

Minutes of Trust Board
held on Thursday, 3rd April 2025 at 11.30 a.m. in the Boardroom,
Trust Headquarters, Craigavon Area Hospital

PRESENT

Ms E Mullan, Chair
Mr S Spoerry, Interim Chief Executive
Mrs L Ensor, Non-Executive Director
Mrs M Corkey, Non-Executive Director
Mr C Stewart, Non-Executive Director
Mrs G Browne, Non-Executive Director
Mr J Johnston, Non-Executive Director
Mr R Lynas, Non-Executive Director
Mr A Hughes, Non-Executive Director
Dr S Austin, Medical Director
Mr C McCafferty, Executive Director of Social Work, Director of Children's and Young Peoples Services
Ms C Teggart, Executive Director of Finance, Procurement and Estates
Mrs G Hamilton, Assistant Director Nursing Patient Safety, Quality and Experience *(On Behalf of Mrs D Ferguson)*

IN ATTENDANCE

Ms J McGall, Director of Mental Health and Disability Services
Mrs C Reid, Director of Surgery & Clinical Services
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs M O'Hagan, Director of Transformation and Improvement
Mrs J McConville, Assistant Director of Corporate & Capital Planning *(On Behalf of Ms E Wilson)*
Mrs C McNally, Assistant Director Primary Care *(On Behalf of Mr B Beattie)*
Mrs R Rogers, Head of Communications
Mr S Wallace, Head of Office (Minutes)

APOLOGIES

Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery & Allied Health Professionals, Functional Support Services and IPC

Mr B Beattie, Director of Adult Community Services

Ms E Wilson, Director of Planning, Performance and Informatics

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed all in attendance to the meeting including elected representatives and members of the public. The Chair noted Mrs Wilson's absence due to a family bereavement and offered the Board members' condolences. The Chair thanked Mr McCafferty for undertaking the role of acting Chief Executive between 1st January and 23rd March 2025. She introduced Mr Steve Spoerry who has taken up post as interim Chief Executive since 24th March 2025.

Mr Spoerry introduced himself to those present stating he was looking forward to working in the Trust. He noted the excellent work that had been undertaken to date by the Trust. He noted that there will be issues, many of which are very difficult, faced by the organisation that he will seek to work on. Mr Spoerry also noted his intent to build capacity within service delivery areas where required. He stated that his first impressions of the organisation and its staff were overwhelmingly positive. He also thanked Mr McCafferty for his acting leadership role and handover of the Chief Executive role.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflicts of interest in relation to any matters on the agenda. No interests were declared.

3. CHAIRS UPDATE

The Chair presented the Chair's Update for information and asked for any questions. Mrs Corkey asked regarding the Trust HSC Chairs meeting and if there was an appetite for greater cooperation between organisations. The Chair noted all HSC Chairs were supportive of greater collaboration however they agreed the pace of this was not at the rate desired.

4. CHIEF EXECUTIVE'S UPDATE

Mr McCafferty drew the Board's attention to the key metrics presented in the Chief Executive update noting the continued challenges with waiting lists and red flag performance in particular. He noted that solutions to improve across a range of 'access to service' issues would require regional collaboration. In this regard, Mr McCafferty noted and welcomed the Minister for Health's commitment to tackling waiting lists. He also noted Trust successes regarding an increase in theatre activity and increases in some Allied Health Professional delivered services.

Mr McCafferty noted that the Trust will break even in 2024/25 however cautioned that 2025/26 is expected to be a very challenging year financially for the Trust. He referenced ongoing NI Assembly discussions with regards to the projected funding gap of £400m HSC wide in 2025/26. He advised that the Trust is working tirelessly in the event of funding shortfall to ensure minimal impact on front line services.

Mr McCafferty also welcomed the announcement of £61m of Executive transformation funding to expand the Primary Care Multi-Disciplinary Team Programme. The MDT Programme is a partnership between GP Federations and HSC Trusts and advised that following confirmation of Executive transformation funding this programme will be expanded to Craigavon, Armagh and Dungannon areas. He also referred to ongoing Emergency Department and Unscheduled care pressures and acknowledged and thanked the key role the Northern Ireland Ambulance Service provide in supporting the Trust.

