

**Minutes of Trust Board meeting held on Thursday, 27<sup>th</sup> November 2025  
at 10.00 a.m. in the Boardroom, Trust Headquarters, Craigavon**

**PRESENT**

Ms E Mullan, Chair  
Mr S Spoerry, Interim Chief Executive  
Mrs G Browne, Non-Executive Director  
Mrs L Ensor, Non-Executive Director (Left meeting at 1:45pm)  
Mr A 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, Young People and Women's Services  
Mrs C Marks, Executive Director of Finance, Procurement and Estates  
Mrs G Hamilton, 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  
Mrs J McGall, Director 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 B Hughes, Interim Assistant Director of Surgery  
Mr S Wallace, Head of Office (Minutes)  
Mrs D Murphy, Assistant Director, Family Support and Safeguarding (Attendance for Item 9)  
Dr P McCaffrey, Consultant Geriatrician (Attendance for Item 14)  
Catherine Shearan, Assistant Director Enhanced Services (Attendance for Item 14)  
Professor G Evans, Subject Matter Expert, Information Technology (Attendance for Item 18 via MS Teams)

## **APOLOGIES**

Mr D McClements, Interim Director of Surgery and Clinical Services  
Mrs M Corkey, Non-Executive Director

### **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. CHAIR UPDATE**

The Chair's update was noted as read by members and those in attendance. The Chair advised of the extension of the Interim Chief Executive's tenure until March 31, 2027, with Mr Spoerry expressing gratitude and outlining his commitment to guiding the Trust through upcoming challenges and opportunities. In response, the Chief Executive expressed appreciation for the extension, and acknowledged the support received from within the Trust and the broader Northern Ireland health and social care system. The Chief Executive emphasised his intention to set a strong direction for the Trust over the next 18 months, focusing on collective progress and addressing both regional and organisational challenges.

The Chair referred to the recent Board Review Day in October 2025 resulting in the creation of two new Trust Board sub-committees, the People and Culture Committee and the Population Health and Partnership Committee. She noted that there are plans for ongoing updates and stakeholder engagement. The Chair explained that the Committee review has been a multi-month review of its committees and work programme, leading to structural changes aimed at better addressing organisational priorities. She advised these two new committees will report to Trust Board on a regular basis on their work throughout 2026.

#### **4. CHIEF EXECUTIVE UPDATE**

The Chief Executive's update was noted as read. Mr Johnston asked regarding the item on performance of restricted procedures, Ms Wilson explained that a validation audit is underway in the Trust noting that there are valid clinical reasons why some restricted procedures are carried out. She agreed to update the Board on the outcomes of the validation audit when available.

***ACTION: MS WILSON TO PROVIDE AN UPDATE ON RESTRICTED PROCEDURES AUDIT OUTCOMES***

#### **5. MINUTES OF PREVIOUS MEETING HELD ON 25<sup>th</sup> SEPTEMBER 2025**

Minutes of the meeting held on 25<sup>th</sup> September 2025 were approved.

#### **6. MATTERS ARISING**

Matters arising from the 25<sup>th</sup> September 2025 were referred to and completed actions noted.

#### **7. PRESENTATION – LEARNING FROM STAFF AND SERVICE USER EXPERIENCE - PRESENTATION: SEASONS OF LIFE PROJECT**

The Chair noted that the presenter for this item was unexpectedly unavailable for this item, and it would therefore be deferred and presented at a future Trust Board in 2026.

#### **8. EXECUTIVE DIRECTOR OF NURSING, MIDWIFERY AND AHP REPORT**

Mrs Hamilton presented a comprehensive assurance report to the Board highlighting achievements in workforce stabilisation, patient care improvements, research, and ongoing challenges such as corridor care and induction compliance for agency staff. She reported on successful initiatives to stabilise the workforce, including enhanced recruitment

efforts, induction improvements for bank and agency staff, and ongoing efforts to reduce reliance on agency workers.

