Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Minutes of Trust Board meeting held on Thursday, 26th March 2026 at 11.00 a.m. in the Boardroom, Monaghan Row, Newry

PRESENT

Ms E Mullan, Chair
Mr S Spoerry, Interim Chief Executive
Mrs G Browne, Non-Executive Director
Mrs L Ensor, Non-Executive Director
Mr A Hughes, Non-Executive Director
Mr J Johnston, Non-Executive Director (Left Meeting after item 12)
Mr R Lynas, Non-Executive Director
Mr C Stewart, Non-Executive Director
Mrs M Corkey, Non-Executive Director
Mr C McCafferty, Deputy Chief Executive, Executive Director of Social Work / Director of Children, Young People and Women's Services
Dr S Austin, Executive Medical Director
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 D Burns, Director of Operations
Mr B Beattie, Director of Adult Community Services
Mrs Tara Mulholland, Assistant Director MUSC on behalf of Mr T Reid
Mrs V Toal, Director of Human Resources and Organisational Development
Mr D McClements, Interim Director of Surgery and Clinical Services
Mr J McEntee, Assistant Director Mental Health Services on behalf of Mrs J McGall
Mrs R Rogers, Head of Communications
Mrs Ruth Sutherland, Chair, Patient Client Council (Item 7)
Dr Julie-Anna Rankin, Consultant in Emergency Medicine, Dr Matthew Sullivan, Specialty Doctor in Paediatrics and Ms Laura Kerr, Simulation Technician (Item 8)
Mr S Wallace, Head of Office (Minutes)

APOLOGIES

Mrs J McGall, Director Mental Health and Disability Services
Mrs T Reid, Director of Medicine and Unscheduled Care

1. CHAIR'S WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted apologies. The Chair welcomed Mrs Debbie Burns who commenced as Director of Operations in February 2026 to her first Trust Board 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 noted no formal update for this meeting.

4. CHIEF EXECUTIVE UPDATE

The Chief Executive's update was taken as read by members and those in attendance.

5. MINUTES OF PREVIOUS MEETING HELD ON 29th JANUARY 2026

Minutes of the meeting held on 29th January 2026 were approved.

Minutes of 29th January 2026 were approved

6. MATTERS ARISING

The matters arising were noted by Board members.

7. PEOPLE TO PARTNERS - DEVELOPING A UNIQUE APPROACH FOR NORTHERN IRELAND

The Chair welcomed Mrs Sutherland, Chair, Patient Client Council (PCC).

Mrs Sutherland gave Board members an overview of the strategic role of PCC and how it links with other Arm's Length Body health and social care services. Mrs Sutherland explained the PCC Patients to Partner approaches intention of stimulating debate to develop citizens as partners in decision-making within government. Mrs Sutherland outlined the case for change noting key opportunities across government and within health

and social care and referred to the collaborative advantage of developing a strategic approach.

The Chair thanked Mrs Sutherland, she noted that health is an important metric, she asked how the Public Health Agency (PHA) and other partners fit in the PCC vision. Mrs Sutherland noted the PHA holds the duty to consult with the wider public on PPI programme matters. She noted that consultation is different to engagement and there is more work to do in this area.

Mr Lynas noted the importance of joined-up thinking and sharing of resources between public sector organisations and further added that the community and voluntary sector have excellent experience that can contribute and augment this model. Mr Stewart concurred and referred to the recent establishment of the Trust Population Health and Partnership Committee and a key focus of this committee's work being how to get better at building and maintaining these strategic partnerships referred to. Dr Austin stated that the empowerment of citizens is an important development towards more effective public services.

Mr Spoerry asked was there a specific ask of the Board from the PCC. Mrs Sutherland stated that to put a lens on all interactions with members of the public and deciding how engagement can be maximized at all levels. She also noted that increasing engagement with community and voluntary sectors was key with the end goal of increasing agency to citizens.

The Chair thanked Mrs Sutherland for her presentation.

8. MEDICAL SIMULATION PRESENTATION

The Chair welcomed Dr Julie Anna Rankin, Dr Matthew Sullivan and Ms Laura Kerr to the meeting.

Dr Rankin presented to the Board detailing the background to development of medical simulation in the Trust into the wide service it is today. The presenters referred to the Trust wide simulation programme and how simulation allows staff to train for complex situations they may face in safety. The presentation referred to the simulation programme for foundation doctors and noted a Trust study that observed increase in doctor confidence in dealing with complex situations as a result of

simulation training. The presenters noted three areas for further development including making simulation more multi-disciplinary, further regional faculty development and locally the establishment of a dedicated simulation suite in Daisy Hill Hospital.