Mr Spoerry congratulated the Trust on meeting its financial targets. He also stated that the Trust is ready and willing to play its part in any regional collaborative initiatives. He referred to the need to build workforce capacity in several areas stating these would be priority areas.

Mr Johnston asked regarding ambulance handover delays and if this is unique to the Trust or experienced regionally. He noted work carried out by the Department of Health prior to 2020 to support Emergency Departments and asked if the outworking of this is still in place. Mr McCafferty stated the delays are not unique to the Southern Trust and referred to regional discussions between Trusts, Chief Nursing Officer and Chief Medical Officer which are focusing on what actions can be taken regarding service development and innovation in this regard. He also noted regional winter planning has already commenced for 2025/26.

5. MINUTES OF PREVIOUS MEETING HELD ON 30th JANUARY 2025

Minutes of the meeting held 30th January 2025 were approved subject to a clarification regarding noting Mrs Ensor's attendance for part of the meeting.

6. MATTERS ARISING FROM PREVIOUS MEETING

Matters arising were noted. Mr Johnston asked regarding the matter arising relating to non-compliance with the Fire Code at Daisy Hill Hospital and the intention for a risk assessment to be undertaken by with the Northern Ireland Fire and Rescue Service (NIFRS). Mr Johnston asked could key target dates be noted for progression of actions. Ms Teggart agreed to provide dates for key actions to Trust Governance Committee.

ACTION – MS TEGGART TO PROVIDE AN UPDATE ON ACTIONS TAKEN REGARDING FIRE CODE COMPLIANCE AT DAISY HILL HOSPITAL TO INCLUDE DETAILS OF NIFRS RISK ASSESSMENT OUTCOMES.

7. SHSCT VISION AND STRATEGY 2030 (ST1221/25)

The Chair introduced the Trust Strategy 2030 document acknowledging the work that has been conducted to produce this document. She noted the Strategy was being presented for approval by the Board. Mrs McConville explained the document sets out the new Vision & Strategy 2030 for the Trust and noted that it sets out a clear direction of travel over the next 5 years as we embark on our journey of improvement. Mrs McConville advised that the Trust's new vision statement is *"Together we will grow as a learning organisation focused on providing safe, quality care based on a community-first approach throughout the whole life journey"* which can be summarised as *"Together, Improving Care, Transforming Lives."*

Mrs McConville advised that the document represents the key messages heard throughout our engagement with our staff, patients, service users, carers and wider partners. The journey we have taken to arrive at this point represents our on-going commitment to partnership and co-production. She noted the document also includes a graphic image of our new Vision Statement which is represented as a tree with branches and leaves which demonstrate the five strategic priorities set out in our Strategy for delivery, our people at the core and our values as a foundation to improve care and make lives better.

Mrs Rogers referred to the Strategy 2030 Communications Plan which sets out several activities to commence the formal launch of the Vision & Strategy 2030 in April 2025 followed by a wider launch with our key stakeholders taking place in June 2025. She noted events planned include the planting of five trees across Trust sites each representing the five strategic priorities with invitees linked to each theme.

Mrs Browne congratulated the team on the document and asked how we will reward and recognise staff achievements going forward. Dr Austin stated valuing staff is core to the Trust and recognising and quoting successes is vital at all levels. Mrs Toal referred also to the successful People Awards event in 2024 and emphasised the importance of staff recognition at all levels.

Mr Stewart remarked on what he felt was an excellent document. He asked will there be a similar approach for action plans for the strategy and how do we test that the message is received by staff and stakeholders. Mrs McConville noted there will be a complementary engagement plan document which identifies all key stakeholders and each year end the Trust will evidence how we performed against our strategic priorities.

Mr Lynas welcomed the document stating that the concepts need to take root to provide space for strategic thinking to transform services. Dr Austin concurred stated making space away from the delivery of operational delivery was crucial. He stated the aim was to make this approach business as usual and frame all our discussions and thinking under these themes.

Mr Spoerry welcomed the Strategy document and stated communication is key. He emphasised the importance of embodying the principles in engagements with staff and welcomed the opportunity for this.

