

**Minutes of a Meeting of the Finance, Performance and Workforce Committee held on Monday, 8<sup>th</sup> September 2025 at 10.00 a.m. in the Boardroom, Trust HQ, Craigavon**

**PRESENT:**

Mr A Hughes, Non-Executive Director (*Chair*)  
Ms E Mullan, Trust Chair  
Mrs L Ensor, Non-Executive Director  
Mr S Spoerry Interim Chief Executive  
Mr C McCafferty, Executive Director of Social Work/Director of Children and Young People's Services  
Ms E Wilson, Director of Planning, Performance and Informatics  
Ms C Teggart, Executive Director of Finance, Procurement and Estates  
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery, AHP's and Functional Support Services

**IN ATTENDANCE:**

Mrs V Toal, Director of Human Resources and Organisational Development  
Ms J McGall, Director of Mental Health and Disability Services (item 5i)  
Mrs T Reid, Director of Medicine & Unscheduled Care (item 13)  
Mrs C Cassells, Assistant Director of Financial Management  
Mrs D Livingstone, Assistant Director Performance Improvement  
Mrs S. Rowe, Assistant Director Finance  
Mrs S Judt, Board Assurance Manager  
Mr B. Creighton, Committee Secretary

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. There were no apologies.

**2. DECLARATION OF INTERESTS**

The Chair asked members to declare any conflict of interests in relation to items on the agenda. There were none noted.

### 3. CHAIR'S BUSINESS

None noted.

### 4. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 13th March 2025, were previously approved via email and presented to Trust Board on 3<sup>rd</sup> April 2025.

### 5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the progress updates on the matters arising template.

- Regional Support for Financial Recovery – Critical Friend Final Report - request for an action plan

Ms Teggart advised that Ms Brigitte Worth, Director of Finance, DoH, is setting up a working group to work through a regional action plan.

***Action: To be retained as a matter arising***

#### i) **Presentation on Medical Locums**

Mrs McGall and Mrs Toal presented a summary of the work of the Regional Medical Locum Reduction Steering Group. It provided information on a range of ongoing regional workforce planning initiatives, including reducing reliance on locum doctors, implementing electronic rostering and enhancing agency scrutiny. They addressed the following areas:

- **Locum Reduction Strategies:** The need to identify opportunities to replace locums with permanent staff, monitor appointments and control spend, with a particular focus on vulnerable specialties such as haematology and stroke. Dr Austin, Ms McGall and Mrs Toal are advancing work in these areas, aiming to reduce high-cost locum usage.
- **Electronic Rostering Implementation:** The Committee discussed the limited current use of electronic rostering systems and the plan to

expand their implementation, starting with Medicine and Unscheduled Care Directorate. Procurement of the system is a priority, with the expectation that electronic rostering will yield significant savings and improve workforce management into 2026/27.

- Agency Scrutiny and Controls: Ms McGall noted she is leading internal efforts to scrutinise agency usage and enact operational protocols, aiming to strengthen controls over agency staff appointments and spending. The Committee emphasised the importance of monitoring and communication and drawing parallels with previous nursing agency reduction initiatives.
- Regional Collaboration and Committee Oversight: Mrs Toal raised the value of mutual accountability and regional collaboration. Mr Spoerry proposed that the Committee in Common should oversee agency-related work streams and approve terms of reference, thereby increasing transparency and adherence to regional guidance. Ms Mullan confirmed that locum/agency reduction is one of the four areas of work identified for the Committee in Common. Ms Mullan agreed to raise this area at the next meeting of the Committee in Common on 10<sup>th</sup> September 2025.

***Action: Ms Mullan***

## **STANDING REPORTS**

### **6. UNALLOCATED CHILDCARE CASES REPORT**

Mr McCafferty noted the Children's Services workforce and demand challenges including increased referrals for children with disabilities, unallocated cases, staff retention, and the introduction of new support roles, with robust governance and improvement plans in place. He specifically noted the following:

- There is an average of 1,100 referrals per month to CYPS Gateway services.
- As at 31 July 2025, the number of weekly unallocated cases stood at 233 (down from 256 in March 25). Whilst the number of Unallocated

Disability Cases (177) remains high many are known to Autism Services and have active involvement / intervention plans.

- There remains a small number of unallocated children in care cases, totalling 45 children, from an overall population of 687 children (at end July). These cases are identified as being low risk and in settled long term foster placements. The service is committed to returning to a position of having zero unallocated children in care cases. This will be achieved by stabilisation of the workforce and an effective introduction of skills mix.

