

**Minutes of Trust Board meeting held on Thursday, 25<sup>th</sup> September 2025  
at 11.00 a.m. in the Boardroom, Trust Headquarters, Craigavon Area  
Hospital**

**PRESENT**

Ms E Mullan, Chair  
Mr S Spoerry, Interim Chief Executive  
Ms G Browne, Non-Executive Director  
Ms M Corkey, Non-Executive Director  
Mrs L Ensor, Non-Executive Director  
Mr A Hughes, Non-Executive Director  
Mr J Johnston, 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  
Mrs C Marks, Executive Director of Finance, Procurement and Estates  
Mrs D Ferguson, Interim 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  
Mr J McEntee, Assistant Director Mental Health Services (Deputising for Ms J McGall, Director of Mental Health and Disability Services)  
Mr B Beattie, Director of Adult Community Services  
Mrs T Reid, Director of Medicine and Unscheduled Care  
Mrs V Toal, Director of Human Resources and Organisational Development  
Mrs R Rogers, Head of Communications  
Mrs S Judt, Board Assurance Manager  
Mr S Wallace, Head of Office (Minutes)  
Dr Clodagh Corrigan, Trust Disability Advocate Lead (Item 11)  
Ms Cathy Lavery, Head of Equality, Diversity and Inclusion (Item 11)

**APOLOGIES**

Ms J McGall, Director of Mental Health and Disability Services  
Ms J McGuinness, Interim Director of Surgery and Clinical Services

**1. CHAIR'S WELCOME AND APOLOGIES**

The Chair welcomed all in attendance to the meeting.

**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's update was taken as read. The Chief Executive specifically referenced the IT Major Incident that occurred on the 17 September 2025 detailing the incident's impact on patient care, the technical response, business continuity measures, patient appointment management, and the ongoing root cause analysis and learning processes.

Ms Wilson gave an overview of the incident and the immediate response explaining the outage affected local data centres and resulting in the loss of connectivity to key systems such as the electronic patient record (Encompass), radiology (NIPACS), and laboratory information (LIMS). She noted that these systems themselves remained active and accessible by other organisations it was the Trust's network ability to connect that was impacted. She advised the Senior Leadership Team convened at 9:15am, declared a major incident, and activated protocols, including engagement with the Regional Coordination Centre to request the rerouting of ambulances. She also noted that whilst the data centre at Daisy Hill Hospital was reconnected via a re-route to the BSO, connection to Craigavon Area Hospital remained down until late afternoon. The BSO connection restored partial service to Daisy Hill Hospital and community services.

Ms Wilson also noted the team enacted business continuity arrangements, utilising dedicated PCs and mobile apps (Rover and Haiku) to access essential patient information. Staff working remotely could access some applications via home Wi-Fi, and hot-spotting was used to maintain limited communication. The incident highlighted the importance of these

measures, especially as staff were only four months into using the new Encompass system.

Ms Wilson advised that approximately 1,600 patient appointments were cancelled over two days, with the majority rebooked through a manual process led by Surgery and Clinical Services and Medicine and Unscheduled Care Directorates. She advised that clinical teams prioritised urgent cases, particularly red flag and cancer therapy appointments, ensuring those with the highest need were rescheduled first. As of today's meeting, 73% of affected patients had been rebooked, with only a small number of red flag appointments remaining outstanding.

Ms Wilson stated the Trust has commenced a root cause analysis working group, chaired by Elaine and including network providers, internal digital teams, BSO, DHCNI and representatives from other Trusts, established to investigate the technical causes. The group is reviewing system logs in the 10 days prior to the incident and will consider reviewing up to 30 days prior to the incident if deemed necessary with an expected timeline of at least three weeks for initial findings. An Incident Review Group, to be chaired externally, will examine broader learning across four workstreams: major incident management, technical analysis, business continuity, and communications. Ms Wilson gave thanks to the Epic and Encompass teams who helped with contingency access for staff during the incident downtime.

The Chief Executive and Ms Wilson commended the Trust staff response noting despite the disruption, staff maintained calm and adapted to paper-based processes where necessary. Communication was challenging due to the network outage, but social media and 'hotspotting' enabled some external updates. The board acknowledged the resilience and adaptability of staff, as well as the importance of regional collaboration and support from professional leads, the Encompass team, and digital leads across the region.

The Chair thanked the Chief Executive and Ms Wilson for their updates and on behalf of Trust Board offered apologies to those affected and thanked staff for their work to manage and mitigate service impacts as a result of the outage.