MEMBERS APPROVED THE SHSCT VISION AND STRATEGY 2030 (ST1221/25)

8. SUMMARY OF CAPITAL AND REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1222/25)

Mrs McConville noted that this paper is presented for approval and provides a summary of nine proposals with a capital/revenue value greater than £300,000 that have been developed between the period 1st January 2025 – 31st March 2025.

Mr Stewart referred to the purchase of the ARC facility noting the Trust had leased this for a long period and asked about why the decision to purchase was only being taken now. Ms McGall advised that this was not available to purchase previously and a cost – benefit analysis undertaken evidences a value for money decision in respect of purchase of the property, as well as available capital.

MEMBERS APPROVED THE CAPITAL AND REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1222/25)

9. ENCOMPASS PROGRAMME UPDATE

Mrs Trouton provided an update on the Encompass programme. She noted that the most recent 'Go Live' readiness assessment took place on 5th March which marked 60 days out from the go live date. She advised that these events critically evidenced progress and provide check and challenge functions. She noted that in terms of RAG status the Trust has made further progress than the Northern Health and Social Care Trust at a similar stage of their Go Live preparations. She noted that staff training was the key area for improvement stating that it was now recorded as amber and heading towards green status with 92.5% of users enrolled or trained.

Mrs Trouton noted significant progress with data migration and the technical dress rehearsal (TDR). She advised a Gold, Silver and Bronze command structure had been developed. She noted the programme also was currently within budget. Mrs Browne asked if staff overtime to complete Encompass readiness work a cost pressure, Mrs Teggart advised this is included as part of the Encompass business case however this will be a pressure going into next year post Go Live and the Trust is working with SPPG to address this. Mr Spoerry referred to the ambitious target set by the Trust to upturn activity again to normal levels following Go Live activity, he stated he felt this was the right thing to do and was very encouraging.

10. PROVISION OF OBSTETRIC AND GYNAECOLOGY SERVICES

The Chair invited Mr Liam Reichenberg for speaking rights. Mr Reichenberg thanked the Board for his welcome and opportunity to address the Board. He advised he is a member of both the Daisy Hill Hospital – Save Our Services group and Aontú political party. Mr Reichenberg noted that maternity services are fundamental to communities in Newry, Mourne, South Down and South

Armagh. Mr Reichenberg recounted his own personal experience of the care, compassion and professionalism of Daisy Hill Hospital maternity services.

Mr Reichenberg stated the local community was concerned about the sustainability of services at Daisy Hill Hospital. He noted that he felt communication is poor both with staff and community around maternity services at the hospital. He asked firstly what the strategy for Maternity services at Daisy Hill Hospital is, secondly what is the recruitment strategy for this service. He advised that the Daisy Hill Hospital birthrate growing and likewise falling in Craigavon Area Hospital. Mr Reichenberg referred to previous rallies, and letters sent in relation to emergency general surgery and stroke services proposed changes stating no hospital service was closer to people's hearts than maternity services. He also asked regarding details of any assessments that are being carried out on any changes to Daisy Hill Hospital maternity services.

Mrs C Reid thanked Mr Reichenberg for his personal story and contributions. She referred to the Maternity and Gynaecology paper which is presented to provide assurance. She stated that the immediate action plan developed to stabilise current services of 37 actions that currently 32 actions had been completed and closed and there was no risk to delivering the remaining 5 actions. She noted there were no patient diverts due to staffing since 27 January 2025 and confirmed there is a process for active assessment and escalation of daily operational business including a daily sitrep circulated to nominated staff and SPPG which includes an engagement with wide range of stakeholders including staff, commissioners, and senior management to agree next steps.

Mrs C Reid also noted steps to include public and service user representation for co-production noting that over 20 members of the public have responded. She acknowledged the insufficient substantive medical cover within maternity services noting the reliance of locums for both in and out of hours periods. Mrs C Reid advised that obstetrics takes priority where limited cover exists which in turn leads to reductions in gynaecology services. She referred to the ongoing project structure that involves staff and service users to develop models of safe and sustainable care.

