when it is being submitted.
- Independent Sector Fostering: SPPG noted that SET has the highest reliance on Independent Sector Fostering. It was noted that a dedicated working group has been established to explore alternative models. The Trust is also collaborating regionally to develop contracts with fostering agencies to ensure value for money.

In conclusion, Miss Smyth noted that PLICS activity data was impacted by the phased introduction of encompass across the region and will improve moving forward. During brief discussion Ms Thompson noted that work is very worthwhile and is the only time activity and financial information are reported together. Non-Executive Directors commended the presentation and noted links to other regional work including Committee in Common; and NIPSO. Miss Smyth also highlighted now benchmarking information can benefit Business Cases and the completion of Assembly Question and Freedom of Information requests.

Mr Havlin thanked Miss Smyth and Miss Aadan for the informative presentation and they left the meeting.

### 11. **Any Other Business**

No issues were raised.

### 12. **Date of Next Meeting**

It was agreed that the date of the next meeting would be changed from 28 September 2026 to **21 September 2026** at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital.