

**Minutes of Trust Board meeting held on Thursday, 29th May 2025
at 10.30 a.m. in the Boardroom, Trust Headquarters, Craigavon**

PRESENT

Ms E Mullan, Chair
Mr S Spoerry, Interim Chief Executive
Ms G Browne, Non-Executive Director
Mrs L Ensor, Non-Executive Director
Mr C Hughes, Non-Executive Director
Mr J Johnston, Non-Executive Director
Mr R Lynas, Non-Executive Director
Mr C Stewart, Non-Executive Director
Dr S Austin, Executive Medical Director
Mr C McCafferty, Executive Director of Social Work/Director of Children and Young People's Services
Ms C Teggart, Executive Director of Finance, Procurement and Estates
Mrs D Ferguson, Executive Director of Nursing, Midwifery and Allied Health Professionals, Functional Support Services and IPC

IN ATTENDANCE

Ms E Wilson, Director of Planning, Performance and Informatics
Ms J McGall, Director of Mental Health and Disability Services
Mr B Beattie, Director of Adult Community Services
Mrs C Reid, Director of Surgery and Clinical Services
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs R Rogers, Head of Communications
Mrs M Williamson, Deputy Director Human Resources, Workforce and Organisational Development (*On behalf of Mrs V Toal*)
Ms S Hanna, Interim Programme Director for Encompass (*Present for Item 11*)
Mr S Wallace, Head of Office (Minutes)

APOLOGIES

Ms M Corkey, Non-Executive Director
Mrs M O'Hagan, Director of Transformation and Improvement
Mrs V Toal, Director of Human Resources and Organisational Development

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed all in attendance to the meeting including members of the public.

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. CHIEF EXECUTIVE'S UPDATE

The Chief Executive commended the excellent work carried out by Trust staff with the implementation of the new encompass electronic patient record system on 8th May 2025. He gave specific thanks to Mrs Siobhan Hanna for her work as programme director in coordinating the system implementation. The Chief Executive noted that the Trust was working towards increasing clinical activity to normal levels following the downturn to allow for the implementation of the encompass system.

The Chief Executive noted that unscheduled care pressures remain considerable and stated that the Trust was collectively looking at how to re-energize efforts to tackle these issues. He stated that how services are configured was being considered and engagement with medical leaders had commenced.

Mrs Ensor asked about the level of Trust sickness absence, Mrs Williamson stated there was a renewed focus on reducing sickness absence in 2025/26. Mr Johnston referred to the ongoing Obstetrics and Gynaecology review asking are there timescales of when a draft of the findings will be available, the Chief Executive advised tentatively that this may be available for the next Board meeting (*subsequently established will not be completed until the autumn*). He advised that work to ensure stable staffing was ongoing across both sites however he stated that the situation remained challenging.

Mrs Browne asked regarding doctors in distress noting that Northern Ireland has higher rates in comparison with other UK nations and asked what the Trust is locally doing to address this. Dr Austin advised that supports were offered to all disciplines of staff. He confirmed that where it was identified staff needed support this was a priority for the organisation.

4. MINUTES OF PREVIOUS MEETING HELD ON 3rd APRIL 2025

Minutes of the meeting held 3rd April 2025 were approved subject to an amendment to note Mrs Ensor's attendance at the meeting.

5. MATTERS ARISING

The Chair referred to the matters arising document and associated updates which were accepted by members.

6. DRAFT FINANCIAL PERFORMANCE REPORT – 12 MONTHS ENDED 31ST MARCH 2025 (ST1226/25)

Ms Teggart presented the draft financial performance report for the 12-month period ending 31st March 2025. She advised that the Trust met the financial target to break even in 2024/25 achieving a small surplus of £106k within revenue resource limits. She advised that the Trust had achieved its £22m savings target and referred to the deficit support in year from SPPG. She noted that the Trust also spent within its capital resource limit and exceeded the target of 95% of paid suppliers. She noted that the position was subject to audit which is ongoing.

The Chair noted that the final end year accounts will be presented at the Trust Board meeting in June 2025. Mr Johnston and Mrs Browne congratulated the Trust Senior Leadership Team for achievement of the financial targets in 2024/25.

7. OPENING FINANCIAL PLAN 2025/26

Ms Teggart advised that the Trust is awaiting confirmation on the opening budget from the Department of Health. She noted that regionally the reporting deficit in Health and Social Care funding is £600m. She advised that each Trust is developing individual plans to contain costs based on the principle of reductions that have the least impact on patient safety. Ms Teggart advised that work with Trust directors is ongoing to develop in year budget plans in anticipation of the opening budget from the Department of Health. She referred to regional workstreams that are underway that hope to deliver efficiency savings however she cautioned even with these, significant challenges are likely to remain. Ms Teggart advised the Trust continues to maintain internal financial savings programmes. She advised

that she is hopeful the final opening budget position will be available for the Board meeting in June 2025.

8. SHSCT STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS (ST1227/25)

The Chair presented the updated Trust Standing Orders, Reservation and Delegation of Powers for approval. The Chair noted that this document provides the basis and parameters for Trust Board and its Committees on how they are governed. She advised that standing orders were last updated in 2021 stating the updated version has considered the Code of Conduct and Code of Accountability for Department of Health Arm's Length Bodies and the Department of Health Partnership agreements. Ms Wilson suggested an update to the delegated functions which the Chair agreed.

The Board approved the updated Trust Standing Orders, Reservation and Delegation of Powers

9. COMMITTEE CHAIR REPORTS

i) CHARITABLE TRUST FUNDS COMMITTEE, 18.03.2025

The committee chair report was presented, no items for raising were identified.

ii) AUDIT AND RISK ASSURANCE COMMITTEE, 10.04.2025

The committee chair report was presented, no items for raising were identified.

10. ANNUAL STRATEGIC PLAN 2024/25 YEAR END REPORT

Ms Wilson provided background to the Annual Strategic Plan for 2024/2025 explaining it is set in the context of the Trust's Vision & Strategy for 2030, which was formally launched in March 2025. She noted that a high-level summary of progress in year is provided against the Strategic Priorities and Enabling Actions as set out below and is detailed in the attached paper.

Ms Wilson noted the Delivery of the Annual Strategic Plan 2024/2025 is aligned to several key priority programmes and projects including the RISE Programme, the Financial Recovery Plan, the Review of Financial

Governance, the Encompass & Equip Programme Plan, Our People Framework, Daisy Hill Stabilisation and the Timely Care Project. She noted that work on the key areas outlined above was taken forward via formal project structures and workstreams which have informed progress in delivery of the Annual Strategic Plan 24/25.

She informed that it is important to note that some of the above major areas of work such as Timely Care and the RISE Programme, did not fully complete in year and will roll forward into subsequent years due to project scale and programme timelines for delivery. Ms Wilson emphasised that the Trust continues to work within an extremely challenging financial landscape. Whilst this presents opportunities for new ways of working and improvement which are being taken forward as detailed in the report, the significant challenges experienced by the Trust in 2024-2025 in meeting levels of demand for services remain. Ms Wilson also referred to the well understood demand and capacity gap within our services to meet current red flag referral demand and long waits.

Mr Lynas commended the improved financial position and stated the increase in expertise in achievement of the objectives of these is critical and asked how training is targeted. Ms Teggart noted that training commenced the previous year with the Senior Leadership Team and rolled out to front line teams via the Insights programme noting over 1,000 staff took part. She also referred to the Trust requirement for staff with financial responsibility to undertake finance and budget management training. Mr Johnston asked regarding plans for the RISE programme in 2025/26. Ms Wilson advised that the programme would continue in terms of efficiency promotion and controls. Mr McCafferty stated that RISE works across directorates and services. Mr Hughes stated there was a good balance of top down and bottom-up saving initiatives. Ms Teggart advised that each saving measure identified is a project allowing the right person with the right skills and knowledge to deliver on the project objectives.

The Chair noted recent workshops held to identify areas for savings and commended the impressive work to date.

11. ENCOMPASS IMPLEMENTATION UPDATE

Ms Hanna stated the encompass programme from an implementation perspective had been extremely successful. She advised that the Trust had set up 6 Help Hubs to support staff. She advised the last Help Hub closed on 23rd May 2025 which was earlier than anticipated due to the success of implementation. She also noted that the gold and silver

command centres closed early for the same reason. Ms Hanna advised that the Trust IT team were now closing assistance calls quickly with 87% closed on the same day. She also noted that the MyCare service user app now has 15,000 users. Ms Hanna advised that the lead indicator reporting which assess the use of the system have no indicators showing concerns as at the week 1 report.