In specific response to Mr Reichenberg Mrs C Reid stated the Trust had undertaken two recruitment exercises for midwifery. Nine Whole Time Equivalent midwives were appointed in August 2024 and following a second subsequent recruitment exercise in February 2025, 24.08 Whole Time

Equivalent midwives were appointed. She noted that two of the midwives appointed in February have since declined the posts. Mrs C Reid added that 8.56 Whole Time Equivalent of the February recruitment exercise are undergoing final recruitment processes with the remainder requiring to achieve their full registration status which will be in place from September 2025 at which stage they will be appointed to both community and hospital posts.

Mrs C Reid advised that in terms of consultant recruitment there have been two previous recruitment exercises with one successful applicant who will take a post in Craigavon Area Hospital in August 2025. The Trust is continuing to work with Royal Colleges in finalising two consultant job descriptions and working with SPPG to identify funding for these posts. Dr Austin stated there is a recruitment plan being worked on by Trust directors with assistance with external experts to develop a robust service model.

Mr Johnston asked if any underlying reasons for staff absence have been explored. Mrs C Reid noted absences are both long and short term and the Trust is currently working through attendance management processes. Mrs C Reid noted for short term sickness the team work together to cover this.

The Chair noted the improvements in midwifery staffing however noticed there were still fluctuations, and asked how cross-site working within midwifery is progressing. Mrs C Reid stated that staff are being asked to work cross-site however noted that gaps in cover exist on both sites. Dr Austin noted that in terms of medical staff there was mismatch between demand and supply throughout Northern Ireland and wider United Kingdom.

Mrs Ensor asked regarding the project risks highlighting there was no RAG status provided. Mrs C Reid noted that project risks and operational risks were different. Mrs O'Hagan as chair of the project group for the future service clarified that there is a risks and issues log that is reviewed at each steering group meeting. Mrs O'Hagan advised that regarding the five short term actions there are no risks to these being delivered. She confirmed there is no red risk to the project delivering on time. Mrs O'Hagan noted the significant benefits of external expert input which includes expertise from across the United Kingdom. Mrs O'Hagan asked regarding the home birth service which was paused and if this has this been reestablished. Mrs C Reid confirmed the home birth service had recently been re-established.

The Chair invited Mr Justin McNulty to address the Board. Mr McNulty asked if an update could be provided on midwifery and consultant obstetrician

recruitment at Daisy Hill Hospital; what progress has been made in reducing the overall sickness and absence rates across maternity and midwifery; has there been any maternity diverts since the last Trust Board Meeting; details of the six midwifery roles advertised across the Southern Trust including how many of these roles will be placed at Daisy Hill Hospital and if there has there been a resolution in the dispute between the Trust and retire and return midwives.

Mrs Reid confirmed that 24.08 Whole Time Equivalent midwives had been appointed with two of the Whole Time Equivalent midwives since declining the posts. She added 8.56 of the Whole Time Equivalent midwives have obtained their registration and are undergoing pre-employment checks and these posts will be appointed across Craigavon Area and Daisy Hill Hospitals and community. Mrs C Reid also stated one Consultant Obstetrician has recently been appointed to Craigavon Area Hospital. Regarding maternity sick leave Mrs C Reid confirmed the Trust is working through HR processes. She also confirmed there had been no maternity diverts since 27th January 2025. With regards to the advertisement of 6 midwifery roles advertised Mrs C Reid did not have details however confirmed that recruitment is undertaken on a rolling basis.

Mr Spoerry thanked Mr Reichenberg for his contributions on his personal experience. He stated that the strategy was to maintain safe services at Daisy Hill and Craigavon Area Hospitals and work was ongoing to stabilise this position. He noted that work will continue. In the longer term Mr Spoerry noted the importance of getting ideas and experience from other external experts and taking into account best practice and professional guidance in shaping any new model. Mr Spoerry emphasised the importance of the Trust's statutory duty of quality.

Mr Spoerry referred to the complicated context where not enough obstetricians were being trained. He noted how medical practices are evolving noting that increasingly obstetrics and gynaecology are two separate specialities. He stated that doctors are now specialising in sub-specialities which means they gain a greater depth of knowledge in a smaller area of practice. He stated his commitment to maintain open clear communications with all stakeholders.