Mr Johnston asked had any gaps in business continuity arrangements been noted. Ms Wilson said this will be a key element of the review taking

place and where there is early learning identified this will be acted on in a timely manner.

Ms Corkey commended the proactive messaging noting that on a visit to a Trust facility this week there was positive feedback from staff on the management of the incident. She asked if there has been any displacement of activity as a result, Mrs Reid stated that where extra capacity was required additional sessions have been arranged rather than displacing any already booked appointments.

Mr Stewart asked regarding if there was the potential for additional business continuity potential by expanding the business continuity devices to labs or radiology systems. Ms Wilson stated this would be considered as part of the review of the incident and learning from business continuity arrangements.

***ACTION – Ms Wilson to ascertain if there is the potential for expanding the business continuity PCs approach to other systems to improve business continuity arrangements***

Mr Johnston asked regarding the potential for regional learning and any enhancements based on the major incident, Ms Wilson stated this is a priority for the review process in terms of identification and sharing learning.

The Chair noted the work to rebook patients who missed appointments and procedures due to the major incident. She noted that the Chief Executive, Dr Austin and Ms Wilson will be attending the NI Executive Health Committee this afternoon to update on the major outage. The Chair also noted and thanked Mrs Marks as covering Chief Executive during the week.

#### **4. MINUTES OF PREVIOUS MEETING HELD ON 26<sup>th</sup> JUNE 2025**

Minutes of the meeting held on 26<sup>th</sup> June 2025 were approved.

#### **5. MATTERS ARISING**

No matters arising were noted.

#### **6. HSC NI RESET PLAN**

The Chief Executive presented an overview of the Department of Health Regional Reset Plan. He outlined its seven key areas focused on citizen engagement, investment in primary and community care, digital innovation, research, and collaborative leadership. He referenced a recent Reset Plan engagement event in the Southern area attended by the Trust leaders, local authority leaders, GPs, and community partners which was used by the Permanent Secretary to communicate the reset plan and gather feedback. Attendees appreciated the inclusive approach and the emphasis on collaboration beyond the Trust, with positive feedback from staff and external partners.

The Chief Executive noted the plan addresses challenges such as an ageing population and rising healthcare costs by focusing on seven areas: viewing citizens as assets, shifting investment to primary and community care, increasing productivity, adopting a whole-systems approach, reducing unwarranted clinical variation, maximising digital investment, and supporting research and collaborative structures.

The reset plan aligns with the Trust's existing strategy, particularly its focus on community care and workforce development. The plan will be circulated to staff and stakeholders for further input, and colleagues were invited to share the document and provide feedback.

Ms Corkey and Mr Hughes noted the positive Department of Health engagement event. The Chair concurred with this view noting that the wider engagement with key partners would be crucial to the reset plans success.

## **7. SUMMARY OF CAPITAL & REVENUE PROPOSALS IN EXCESS OF £300,000 (ST1238/25)**

Ms Wilson presented a summary of nine capital and revenue proposals exceeding £300,000 for Trust Board approval, including significant allocations for Daisy Hill Hospital, research and development, and health centre improvements, with a specific query raised regarding the optimism bias on an air handling unit proposal.

The Board reviewed and approved nine business cases for capital and revenue investment, including two revenue proposals under £1 million, three over £1 million, and four capital proposals between £300,000 and £1

million. Notable projects included Daisy Hill Hospital upgrades, general X-ray improvements, and research and development funding.

Mr Stewart asked regarding the high optimism bias on the air handling unit proposal. Elaine confirmed that the figures are provided by technical experts and committed to seeking clarification from the estates team.

***ACTION – Ms Wilson to clarify regarding high value optimism bias in relation to the air handling unit proposal.***

***The Board approved the Summary of Capital and Revenue Proposals in Excess of £300,000***

**8. SOUTHERN TRUST FINANCIAL ALLOCATION 2025/2026**

Mrs Marks advised that no formal opening allocation letter from the Department of Health had been received before Opening Budgets for 2025/26 were endorsed by Trust Board. She advised the Opening Budget was agreed based on indicatives and assumed income (the assumed income was submitted to and reviewed with SPPG as part of Financial Plan submissions). SPPG has now received formal notification of allocations from the Department of Health and the Trust has now received formal notification of the SHSCT Opening Allocation for 2025/26 in a letter from the SPPG Director of Finance on the 23rd July 2025.