Mr McCafferty stated that the operational challenges continue, including the availability and recruitment of social workers across CYPS (particularly within the Family Intervention, Gateway Service and Looked After Children's Teams), inadequate regional workforce supply and increasing demand for services.

Members noted the assurances from the Director and Chief Executive in relation to the mitigations in place across all teams to reduce risk and strengthen systems of governance including the proactive monitoring and prioritisation of Unallocated Gateway Cases. The Committee was pleased to note that there are no unallocated Child Protection Cases.

***Action: Mr McCafferty and Mr Hughes to meet to discuss the content/format of the Childcare Cases Report.***

## **PERFORMANCE REPORTING**

### **7. STRATEGIC OUTCOME MEASURES**

Mrs Wilson and Mrs Livingstone briefed the Committee on the transition from service delivery plan (SDP) measures to strategic outcome measures (SOMs) highlighting challenges in data validation and stabilisation following the Encompass system go-live, and compared progress with other Trusts.

Members were advised that 36 SOMs were submitted to SPPG for Quarter 1 2025/26. In terms of data confidence, 21 were assessed as red, 3 amber,

3 green and 9 are still to be assessed. Work is ongoing to validate the SOMs reports and increase the confidence levels in reporting in advance of the next outturn submission to SPPG on 7<sup>th</sup> October 2025.

The Committee is currently receiving reports on these measures, which focuses on data validation, rather than performance management, due to ongoing system stabilisation.

## **8. ENCOMPASS ACTIVITY STABILISATION**

Mrs Livingstone explained that confidence in reportable data remains low due to mapping issues, incomplete activity alignment, and ongoing system stabilisation. The team is concentrating resources on areas where data quality can be improved, working closely with operational staff and the EPIC/Encompass teams.

Members were advised that the Performance and Informatics teams are working through the stabilisation issues with the aim that these will be resolved in line with the Trust's implementation deadline of 31<sup>st</sup> October 2025. However, the scale of change and the need for all staff to adapt to new workflows remain significant challenges.

Ms Wilson stated that in terms of validating data to provide a high degree of confidence, the Department of Health (SPPG) expects faster progress due to prior learning from the other Trusts, but reminded the Committee that regardless of the learning from other Trusts, the Southern Trust has 15,000 staff who need to learn a new way of working, which remains a significant challenge for any Trust and therefore the provision of high confidence data will take some time.

The Committee noted that this work is progressing, as expected, for such a major change programme.

## **9. SUPPORT & INTERVENTION FRAMEWORK**

Ms Wilson presented the Support and Intervention Framework (SIF). The Committee discussed the escalated areas, levels of concern, and ongoing governance for performance improvement, with a focus on ED/unscheduled care, theatre utilisation, and ambulance handover times. Ms Wilson noted

the SIF, developed by SPPG, categorises areas of concern into five levels. Currently there are no level four or five escalations within the Trust.

Ms Wilson provided a verbal update on the most recent position in relation to the SIF at the start of September 2025 as follows:-

2 Level 1 areas (July: 4)

5 Level 2 areas (July:4)

3 Level 3 areas (July: 3)

Following discussion on Theatre utilisation, the following action was agreed:-

***Action: A specific session on Theatre Utilisation Review to be arranged for the next Committee meeting***

## **FINANCE REPORTING**

### **10. FINANCE REPORT MONTH 4**

Mrs Teggart and Mrs Cassells presented the month 4 financial report, advising that for the four months ending 31<sup>st</sup> July 2025, the Trust is reporting a small surplus under the expected variance control total of £12k.

- **Deficit Position and Savings Targets:** The trust is forecasting a £16.4m deficit (with a worst case scenario deficit of c£20m) , with savings targets underachieved by c£1.8m (para 11 below). The financial plan assumes full achievement of £35m in savings, with additional regional savings required to address the overall gap. Ms Teggart expressed the importance of ensuring that Directorate spend within control total and that savings targets are achieved by year end in order to remain within deficit total.
- **Flexible Spend and Agency Usage:** Flexible payroll spend remains consistent with last year, with medical agency and nursing bank as the largest contributors. Conversion of locum posts and enhanced recruitment protocols are being implemented to reduce reliance on temporary staff.

- Accelerated Savings and Regional Collaboration: The Trust is participating in a regional accelerated savings group, aiming to deliver an additional £1.5–1.6m in savings, primarily through reductions in nursing agency and medical locum spend. Programme boards and directorate meetings are being held to monitor progress and identify further opportunities.
- It was noted that the Opening budget notification from the Department confirming that c£21m of deficit funding was being provided.