11. EXEC DIRECTOR NURSING, MIDWIFERY, AHP, IPC AND FUNCTIONAL SUPPORT SERVICES REPORT

Mrs Hamilton presented the Executive Director of Nursing report. She advised that several areas of improvement were noted including within Nursing Quality Indicators and improvements in Nurse reflective supervision compliance when compared with the same position in the previous year. Mrs Hamilton also noted successful nursing and midwifery campaigns in year. She highlighted that a high number of Trust-wide interdisciplinary staff completed dysphagia awareness training, and a Trust-wide Dysphagia Incidents Dashboard has been developed. Mrs Hamilton also referred to the extensive work carried out by Trust Consultant Nurses advising that six Consultant Midwives were now in post across the Trust at present.

Mrs Hamilton noted that there had been an increase in the number of inpatient falls which is being monitored. She noted that a falls coordinator is in post and a significant programme of work is being undertaken regarding falls prevention.

She noted that an additional bed audit took place in May/June 2024 and advised that this was repeated in November / December 2024. Mrs Hamilton noted there was similar outcomes in the reaudit without much in the way of improvement however was hopeful the Trust Timely Care programme would produce improvements regarding this.

Mrs Hamilton noted the lack of Allied Health Professionals learning and development infrastructure. She stated this was specifically related to the lack of practice education facilitators to support Allied Health Professionals. Mrs Hamilton advised that regional work to address this was in this regard during 2025.26. Mrs Corkey asked how the Trust measures the impact of nurse consultants. Mrs Hamilton stated there is no method currently however this will be an area for addressing going forward and Encompass data may play a role in this. Mrs Browne asked regarding nursing appraisal figures and her concerns over the low numbers. Mrs Hamilton acknowledged that the compliance figures were lower than desired however noted they are improving. She stated that appraisal conversations are being promoted in conjunction with HR and as part of the People strategy however noted more work in this area is required.

Ms McGall referred to the growing number of AHP vacancies within the Trust and asked what actions are being taken to address vacancies, taking account of the strategic drivers at present. Mrs Hamilton stated that there is regional

work ongoing and advised that the Trust is awaiting students qualifying to seek recruitment. The Chair noted frustration that the regional training programme does not meet with demand and asked can this be raised between regional Chief Executives.

Mrs O'Hagan asked regarding Patient Safety, Quality and Experience and referred to the safety indicators for Obstetrics and Gynaecology. She advised that increasingly Obstetrics and Gynaecology are two separate services and therefore require two separate sets of safety indicators. She stated she has asked for specific maternity indicators to be provided and welcomed the inclusion of the Obstetric Early Warning scores. Mrs Hamilton advised further refining of indicators in respect of maternity services will be undertaken.

Mrs O'Hagan noted that Obstetrics and Gynaecology have increasingly become to distinct specialisms and as such will require consideration of separate bespoke safety reporting metrics to be considered. She welcomed the Obstetrics Early Warning Scores data as a useful indicator. Mrs Hamilton acknowledged this and stated this will be brought forward following the introduction of Encompass.

Mrs Ensor referred to Clostridium Difficile cases noting that 66 of 83 were potentially preventable. Mrs Hamilton stated that monitoring of Clostridium Difficile is in place and governance structures regarding Infection Prevention and Control have been established with a robust reduction action plan being implemented for Healthcare Acquired Infections. The Chair referred to the challenges and limitations with Trust estate in reducing healthcare acquired infections. Mrs Hamilton agreed to provide in writing further details of the Infection Prevention and Control reduction plans.

Ms Teggart asked regarding the increase in the number of falls noting 70 more falls in the most recent quarter and if there are any particular concerns regarding this and how the falls coordinator role supports falls reduction. Mrs Hamilton noted the falls coordinator has been in post since November 2023 and advised that a funding paper has been produced for more resources to reduce falls. She noted that a significant amount of awareness work may have helped staff understand falls reporting requirements where previously these may not have been considered. Mrs Hamilton acknowledged the increase in falls however noted there were no specific areas of concern identified. She advised that work to reduce falls is ongoing.