Ms Hanna noted that pre implementation feedback from staff indicated that 82% of staff respondents gave general positive feedback noting that negative remarks were in relation to training however this was expected. In terms of system stabilisation, she felt this should not take longer than 6 months and may possibly as short as 3 months.

The Chair noted the enthusiasm of staff prior to Go Live. Mr Stewart remarked on the positive achievement and asked is there a target in mind for public uptake of the MyCare app. Ms Hanna noted that the Northern Trust population was roughly around 28% of their population engaged, she stated that the Southern Trust hoped to engage around 40,000 users by November 2025. Dr Austin stated that the app will help promote shared decision making in care decisions. The Chief Executive stated that this is the beginning and the Trust and region will start to harvest the benefits of the encompass system moving forward. He noted this will increase opportunities for co-operation between Trusts moving into the future.

12. HAEMATOLOGY SERVICE UPDATE

Mrs C Reid provided an update on the Trust Haematology Service. She noted that the service had a recent resignation and other vacancies, and the presented paper sets out the workforce position and outlines the ongoing measures to sustain the service. She advised that today, the service is stable and there are no immediate risks to service delivery however, noted that the service was dependent on medical locum availability and support from regional colleagues. Ms C Reid noted that there was significant financial cost with engaging locums that was not sustainable long term. She noted that longer term solutions such as regionalisation of the service are potential options for stabilisation and the Trust was working closely with commissioners. Currently, Mrs C Reid noted, that along with two medical locums, the Trust had recruited two SAS grade doctors who are awaiting commencement dates. She noted that the main areas of concern were the continued availability of medical locums, the financial risks and the ability for other Trusts to continue to provide service support.

Mr Johnston asked was there any impact of patients because of the situation, Mrs C Reid advised that waiting times had not changed as a result. She noted there was also plans in place to deal with 'red flag' referrals and a service steering group had been set up to plan for service continuity, considering service capacity and demand. Mr McCafferty stated that Haematology was an essential service and that if the service isn't sustainable locally medium to long term, a regional solution must be found. Mrs C Reid stated there is a regional group that considers haematology however she felt the service has reached a point where a change in direction is required. Ms Wilson stated that regional Directors of Planning had written to the SPPG in terms of the regionalisation of certain services and about consideration of a different approach to longer term planning for services. Ms Wilson also noted that the Haematology service is not currently present on the Strategic Intervention Framework.

Dr Austin referred to the expansion in medical student numbers and stated this would potentially be helpful in the longer term. The Chief Executive commented that the Northern Ireland labour market being self-contained for many professions and the under supply in certain professions is a challenge. He advised that he and other regional Trust Chief Executives had written to the Permanent Secretary requesting for greater oversight and accountability for workforce planning to be offered to Trusts. He noted that mitigations although important are expensive and damaging to the overall Trust financial position.

The Chair noted it was unlikely that Haematology would be the last fragile service that will be discussed that has an absent or reduced specialty workforce. The Chair noted that patients and delivering a safe sustainable service must be at the centre of all decisions made.

13. MEDICAL DIRECTOR REPORT

Dr Austin presented the Medical Director report. He noted that this report places attention on medical appraisal and job planning data along with an update on private practice update. The Chair asked regarding the Physician Associate grade. Dr Austin stated the Physician Associates employed by the Trust are well regarded by the teams they work in. He noted that there may be opportunities in the future to expand the role remaining mindful of the role of the regulator in shaping this moving forward.

14. APPLICATION OF TRUST SEAL (1228/25)

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

15. ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

Chair advised the next public meeting of the Trust Board would take place on Thursday 26th June 2025 at 10:00 am.

PAPERS FOR INFORMATION

Members noted the following agenda items for information purposes.

a. CHARITABLE TRUST FUNDS COMMITTEE

- Minutes of meeting held on 18th March 2025

b. PATIENT & SERVICE USER EXPERIENCE COMMITTEE

- Minutes of meeting held on 6th March 2025

c. AUDIT & RISK ASSURANCE COMMITTEE

- Minutes of meeting held on 10th April 2025

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

e. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The meeting concluded at 11:45 a.m.