Mrs Hamilton referred to a pilot program focusing on enhanced patient care observation across six wards which resulted in significant financial savings and improved patient experience, with plans to scale the model and further quantify benefits. She also noted progress and minor delays in professional supervision standards following the Encompass system go-live, with expectations to return to normal levels by year-end.

The Committee discussed the ongoing regional and local review of the dress code policy and the available feedback mechanisms to address staff concerns and ensure alignment with regional standards. In response to a query from Mrs Toal, Mrs Hamilton agreed to raise the issue of staff wearing uniforms for non-Trust related events / activities at the regional assurance group and inform the group of local experiences and suggestions for the regional dress code policy update.

Members also discussed the low compliance rates for agency staff induction, with Mrs Hamilton confirming ongoing audits and collaboration with operational colleagues to improve compliance and ensure patient safety. Mrs Hamilton agreed to re-audit induction compliance for bank and agency staff in January and work with operational colleagues to increase the compliance rate from the current 23%.

***ACTION: MRS HAMILTON TO RAISE THE ISSUE OF STAFF WEARING UNIFORMS FOR NON-TRUST RELATED EVENTS / ACTIVITIES AT THE REGIONAL ASSURANCE GROUP***

***ACTION: MRS HAMILTON TO ARRANGE RE-AUDIT INDUCTION COMPLIANCE FOR BANK AND AGENCY STAFF IN JANUARY 2026***

## **9. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT**

### **i) PRESENTATION: UPDATE ON DOMESTIC ABUSE SERVICES**

Mrs Murphy thanked members for the opportunity to present on domestic abuse. The presentation commenced with an animation featuring the experience of a family affected by domestic abuse.

Mrs Murphy provided an in-depth update on domestic abuse prevalence, legislative changes, service innovations, and multi-agency partnerships, emphasising the need for staff training, support for victims including staff, and ongoing performance improvements. She referred to data on domestic abuse incidents and homicides, outlined new legislative measures such as the Domestic Abuse Civil Proceedings Act, and described the introduction of frameworks focusing on prevention and multi-agency collaboration.

Mrs Murphy noted several Trust implemented initiatives including Operation Encompass for school notifications, the IRIS project for primary care referrals, and the SAHRA pilot for specialist support to children, as well as early intervention services for families below statutory thresholds. Board members discussed the importance of targeted training for frontline staff, support mechanisms for staff experiencing domestic abuse, and the need to address vicarious trauma among employees. Mrs Toal noted that the workplace policy was being reviewed, and consideration was being given to what else the Trust could do to support staff.

Mrs Murphy referred to multi-agency partnerships, noting the Southern Area Domestic Violence Partnership which includes statutory, voluntary, and community agencies, with efforts to increase awareness, improve governance, and ensure inclusion of underrepresented groups such as disabled individuals and male victims. Mrs Murphy noted challenges remain in recording and analysing domestic abuse data, with ongoing work to improve performance frameworks and data collection in collaboration with the Department of Health and Department of Justice.

The Chair thanked Mrs Murphy for the presentation on this important work and asked those present to ask any questions. Mr Stewart referred to the option for victims of domestic abuse and vulnerable witnesses to give remote evidence from outside the courtroom via a live video link or from a Remote Evidence Centre and if further roll out was planned. Mrs Murphy referred to trials happening in Belfast, Craigavon, and Derry currently and hoped that further roll out was possible.

Mr Johnston referred to collaboration between health, justice and education providers noting the links between substance abuse and mental health with domestic violence and asked was there scope for joined up working. Mrs Murphy stated she understood there was regional work taking place regarding this.

The Chief Executive gave his thanks for the ongoing work noting support for staff in these situations was vital, he noted the key role of primary care.

## **10. PEOPLE AND CULTURE COMMITTEE**

### **i) CHAIR REPORT 17<sup>th</sup> NOVEMBER 2025**

Mrs Browne referred to the first meeting of the newly established People and Culture Committee that took place on 17<sup>th</sup> November 2025. She noted that the committee had a wide attendance including Trade Union representation. She advised of plans for a January 2026 workshop to set key priorities and integrate trauma-informed practice into the Trust's people strategy.