Mrs O'Hagan suggested that falls reporting should include the percentage of patients being cared for noting that this will be linked to may significantly impact the number of falls reported. She also stated that links to fallsafe bundle compliance would be useful also. Mr Hughes noted the breadth and scope of the information contained in the report and asked regarding the time to compile this. Mrs Hamilton noted there were six separate contributing authors and noted that Encompass reporting may smooth and simplify the data collation process. Dr Austin noted there may be some duplication with information that is reported to Governance Committee and reporting arrangements could be revisited going forward. The Chair noted with the introduction of Encompass additional information on falls such as location, age and falls outcomes may allow for more effective falls reduction programmes to be carried out.

Mr Spoerry thanked Mrs Hamilton for her report. He stated that that an increase in frailty presentations has had a significant impact on risks in particular in relation to falls. Mr Spoerry also noted the limitations of existing Trust estate and the environmental risk factors risk factors this presents in relation to falls prevention. He also noted that encompass will allow for reports such as this one to provide greater analysis.

ACTION – CHIEF EXECUTIVE TO RAISE THE ISSUE OF AHP TRAINING AND RECRUITMENT WITH OTHER HSC CHIEF EXECUTIVES

ACTION – FURTHER DETAILS OF THE INFECTION PREVENTION AND CONTROL REDUCTION PLANS TO BE PROVIDED TO BOARD MEMBERS.

ACTION – FALLS REPORTING TO INCLUDE PERCENTAGE OF FALLS IN RELATION TO NUMBER OF PATIENTS CARED FOR AND LINKS TO FALLSAFE BUNDLE COMPLIANCE TO NOTED IN REPORTING GOING FORWARD.

11. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT

Mr McCafferty noted this is a themed report which provides detail with workforce social work supply challenges and adult protection.

Mr McCafferty noted despite workforce challenges there remains a high level of compliance relation to the Trust statutory responsibilities. He advised this is reflected in Trust child protection processes, looked after children procedures,

adoption and fostering, adult protection statistics and approved social worker and an increase annual review compliance within adult services. He noted concerns with workforce shortages stating a small number of looked after children of 40 out of almost 700 have no dedicated allocated social worker. He noted that the Trust is performing better than other regional Trusts in this regard, however the position is still unacceptable.

Mr McCafferty noted challenges with workforce deficits in integrated care teams which has manifested in high numbers of unallocated cases. He advised that these shortage impacts on service performance and is set against a backdrop of increasing demand for services. Regarding adult services, Mr McCafferty referred to the demographic context and increased complexity of cases. He also specifically noted domestic abuse rises and looked after children case increases. He confirmed that the Trust has not remained idle in the face of this. He noted that some services are almost exclusively reliant on newly registered staff that can result in inexperienced staff dealing with extremely complex cases. He noted that there had been significant work to introduce skills mix within children's services and noted the potential for introducing a greater skills mix approach in adult services.

Mr McCafferty noted there has been a regional increase of 40 additional training places. He noted that there remains some 'hard to fill' posts particularly within gateway services. He noted some teams have 30-35% long term vacancies and this is directly linked to performance challenges. He stated that these issues have been raised with the Department of Health adding that there are no quick fix solutions to this. He noted significant work had been undertaken to ensure work life balance for social work team members.

Dr Austin asked if there is any potential that Social Work skill mix, where there are non-registrants that can support, could be explored. Mr McCafferty stated this is critically important and skill-mix balance is close to being maximised in several teams. He noted work that had been conducted along with the Trust Quality improvement team to reduce the number of unallocated social work cases.

Mr McCafferty referred to adult safeguarding requirements and the challenges in relation to increasing demand. He noted adult safeguarding is multidisciplinary however social work led. He provided assurances to the Board on the robustness of adult safeguarding procedures and noted the good structures and governance processes in place. He advised the Trust operates

an adult protection operational group which is attended by professional service leads from various directorates.

Mr McCafferty specifically thanked Ms Deborah Hanlon for her work leading promotion and awareness of adult safeguarding across the Trust. He stated that the Trust has between 200 and 250 safeguarding referrals per month. Despite this being a high number Mr McCafferty was reassured as he interpreted this as staff remaining vigilant and referrals are made when they occurred despite service challenges. He noted that in the region of 70-100 adult safeguarding investigations take place each month. Mr McCafferty noted there is a good active local safeguarding panel which provides a constructive forum for safeguarding issues. He cautioned however that the team are still challenged around demand, increased complexity in presentations and workforce capacity issues. In summary, he noted the adult safeguarding services is highly compliant with the Trust legal responsibilities despite operating in circumstances of increased demand against available resources. Dr Austin noted an increase in numbers from 2023 onwards and asked is there a cause for this. Mr McCafferty noted the COVID-19 pandemic coincided with a reduction in safeguarding reporting prior to 2023, he also stated that safeguarding reporting was based on multifactorial issues. Mrs T Reid noted there can be challenges with the duration of safeguarding investigations especially in cases where PSNI involvement is required. The Chair thanked Mr McCafferty for his report.