The Chair thanked the presenters and asked Board members if they had any questions. Mrs Browne stated as Chair of the Trust People and Culture Committee the establishment of an academy for training would be of immense value to the Trust and staff widely support this move.

Mrs Marks referred to the issue regarding a dedicated Simulation Suite for Daisy Hill Hospital, she referenced the potential of use of Charitable Trust Funds. She agreed to discuss this further with her estates team.

ACTION – Mrs Marks to discuss options for establishment of a Simulation Suite location at Daisy Hill Hospital

Mr Beattie noted potential for further development of frailty and dementia simulation opportunities, Dr Rankin agreed stating a regional programme would be desirable however would likely be a longer-term goal.

The Chair and Mr Spoerry thanked the presenters, commenting on the development work and mentioned the importance in establishing a formal simulation suite for Daisy Hill Hospital. They also welcomed the cross-site approach developed as part of the simulation programme.

9. COMMITTEE CHAIR REPORTS

i) Charitable Trust Funds Committee, 26th January 2026

Mrs Corkey noted no issues for escalation. She stated that the committee's annual self-assessment had prompted the Committee to look at how directorates plan their annual spend and measure outcomes following spend. She noted this will be considered as part of a workshop in June 2026.

ii) People and Culture Committee, 2nd March 2026

Mrs Browne noted no issues for escalation. She stated that she will meet with Mr Johnston to discuss areas of crossover between the Governance Committee and People and Culture Committee regarding regional being human workstreams. She noted that the committee at their last meeting discussed the establishment of a

Southern Trust Training and Development Academy and Trust absence management position and steps being taken to reduce sickness absence.

iii) Population Health and Partnership Committee Chair Report, 12th March 2026

Mr Stewart noted no issues for escalation. He stated the committee has formally met once and has agreed a workplan for 2026. He noted that the committee will adopt a 'deep dive' approach to assurance similar to the work of the Governance Committee. He noted that the Committee will seek to support the development of strategic partnerships.

10. TRUST ANNUAL PLAN 2026/27 ST1254/27

Ms Wilson stated that the Trust's Annual Strategic Plan for 2026/2027 sets out Year 2 of the implementation of the Trust's 5-year Vision and Strategy 2030, 'Together Improving Care, Transforming Lives', which was formally launched in June 2025. She noted that the plan, which aligns with the Northern Ireland Reset Plan, sets out our key priority actions for delivery in 2026/2027 as the first step in meeting our long- term strategic goals by 2030, set against each of our five strategic priorities

Ms Wilson stated the Year 2 plan builds on what has been achieved over the last 12 months, and sets out a clear direction to drive forward, improve outcomes for population and harness the technology that will support our future services. She stated it had been developed in collaboration with all directorates; the plan provides the basis for creating a culture of high quality, continuous improvement, compassionate care and support for our population and our staff.

She noted ongoing challenges faced by the Trust in relation to a growing population, a rising older demographic, outdated infrastructure and significant financial constraints will put pressure on all areas of our health and social care system.

Mr Lynas asked what mechanisms exist to track progress against the objectives. Ms Wilson stated that each directorate will have a corporate scorecard with defined measures to track progress. She noted that this will be presented to the Board in June 2026. Mr Spoerry stated that

directorate quarterly accountability meetings were the key assurance mechanism to oversee delivery of these objectives.

The Chair asked how work communicating the strategy is progressing. Ms Wilson stated that with Communications Team support branding of documentation and publications by the Trust is complete and is referencing regularly via Chat with the Chief and social media postings. Mrs Toal noted that the revised staff appraisal form links to the vision and strategy to help staff with familiarisation.

The Board approved the Trust Annual Plan 2026/27

11. SOUTHERN TRUST INTEGRATED MATERNITY AND WOMEN'S HEALTH UPDATE

The Chair invited Mr Justin McNulty MLA to address the Board. Mr McNulty stated that birthrates were higher in the Newry and Mourne area than other regional areas. He asked for the Board's commitment to a full maternity suite in Daisy Hill Hospital and reassurance that staff recruitment and retention issues are being addressed. Mr McNulty asked if having two midwives on duty was normal and safe practice. He stated staff had told him safe staffing was their priority and in absence of this there were concerns on correct care being delivered and the ability to mentor and support newly qualified staff in the unit. He also referenced the role experienced midwives can play in identifying signs of abuse for those women who attend the department.

Mr McCafferty referred to Mr McNulty's comments on staffing ratio the previous evening, he noted that there were three midwives on duty that is in line with safe staffing requirements for the number of women requiring care. He explained that the ratio may change based on the acuity of those attending, however, was unaware of any exceptional circumstances yesterday.