### **ii) COMMITTEE TERMS OF REFERENCE (ST1243/25)**

Mrs Browne noted the People and Culture terms of reference which received Board member approval.

*Trust Board approved the Terms of Reference for the People and Culture Committee*

## **11. PATIENT & SERVICE USER EXPERIENCE COMMITTEE**

### **i) CHAIR REPORT, 11TH SEPTEMBER 2025**

Mr Lynas presented the Patient and Service User Committee report noting no areas for escalation though referred to the Department of Health's new initiative to evaluate quality improvement projects. He advised that as a result of the Board Review Day outcomes that the committee has been stood down with PPI responsibilities transferring to the newly established Population Health and Partnership Committee.

He emphasised the importance of retaining a strong voice for service users in the new committee structure. Mr Lynas gave particular thanks to the service user representatives whose contributions have been valuable over the lifetime of the committee. The Chair thanked Mr Lynas for chairing the Committee and committee members for their work and passion over the years.

## **12. SHSCT ANNUAL QUALITY REPORT (ST1244/25)**

Ms Wilson referred to the Annual Quality Report stating that it is a statutory requirement for the Trust to publish this report on an annual basis. The Board reviewed and approved the report commenting on the usefulness and depth of the information contained. The Chair noted regional discussions to standardise the reporting requirements across Trusts.

### ***Trust Board approved the SHSCT Annual Quality Report***

#### **13. ANNUAL STRATEGIC PLAN UPDATE**

Ms Wilson provided the Board with the first 6-month update on progress against the Annual Strategic Plan, with a focus on embedding strategic priorities across all committees and operational planning, and ongoing work to map out the Trust's five-year Vision & Strategy.

Ms Wilson stated there are two aspects to embedding the strategy, one via bottom up culturally embedding its principles and top-down assurance that the Trust is delivering on its strategic aims. Ms Wilson noted efforts are being made to enhance staff and community engagement with the strategy, including targeted communications, involvement of staff networks, and alignment of directorate plans with overall strategic objectives. Mr Lynas noted that it is important that all elements of the Trust work together to drive the strategy and its important that all Trust Board sub-committees are facing the right way for this.

Mr Stewart referred to the importance of Primary Care in delivering on the community first strategic element any lessons from the management of GP Practices by the Trust. The Chair noted this should be a future Trust Board presentation item.

The Chair noted the importance of this work and reiterated the support of the Board in delivering on the Strategic objectives.

***ACTION: MS WILSON AND MR BEATTIE TO BRING BACK LEARNING FROM GP PRACTICES MANAGED IN TRUST AS SERVICE IMPROVEMENT ITEM AT FUTURE TRUST BOARD***

#### **14. RESET PLAN PRESENTATION – MANAGEMENT OF FRAILTY IN OLDER PERSONS**

Dr Patricia McCaffrey and Mrs Catherine Sheeran joined the meeting and delivered a presentation on the Trust management of frailty. Dr McCaffrey and Mrs Sheeran presented a strategic overview of frailty management, highlighting demographic trends, the need for early intervention, cross-sector collaboration, and the implementation of education and community-based programs to support older people.

The presenters showed data that projected significant increases in the older population, highlighted the lack of routine frailty identification in primary and community care and highlighted the integration of the Clinical Frailty Scale into the Encompass system. Mrs Sheeran noted the introduction of a three-tiered education program on frailty is being rolled out, with Tier 1 available to all staff and the public, and community-based initiatives targeting early intervention and prevention, including cross-border projects and partnerships with local organisations.

Discussion focused on the need for integrated care pathways, resource reallocation from hospital to community settings, and the importance of supporting carers and addressing social determinants of health. Board members recognised and supported the importance of upstream interventions, such as fall prevention and lifestyle changes, and the need for innovative approaches to reduce hospital admissions and support aging well.