12. SHSCT FINANCIAL PERFORMANCE - MONTH 11 (ST1223/25)

Mrs Teggart presented the Trust Financial report for month 11 for approval.

Ms Teggart advised that at month 11 the Trust has a £150k surplus and forecasts end year break even at £1,073m. She stated the £22m savings target is on course to be met noting an overachievement of £525k at month 11. She noted the Trust will spend its full capital resource limit for £33m by year end and advised the Trust has met its prompt payment target of 97% of payments within timeframes.

Ms Teggart advised in month 11 the Trust received an additional £45m to meet the AFC pay aware which was paid in March salaries. She noted that most directorates are within their control totals highlighting MUSC is over budget by £5m and payroll by £2m. Ms Teggart noted the non-achievement of medical locum targets, Daisy Hill Hospital Stabilisation and ED pressures and bed escalations as in year additional cost pressures. She also referred to non-pay

overspend regarding nursing and residential homes which has been offset by an overachievement of income from client contributions.

Ms Teggart referred to flexible spend at month 11 noting this was £82m with £26m relating to medical locum to date. She advised the Trust has not made savings in medical agency in the financial year. She comments on the success of the RISE programme with £22m savings achieved including a £2.2m overachievement in nursing agency savings.

Ms Teggart noted that there were financial risks including costs associated with winter beds that remain open and ongoing pressures within unscheduled care. Dr Austin noted the different contexts with nursing and medical savings achievements including workforce availability. He referred to International Doctor recruitment efforts and the challenges and learning from this exercise. Mrs Toal concurred with Dr Austin and emphasised the importance of regional collaborations for the success in reducing locum expenditure.

Mr McCafferty noted the importance of the RISE programme for 2025/26 getting underway as soon as possible, Mrs O'Hagan stated that this RISE programme is restarting again earlier in 2025/26 than it did for the previous year and noted specific resources into delivering oversight around medical locum savings for 2025/26. She also referred to potential other agency savings for 2025/26 within AHPs and administration and referred to potential savings within Trust transport expenditure.

Mrs T Reid noted the statutory of break even and of quality are not mutually exclusive. She stated there had been successes in year with medical Consultant recruitment. She explained that further work to ensure that providing the right care in the right place at right time will improve services and this will continue to be a key area of work on 2025/26.

Mr Hughes stated that the RISE programme fits well with HM Treasury guidance and commended the work of this programme. Mr Lynas referred to medical equipment that was noted as obsolete and asked do we have a replacement programme. Ms Teggart stated there was a backlog for replacement however this was prioritised each year based on highest risk. Mrs McConville stated that the Trust works with the Regional Imaging Board to identify equipment in need of repair. Mrs O'Hagan noted that obsolete does not mean the device is not working or functional and it may still be safe to use. Dr Austin noted a link exists between higher quality and savings with the view

that getting it right first time is cost effective. Mrs Ensor noted that the recent Internal Audit on Medical Equipment was returned a satisfactory finding.

Mr Spoerry stated the discussion was helpful and noted that although control totals are difficult to work within where there are deficits in workforce they are still an important indicator of performance and help us focus where to concentrate our efforts. He noted the challenges presented with additional MUSC beds and the importance of work to reduce these.