Mrs Marks advised that the Opening Allocation letter for allocations from SPPG/DoH notifies a budget of £1.036 billion pounds, a positive movement of £26m however, for noting, stated this does not include allocations to the Trust from the PHA or NIMDTA, which are subject to separate allocation letters, or the remaining allocations that are being assumed. She advised the £26m movement relates to the allocation of Non-Recurrent Deficit Funding of £21.2m, allocation for Working Time Directive increases of £2.3m and the additional Unscheduled Care funding of £2m expected to extend Timely Care for the remaining 9 months of the financial year.

**9. SOUTHERN TRUST FINANCIAL PERFORMANCE REPORT – MONTH 5 (ST1239/25)**

Mrs Marks provided an update on the Trust's financial position, reporting a surplus against the control total, ongoing challenges in achieving savings targets, and the status of regional initiatives to address cost pressures, particularly in medical and nursing agency spend and independent sector placements.

She noted the Trust reported a surplus of £927,000 against the control total, with a forecasted year-end deficit of £16.4 million. Underspends in certain areas were offset by overspends in others, and the main risk identified was underachievement of the £35 million savings target, with a shortfall of £1.3 million at month five.

Mrs Marks noted efforts to reduce agency spend have shown some success, with decreases in nursing and other agency costs following a peak during the Encompass go-live period. However, medical agency savings have been difficult to achieve due to recruitment challenges, particularly in haematology and psychiatry, and the delayed implementation of a regional framework.

Mrs Marks and Mr Beattie advised that a regional provider collaborative, led by Jennifer Welsh, Chief Executive Northern Health and Social Care Trust, is working to secure additional placements in the independent sector, especially for dementia care. The group is reviewing tariffs and contracts, aiming to implement changes by the end of October, with ongoing legal and operational challenges.

Mrs Marks noted that directors are implementing turnaround plans in overspending directorates, and a mid-year review is planned to ensure financial targets remain on track. The Trust remains concerned about the scale of required savings and the impact of any further pressures on statutory responsibilities.

The Chair thanked Mrs Marks and agreed that medical locum reduction is a key area, however, will take time to achieve. She also noted that the variation in Independent Sector Provider tariffs are significant regionally and will require focus.

### ***The Board approved the Month 5 Finance Report***

## **10. COMMITTEE CHAIR REPORTS**

### **i. CHARITABLE TRUST FUNDS COMMITTEE 23<sup>rd</sup> JUNE 2025**

Ms Corkey noted presentation of two reports, The draft annual report and Report for those Charged with Governance which reported no audit findings for the charitable trust management, ongoing work to resolve historic funds, and the promotion of the fund through a

communications strategy. The Board was asked to note previous minutes of meeting held on 23 June 2025, the draft annual report and accounts and the draft report to those charged with Governance and Directors proposals for spend for 2025/2026

Ms Corkey advised there was nothing for escalation to Trust Board

**ii. AUDIT AND RISK ASSURANCE COMMITTEE 23<sup>rd</sup> JUNE 2025**

Mrs Ensor highlighted 90% compliance with internal audit recommendations, approval of annual reports, and ongoing risk management work, with no issues escalated to the board. Mrs Ensor noted the previous minutes of meeting held on 23<sup>rd</sup> June 2025 and the Committees annual report 2024/25.

Ms Ensor advised there was nothing for escalation to Trust Board

**iii. COMBINED GOVERNANCE COMMITTEE 7<sup>th</sup> JULY 2025 AND 4<sup>th</sup> SEPTEMBER 2025**

Mr Johnston noted the Governance Committee Minutes 7th July 2025 and Annual Report 2024/25. Mr Johnston escalated to the Board the delay in the regional cyber security operations centre business case, recommending the chief executive write to BSO for an update noting this remains a significant risk to the Trust. The Chief Executive stated he would write to the Chief Executive of BSO to ask for an update on this issue.

***ACTION – Chief Executive to write to the Chief Executive of BSO regarding progress of the regional BSO regional cyber security centre***

**iv. FINANCE, PERFORMANCE AND WORKFORCE COMMITTEE 8<sup>th</sup> SEPTEMBER 2025**

Mr Hughes summarised ongoing challenges in social work recruitment, financial overspends, data validation post-Encompass, and workforce metrics, including staff turnover, recruitment KPIs, and sickness absence rates.

Mr Hughes stated there were no matters for escalation to Trust Board however noted that the ongoing MUSC overspend remains a concern for the committee.

## **11. SECTION 75 ANNUAL PROGRESS REPORT 2024-25 (ST1240/25)**

The Chair welcomed Dr Clodagh Corrigan, Trust Disability Advocate Lead and Ms Cathy Lavery, Head of Equality, Diversity and Inclusion to the meeting.