She asked if there were cross border funding opportunities for elements such as training roll out via Cooperation and Working Together network (CAWT), Mrs Sheeran agreed to follow this up. Mr Johnston asked if the Public Health Agency are involved in this work, Mrs Sheeran confirmed they are actively involved. She noted that the Area Integrated Partnership Board are engaged. Board members agreed that a targeted strategy required to address health inequality that is across government departments would be beneficial. Mrs Ensor stated that the lack of budgeting for the regional Reset Plan was a huge challenge.

The Chief Executive thanked the presenters and referred to the regional equity gap where the Southern Trust was underfunded circa £40m annually. He noted that where additional funding opportunities are available to meet demand, addressing population health issues including effective frail elderly interventions, should be prioritised.

***ACTION: MRS SHEERAN VIA MR BEATTIE TO PROVIDE AN UPDATE  
ON FRAILTY INTERVENTION TRAINING FUNDING AVAILABILITY  
FROM CAWT***

**15. SHSCT WINTER PLAN**

The Chair welcomed Mr. Francis Gallagher to address the Board. Mr. Gallagher asked what measures the Trust has in place to cope with winter pressures for Daisy Hill Hospital this year and if there is vacant ward space at the hospital to create capacity.

Ms Wilson stated that the Trust Winter Plan for 2025/26 is presented for assurance and information and has been published on the Trust website. She stated key elements of winter plans are delivered via the Timely Care programme which first commenced in 2024. Ms Wilson stated the Trust was investing through the Timely Care programme to prevent Emergency Department attendances and admissions, support better patient flow through the hospital system and expedite safe discharge which was key to obtaining bed capacity.

Ms Wilson noted that Timely Care was an all-year process not just focusing on the winter period. Ms Wilson noted there had been significant improvements and the Trust had received £2.9m recurrent funding which is being used to support and embed these improvements this year and is recurrent. She noted that the Trust has retained £1.7m for escalation during the winter period including establishing additional beds and hospital at home service. Ms Wilson noted that Daisy Hill Hospital patient flow is improving with less corridor care taking place. She emphasised that she hoped there would be a reduction in corridor care however could not say this will be totally eliminated.

The Chair emphasised that Timely Care should present a change and improve the care we provide. The Chief Executive noted that the Trust had 150 medical beds at Daisy Hill Hospital and noted this number of beds is required and has been validated. He referred to the ongoing work to keep Timely Care progressing noting the challenge in labour shortages to create capacity in services that provide care at home. He noted that all these preparations and hard work will not completely mitigate against winter pressures. He stated that good quality tested escalation plans are essential to making sure patient flow moves across the weekends and holiday periods.

Dr Austin noted the importance of vaccination to reduce winter pressures, Mrs Browne asked can the Trust do anything to support uptake. Mrs Rogers confirmed further Trust communications are planned to support vaccination uptake.

## **16. INSIGHT INTO LEARNING DISABILITY SERVICES**

Mrs McGall commenced by offering her apologies to service users and families regarding the Trust's capacity to provide the level of respite care required to meet requirements.

Mrs McGall provided a strategic update on learning disability services, covering service provision, recent improvements, ongoing challenges in transitions and short breaks, and the need for sustainable models to meet rising demand. She noted that the Trust offers a range of learning disability services, including inpatient units, community teams, supported living, day centers, and forensic services, with recent improvements in personalised care planning and enhanced complex care teams.

Mrs McGall stated significant challenges exist in transitioning young people from children's to adult services, maintaining short break provision due to staffing shortages, and addressing delayed discharges from inpatient units.

Mrs McGall discussed the regional service model consultation and the need for sustainable funding, and a vision for services that prioritise independence, inclusion, and support for families and carers. Mr. McCafferty emphasised the importance of keeping Board focus on this area noting the increase in complex cases. He advised that the transition across from children to adult services is important.

The Chief Executive thanked Mrs McGall and reiterated her apology about the Trust's ability to provide a full service for respite care noting it was fundamentally a workforce availability issue. He also noted the issues with availability in care packages that is delaying service users bring able to leave Trust facilities.

The Chair thanked Mrs McGall and stated an update on this important issue could be brought to the Board in 2026.