MEMBERS APPROVED THE MONTH 11 FINANCE REPORT (ST1223/25)

16. COMMITTEE CHAIR REPORTS

i. CHARITABLE TRUST FUNDS

Mrs Corkey stated there were no items for escalation. She noted communications plan regarding the availability of Charitable Trust Funds for awareness for board members.

ii. STRATEGY AND TRANSFORMATION COMMITTEE

The Chair noted no areas for escalation

iii. AUDIT AND RISK COMMITTEE

Mrs Ensor noted two areas for escalation

- Corporate Risk Register - a workshop along with Governance Committee members to discuss reporting of corporate risks in the Autumn.
- Rationale has been agreed for Internal Audit deferrals. Mrs Toal noted Medical Locum and Recruitment internal audits are being brought forward into 2025/26 from 2026/27.

iv. GOVERNANCE COMMITTEE

Mr Johnston noted one area for escalation

- Resuscitation Committee- Asking SLT to bring forward the next date for the next committee meeting

He also noted Governance Committee will be considering the current reporting arrangements and considering other committee roles to clarify Governance Committees function and levels of assurance.

v. **PATIENT AND SERVICE USER FEEDBACK COMMITTEE**

Mr Lynas noted no areas of escalation, he thanked Mrs Ensor for providing a comprehensive handover of the committee chair role. He noted challenges securing Patient Client Council in providing representation to meeting. He also referred to the Public Health Agency KPI recommendations with regards to Patient and Public Involvement and noted the SPPG commissioned review of the caring for carers strategy.

vi. **FINANCE PERFORMANCE AND WORKFORCE COMMITTEE**

Mr Hughes noted no areas for escalation. He advised that due to encompass pressures, workforce was not discussed at this meeting. He noted discussions relating to the following:

- Unallocated Childcare Cases Report, Finance Reporting – Month 10
- Regional Support for Financial Recovery – Critical Friend Final Report
- Draft Financial Plan 2025/26
- The Reform, Improvement, Savings and Efficiencies Programme.
- Medicine & Unscheduled Care 2023/24 Financial Overspend Review
- SHSCT Financial Management and Oversight, Learning and Missed Opportunities Review
- Service Delivery Plan (SDP) Performance
- Update on The Strategic Outcomes Framework (SOF) and System Oversight Measures (SOM)
- Support and Intervention Framework

Mr Johnston noted the Support and Intervention Framework and the importance of each Committee's role in supporting this.

15. SCHEME DELEGATION (ST1224/25)

The Chair presented the Trust Scheme of Delegation for approval.

MEMBERS APPROVED THE TRUST SCHEME OF DELEGATION (ST1224/25)

17. APPLICATION OF TRUST SEAL (ST1225/25)

Ms Teggart sought approval for the Application of the Trust Seal to contract documentation as outlined in members papers.

MEMBERS APPROVED THE APPLICATION OF TRUST SEAL (ST1225/25)

18. ANY OTHER NOTIFIED BUSINESS

The Executive Directors of Medicine, Social Work, Nursing and Finance were asked if they had any other issues relating to their professional roles they wished to bring to the Board's attention.

- Dr Austin, Executive Medical Director - None noted.
- Mr McCafferty Executive Director of Social Work - None noted
- Mrs Teggart Executive Director of Finance - None noted
- Mrs Hamilton on behalf of Mrs Ferguson, Interim Executive Director of Nursing, Midwifery & Allied Health Professionals None noted

Chair advised the next public meeting of the Trust Board would take place on Thursday 29th May 2025 at 10:30 am.

PAPERS FOR INFORMATION

Members noted the following agenda items for information purposes.

a. CHARITABLE TRUST FUNDS COMMITTEE

- Minutes of meetings held on 21st October 2024 and 27th January 2025
- Revised Terms of Reference

b. STRATEGY & TRANSFORMATION COMMITTEE

- Minutes of meeting held on 13th January 2025
- Committee Terms of Reference
- Committee Work Programme 2025

c. AUDIT & RISK ASSURANCE COMMITTEE

- Minutes of meetings held on 17th October, 21st October 2024 and 20th February 2025
- Committee Terms of Reference

d. GOVERNANCE COMMITTEE

- Minutes of meeting held on 5th December 2024

e. PATIENT & SERVICE USER EXPERIENCE COMMITTEE

- Minutes of meeting held on 3rd December 2024

f. FINANCE, PERFORMANCE & WORKFORCE COMMITTEE

- Minutes of meetings held on 28th November 2024 and 13th March 2025
- Committee Work Programme 2025

g. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

h. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The meeting concluded at 2:45 p.m.