Mr McCafferty referred to the staff workshop on 11th February 2026 which was a follow-on from the workshop held in November 2025. He noted that the workshop was attended by the Director of Midwifery and Medical Director from NHS Grampian who had experience in working with maternity units of a similar profile.

Mr McCafferty highlighted successes in midwifery recruitment and that the Obstetrics and Gynae service has been deescalated on the SPPG Support and Intervention Framework from a level 4, to level 1 overview indicating progress towards stabilisation and associated service improvements. He noted the Trust endorses this level of DOH oversight, as there remains considerable challenges, particularly in respect of availability to recruit sufficient medical staff to substantive posts and the associated fragility.

Mr McCafferty also referenced initiatives to address what the Trust noted are unacceptable gynae waiting list and paid tribute to Trust staff who are delivering these improvements and associated reductions in both out-patient and in patient Gynae waiting lists.

Mr McCafferty noted the importance of effective triage of pregnant women and the developing role of the Continuity of Midwifery Care service throughout pregnancy, and mentioned the importance of community maternity services in providing parents and infants with support and advice. He restated the Trust's continued commitment to a two-site model of maternity care whilst continuing to develop Trust wide specialisms.

Mr McCafferty stated that several areas require further improvement work including governance processes. He stated that although successful with midwifery recruitment, he remained mindful that there was a significant cohort of newly qualified staff however support and training was in place to assist this staff group.

Mr McCafferty noted that medical consultant recruitment remains challenging. He provided the example of eight whole time equivalent Consultants required to cover the rota in Daisy Hill Hospital , noting that currently five substantive Trust Consultants are employed directly by the Trust , with the remainder being covered by Agency Locums. He referred to recent recruitment attempts however these did not yield any results.

He added that the Medical management structure for the service had been reorganized including a Trust wide clinical director for Gynae services and one Trust wide for Obstetrics.

Mr McCafferty concluded by stating there was continued good clinical and staff engagement, and reaffirmed it was a tremendous service, however

the nature of the work is very specialised incorporating risk which requires skilful clinical intervention and management.

He noted that the Minister for Health will visit the Trust in April to learn more about the Continuity of Midwife service.

The Chair welcomed the improvements and measures in place since the Board first became aware of the issues with the service and gave thanks to the staff that have maintained the service. She noted the critical requirement of regional support to ensure the continued work towards stabilisation and success of this service.

Mr Spoerry stated he attended both staff workshops and felt the level of engagement was excellent. He noted the Trust commitment to one service two sites for the service and the ongoing work week by week to ensure the service remains deliverable and effective.

12. EXECUTIVE DIRECTOR OF SOCIAL WORK REPORT – LOOKED AFTER CHILDREN

Mr McCafferty provided a high-level overview and update in relation to the social work workforce, with a particular service focus on Looked After Children (LAC). He noted the workforce position remains challenging, although some gains have been made over recent years. Services continue to be significantly reliant on newly qualified social workers. During the previous year, approximately 40 newly qualified social workers were appointed to the social work service Trust wide 29 of whom were within Children's Services. Ongoing staffing pressures were noted in Learning Disability and Adult Services in addition to front line children's social work teams.

Mr McCafferty stated that despite these challenges, there remains a high level of adherence to statutory functions. However, continued pressures persist in relation to unallocated cases, driven by significantly by high demand and substantive vacancies in the service brought about as a consequence of insufficient workforce supply. Mr McCafferty advised that incremental progress is expected later in the year when newly qualified staff will become available. He stated there are currently approximately 700 children in full time care. Due to staffing shortages, 26 cases had to be de allocated. Services have adapted by introducing and developing skill

mix, and this approach will continue to be upscaled across Adult Community Services and Adult Mental Health Services.

Over 80% of children in care are placed in foster care. Mr McCafferty acknowledged and commended the commitment of foster carers in opening their homes and families to meet the needs of children placed in care.

Mr McCafferty reflected on the “Trust’s pledge” (to care experienced young people) undertaken in 2017 to support care experienced young people, particularly in relation to challenges associated with housing and accommodation options, and access to education, training and employment. He explained that the Trust was noted as being unique in providing accommodation options through existing Trust estate stock, with significant contributions from Estates colleagues. Education and Training opportunities and support for young people was highlighted, with examples of care experienced young people progressing to professional qualifications, including nursing, engineering and dentistry.