***ACTION: UPDATE PRESENTATION ON LEARNING DISABILITY SERVICES TO BE PROVIDED TO TRUST BOARD IN 2026***

**17. SUSTAINABILITY STRATEGY 2025-2030 (ST1245/25)**

Mrs Marks presented the Trust Sustainability Strategy which she noted aligns with the overall 2030 Trust Corporate Strategy. She noted the Trust was working towards reducing its carbon footprint noting that the objectives and actions towards this were noted in the strategy.

Mr Lynas noted the strategy was in keeping with good practice however in his experience lack of investment caused significant challenges in sustainability achievements. He referred to outside sources of funding that may be useful including previously available European funding streams, he also noted that local councils have well developed sustainability strategies that may be of interest to the Trust through partnership working. He also asked regarding the changes in tendering processes if it was felt this would inhibit sustainability progress. Mrs Marks stated that the Trust has had success in obtaining funding over the last number of years and within the new procurement guidance sustainability is a key contract award criteria. She advised that she will follow up with ABC Council to see if there are opportunities for partnership working.

Both the Chair and Chief Executive commended the Strategy document.

***ACTION: MRS MARKS TO ENGAGE WITH ABC COUNCIL REGARDING POTENTIAL PARTNERSHIP WORKING ON SUSTAINABILITY AND IDENTIFY IF ANY OTHER EXTERNAL FUNDING STREAMS ARE AVAILABLE FOR BIDS.***

**The Board approved the Trust Sustainability Strategy**

## **18. SHSCT MAJOR INCIDENT: I.T. OUTAGE - STATUS UPDATE FROM THE INCIDENT REVIEW GROUP**

The Chair welcomed Professor Evans to the meeting. Ms Wilson apologised for the impact on services that the IT outage on the 17<sup>th</sup> September had. She confirmed the Trust had rescheduled all the lost activity and are not aware of any direct patient harm that occurred because of the outage.

Ms Wilson referred to the Incident Review Group which is chaired by Prof Graham Evans and has been meeting for a number of weeks and would be due to report soon. She stated the cause of the incident was known however due to commercial sensitivity this cannot currently be reported to the Trust Board at this time, but expects this to be shared with Trust Board in January 2026. She explained the outage was not as a result of a cyber-attack or in relation to the robustness of Trust's IT infrastructure.

Professor Evans stated, in his view, the Trust responded and worked collaboratively which is to be commended. He stated that incidents like this are highly disruptive and challenging to the population we serve. He stated the Trust worked in a responsible and responsive manner. Professor Evans stated incidents similar to this are often multifactorial and difficult to find the true root cause. He noted that incidents often span several days and the Trust's ability to get back to business as usual so quickly was testament to robust infrastructure. He stated there will still be learning from this incident and it would not be possible to eliminate all risks to IT infrastructure in totality.

The Chair and Chief Executive commended the Trust response and acknowledged Professor Evans' comments that these risks will not be possible to eliminate completely. The Chief Executive stated the Trust was committed to share learning from this incident with other provider organisations as appropriate.

## **19. SHSCT FINANCIAL PERFORMANCE - MONTH 7 (ST1246/25)**

Mrs Marks referred to the positive position the Trust is in with regards to finance for month 7. She noted that up to period 31st October 2025, the Trust is reporting a surplus of £1.9m against the variance control. She

noted increased savings being made across most directorates and the Trust was starting to see saving plans achieving results.

Mrs Marks however noted the Trust is still reporting end year deficit though this has now reduced from £8m to £6.3m. She advised this is a reduction of £6.5m compared to the £12.8m deficit reported in month 6, reflecting increased savings of £4.5m resulting in Permanent Secretary's letter of 31 October endorsement by Trust Board. She advised that the Trust would continue to work towards reducing this further to assist the Trust opening position for 2026/27.

Mrs Marks advised that the Trust capital expenditure was within the forecasted position and Trust prompt payment targets were being met.