Dr Corrigan and Ms Lavery presented the annual Section 75 progress report, highlighting achievements in equality, diversity, and inclusion, the introduction and impact of the disability advocate role, staff survey findings, and ongoing work to address barriers for staff and service users with disabilities.

Ms Lavery outlined key initiatives, including the interpreting card pilot, stroke buddy and Purple Heart projects, handheld translation devices, and the cultural competency framework. The Trust also held successful culture nights and is planning further events to promote inclusion.

Dr Corrigan described the establishment of the disability advocate role, the launch of a staff network, and the results of a staff survey revealing significant barriers to disclosure and reasonable adjustments. The survey found that 20% of staff with disabilities had not disclosed to their line manager, and 75% had experienced workplace difficulties related to their condition.

Dr Corrigan informed Board members that the Trust is developing guidance to support reasonable adjustments and time off for appointments, with input into regional sickness absence management policy. Estates improvements are underway to enhance accessibility, and training for line managers on disability awareness and reasonable adjustments is being expanded.

Dr Corrigan advised that challenges remain in providing appropriate facilities for transgender staff and service users, supporting internationally educated colleagues, and fostering a culture of psychological safety and disclosure. The Trust plans to review the effectiveness of staff networks and strengthen links between the equality team and service areas.

Board members and stakeholders provided feedback and suggestions, such as aligning staff and service user experiences and improving signage for people with dementia. The Board committed to supporting

ongoing initiatives and encouraged further engagement with civic and community partners.

The Chair thanked both Dr Corrigan and Ms Lavery for their presentation and noted the role of disability advocate was strongly welcomed. Board members concurred with the chair's comments.

The Chief Executive commended the work, he asked if repeating the survey would be useful, Dr Corrigan felt this would be useful in due course however felt this would be more beneficial when more work has progressed.

Mrs Marks noted the good work and stated she would extend an invite to Dr Corrigan to attend the Trust Strategic Accommodation Group.

***ACTION – Mrs Marks to arrange for Dr Corrigan to be invited to attend the Trust Strategic Accommodation Group***

## **12. MEDICAL DIRECTOR REPORT**

Dr Austin presented the Medical Director's Report providing an update on job planning, appraisal progress, and the integration of physician associates, noting the impact of Encompass implementation on progress and the establishment of quality assurance processes for appraisals.

Dr Austin noted progress on job planning and appraisals was slower this year due to the focus on Encompass implementation, but engagement is increasing and reminder letters have been sent to improve completion rates.

The Chair thanked Dr Austin and asked how many physician associates the Trust currently employs. Dr Austin stated the Trust now employs 31 physician associates, with most registered and supported by medical staff. A working group is updating paperwork and appraisal processes, ensuring quality assurance and alignment with medical standards.

## **13. APPLICATION OF TRUST SEAL (ST1241/25)**

Mrs Marks noted two contracts requiring the Trust Seal to be applied.

- Memorandum of Understanding with NIAS
- Charge of Land Registry

***The Board approved the application of the Trust Seal***

**14. ANY OTHER NOTIFIED BUSINESS**

The Chair noted Mrs Ferguson would be retiring from her role as Interim Executive Director of Nursing, Midwifery and Allied Health Professionals, Functional Support Services and IPC in October. On behalf of the Board she thanked Mrs Ferguson for her work and contributions to the Trust over her years of service.

**PAPERS FOR INFORMATION**

Members noted the following agenda items for information purposes.

**a. AUDIT & RISK ASSURANCE COMMITTEE**

- Annual Report 2024/25
- Committee minutes 23rd June 2025

**b. GOVERNANCE COMMITTEE**

- Committee Minutes 7th July 2025
- Annual Report 2024/25

**c. CHARITABLE TRUST FUNDS COMMITTEE**

- Annual Report 2024/25
- Committee minutes 23rd June 2025

**d. PATIENT AND SERVICE USER COMMITTEE**

- Annual Report 2024/25

**e. FINANCE, PERFORMANCE AND WORKFORCE COMMITTEE**

- Annual Report 2024/25

**f. SOUTHERN HEALTH AND SOCIAL CARE TRUST HIGHLIGHTS**

**g. CHAIR AND NON-EXECUTIVE DIRECTOR ENGAGEMENTS**

## **h. CHIEF EXECUTIVE ENGAGEMENTS**

*The meeting concluded at 1:20 p.m.*