Mr Stewart raised concerns regarding transitions, specifically the need for suitable accommodation. It was noted that placements can sometimes be driven by accommodation availability rather than assessed need, and that limited time is often available to plan appropriately for placements. Mr Stewart queried whether partners such as the Northern Ireland Housing Executive (NIHE) could provide further support. In response, Mr McCafferty advised that 15 jointly commissioned placements are available in the Southern Trust and funded by Supporting people and the Trust. A regional business case has been in development for some time and shared with Supporting People; however, it has not yet been finalised. This continues to present a significant challenge.

Mr McCafferty emphasised that, while challenges remain, efforts are made to ensure that care experienced young people do not become Homeless and the Trust is committed to maintaining this.

Mrs Corkey highlighted the challenges associated with transitions from children to Adult services, noting that focus is required to continue to improve interfaces between services and consistency of care for young people as they transition to adulthood.

13. SHSCT FINANCIAL PERFORMANCE MONTH 11 – ST1254/28

Mrs Marks provided an update on the Month 11 financial position.

A break-even position is currently forecast at Month 11, with a reported £3m surplus against the control total. Underspends were noted primarily within Residential Services, with most Directorates reporting underspends. Additional savings were highlighted within Pharmacy, contributing to the overall position.

She noted that February, being a shorter month, had contributed positively to the reported surplus. Agenda for Change (AfC) pay awards for wards have now been fully paid and are fully funded by SPPG.

Mrs Marks noted that while a break-even position is forecast, Mrs Marks advised that a small potential shortfall may arise; however, this is expected to be offset by existing underspends. The final financial position is subject to change as the Trust continues to work towards year-end.

She advised that Capital expenditure remains on target. Prompt payment performance was reported at 95.8%, meeting the required target. In relation to cost pressures:

- The £20m pay award was noted.
- Non-pay costs have increased by £3.5m, largely associated with maintenance works coming through.
- Medical and surgical supplies expenditure has reduced by £1m, supported by the implementation of the TEMPre system.
- eLocum and bank usage increased slightly during the month.
- Small shortfalls were identified in minor works and transport budgets.

Mrs Marks advised that external auditors are currently on site for end year work, with no feedback received at this stage. Work is progressing towards the draft year-end financial position.

The Board approved the Financial Performance Report Month 11

14. COMMITTEE CHAIR REPORTS

i) Audit and Risk Assurance Committee, 19th February 2026

Mrs Ensor noted no issues for escalation. She referred to the internal audit on child protection that provided limited assurance. She informed the Board that despite this limited assurance internal audit

confirmed the service is safe and risks are proactively being managed.

ii) Governance Committee, 26th February 2026

Mr Stewart and the Chair on behalf of Mr Johnston noted no issues for escalation. The Chair advised that following discussions with the Department of Health a change of the Committees name from Governance Committee to the Patient Safety and Quality Committee. The Board approved this change.

The Board approved the renaming of the Governance Committee to the Patient Safety and Quality Committee

iii) Finance and Performance Committee, 5th March 2026

Mr Hughes noted no issues for escalation. He stated the Committee concern that regional cessation waiting list activity non-recurrent funding in April 2026 will have a significant impact on patient waits. Mr Spoerry noted that following regional discussions with the Commissioner quarter 1 2026/27 funding will be maintained.

15. APPLICATION OF TRUST SEAL ST1254/29

Mrs Marks presented the applications for Trust Seal, these were approved.

The Board approved the Application of the Trust Seal

16. TRUST BOARD MEETING SCHEDULE 2027 ST1254/30

The Chair presented the Trust Board meeting schedule for 2027, this was approved.

The Board approved the Trust Board Meeting Schedule for 2027

17. ANY OTHER NOTIFIED BUSINESS

No other business was noted.

The Chair asked the Executive Directors of Finance, Procurement and Estates, 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
- Mrs Marks noted no issues

The date of the next meeting will be Thursday, 28th May 2026 at 10.30 a.m.

PAPERS FOR INFORMATION

Members noted the following agenda items for information purposes.

a. Finance and Performance Committee

- Minutes of meeting held on 5th March 2026

b. Population Health and Partnership Committee

- Minutes of meeting held 12th March 2026
- Committee Work Programme
- Committee Terms of Reference

c. Governance Committee

- Minutes of meeting held on 26th February 2026

d. Audit and Risk Assurance Committee

- Minutes of meeting held on 30th October 2025
- Minutes of meeting held on 19th February 2026
- Committee Terms of Reference

e. People and Culture Committee

- Minutes of meeting held 2nd March 2026
- Committee Work Programme
- Committee Terms of Reference

f. Charitable Trust Funds Committee

- Minutes of meeting held 26th January 2026

- Committee Work Programme
- Committee Terms of Reference

g. Southern Health and Social Care Trust Highlights

h. Chair and Non-Executive Directors Engagement

i. Chief Executive's Engagement for Trust Board