Mrs Browne commended the report format and clarity. She asked for details regarding the noted Encompass overspend. Mrs Wilson noted that the regional business case funding was not sufficient to cover the requirements for Encompass 'Go Live' and the Trust was required to bridge the funding gap and this was an agreed overspend.

***Trust Board members approved the Month 7 Finance Report***

**20. DRAFT MID-YEAR ASSURANCE STATEMENT (ST1247/25)**

Mrs Marks referred to the Mid-Year Assurance statement that has been reviewed and approved by Audit and Risk Assurance Committee on 9<sup>th</sup> October 2025. She referred to the Trust mid-year ground clearing meeting with the Department of Health which was a positive engagement resulting in no escalations to the Mid-Year Accountability meeting. Further to this, the Chair stated the scheduled Mid-Year Accountability meeting had since been stood down based on the positive assurances provided to the Department of Health from the Trust.

***Trust Board members approved the Mid-Year Statement***

**21. REPORT TO THOSE CHARGED WITH GOVERNANCE**

Mrs Marks gave an overview of the Northern Ireland Audit Office *Report to Those Charged With Governance* noting no priority one recommendations in relation to regularity and the internal control environment were identified. She advised three priority two and one

priority three recommendations were noted. Mrs Marks stated that the Trust was progressing towards compliance with the recommendations.

## **22. AUDIT AND RISK ASSURANCE COMMITTEE**

### **i) CHAIR REPORT, 9TH OCTOBER 2025**

Mrs Ensor noted no escalations to the Board from the Committee meeting held 9<sup>th</sup> October 2025. She advised that the committee agreed to advise the Board that previous acceptance of an Internal Audit recommendation on Payments to Staff was based on securing additional resources which were not subsequently approved. Mrs Ensor noted the recommendation requirements have impacted on the statutory duties in respect of pay and that given the lack of capacity and with the pending implementation of EQIP and the limitations on potential returns based on any in-year resource investment, this recommendation should be paused until 2026/27. She noted the payments to staff audit recommendation will be revisited in 2026/27 after the implementation of EQUIP with assurances to be sought on the effectiveness of controls which had been introduced. She confirmed Internal Audit agreed to close off the recommendation as they are content that controls in place for the payments to staff audit will provide assurances

## **23. CHARITABLE TRUST FUNDS COMMITTEE**

### **ii) CHAIR REPORT, 20TH OCTOBER 2025**

Mr Lynas noted no escalations to the Board from the Committee meeting held 20<sup>th</sup> October 2025. He noted the introduction of the communications team to the meeting had been transformational with engaging Trust staff with the work of the Committee. Mr Lynas also noted that the process for gaining registered charity status for the Trust was ongoing, noting it was a slow and complex process.

## **24. APPLICATION OF TRUST SEAL (ST1248/25)**

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

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

## **25. ANY OTHER NOTIFIED BUSINESS**

No other business was noted.

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

- Dr Austin noted no issues
- Mrs Hamilton noted no issues
- Mr McCafferty noted no issues

***The date of the next meeting will be Thursday, 29th January 2026 at 10.30 a.m.***

### **PAPERS FOR INFORMATION**

Members noted the following agenda items for information purposes.

**a. Finance, Performance and Workforce Committee**

- Minutes of meeting held on 8<sup>th</sup> September 2025

**b. Audit & Risk Assurance Committee**

- Minutes of meeting held on 9<sup>th</sup> October 2025
- Committee Work Programme 2026

**c. Charitable Trust Funds Committee**

- Minutes of meeting held 20<sup>th</sup> October 2025
- Committee Annual Report 2024/25
- Committee Work Programme 2026

**d. Governance Committee**

- Minutes of meeting held 4<sup>th</sup> September 2025

**e. Patient & Service User Experience Committee**

- Minutes of meeting held on 11<sup>th</sup> September 2025

**f. Southern Health and Social Care Trust Highlights**

**g. Chair and Non-Executive Directors Engagements**

## **h. Chief Executive's Engagement for Trust Board**

### **i. Approvals via electronic vote**

- Bank Mandate