The Committee remain concerned at the continued overspend in Medicine and Unscheduled Care due to the non-achievement of the medical agency target and increased medical pay costs.

Members noted that the Trust is currently undertaking a detailed mapping of where medical locums are deployed. This medical locum spend project will remain a priority in 2025/26. A new approach to this challenge is currently being progressed with a dedicated project manager under the RISE programme.

## **11. IMPLEMENTATION AND MONITORING OF FINANCIAL CONTINGENCY / SAVINGS PLAN - RISE**

Ms Teggart spoke to a paper which provides an overview of the arrangements for managing the RISE savings programme to ensure 2025/26 savings of £35m are delivered. She noted that anticipated savings at Month 4 was £8.8m with an achievement of £7.0m. This demonstrates an underachievement of £1.8m at Month 4. The main area of underachievement continues to be expenditure within Medical Locum and Nursing Workforce areas and this is a risk for the Trust. The responsibility lies with Budget holders to ensure that savings targets are achieved. If individual savings targets are not expected to be realised, alternative measures should be in place immediately to ensure the Trust spends within reported deficit.

Members noted that efforts remain focused on improving the position against all proposals in the coming months.

## **12. UPDATE ON FINANCIAL PLAN 2025/26**

At this point, Mr Spoerry advised of a letter to HSC Chief Executives from the Permanent Secretary dated 2<sup>nd</sup> September 2025 on 2025/26 Financial Plans. He stated that Trusts are being asked to submit their revised breakeven plans by 22<sup>nd</sup> September 2025.

The Committee expressed concern at the magnitude of the required savings and queried whether the regional enablers will be able to generate sufficient savings within a relatively short timescale.

The Committee welcomed the proactive ‘turnaround’ mitigation plans that are being developed and the work of the RISE programme managers to reduce the negative variances within some Directorates.

## **13. MEDICINE & UNSCHEDULED CARE 2023/24 FINANCIAL OVERSPEND REVIEW / ACTION PLAN**

Mrs Reid updated the Committee on Unscheduled care improvements, medical and nursing recruitment successes, ongoing challenges in consultant recruitment, and financial controls, with action plans for further progress. Of particular note were the following:-

- **Medical and Nursing Recruitment:** There have been recent successes including medical and nursing substantive recruitment, with ongoing efforts to fill consultant vacancies and minimise agency spend. There remain challenges with substantive medical recruitment, particularly in general internal medicine and on the DHH site. Weekly meetings are held to review shifts and maintain strong control over workforce costs.
- **Financial Controls and Action Plans:** Financial controls have improved, with a small surplus reported at month four. Action plans are in place to address areas of concern, including conversion from contracted equipment to Trust procured equipment, with continued monitoring and reporting to SLT and the Committee.

## **WORKFORCE REPORTING**

### **14. PEOPLE DASHBOARD**

Mrs Toal provided a comprehensive workforce report for the Committee, covering staff turnover, recruitment activity, sickness absence, training compliance, and appraisal rates, with ongoing initiatives to improve recruitment speed and workforce stabilisation. Key elements discussed as follows:

- **Staff Turnover and Recruitment Activity:** Turnover decreased to 7.7% in June 2025, with recruitment activity increased from the same period last year. KPIs for recruitment time to fill and pre-employment checks have been consistently met in Q1 of 2025/26, though candidate experience and manager performance remain areas for improvement.
- **Sickness Absence and Accountability:** Sickness absence rates have reduced slightly, with the Trust maintaining the lowest rates among HSC Trusts. Accountability meetings are being set up across directorates to further address absence and meet departmental reduction targets.
- **Training and Appraisal Compliance:** Corporate mandatory training compliance stands at 78%, with some areas in red due to new programmes and impact of Encompass implementation. Non-medical appraisal rates have dropped, also due to Encompass implementation, prompting escalation action plans to improve compliance by year-end.
- **Recruitment Model and System Challenges:** The Committee discussed ongoing issues with the HSC recruit system and the need for a mixed recruitment model, aiming to retain more control over certain staff groups and expedite recruitment processes, especially for high-volume roles like domiciliary care.

### **15. COMMITTEE ANNUAL REPORT 2024/25**

The Committee approved the Finance, Performance and Workforce Annual Report 2024/25.



**16. MEETING DATES FOR 2026**

The Committee approved the Finance, Performance and Workforce Meeting Dates for 2026.

**17. ANY OTHER BUSINESS**

No other business was noted.

*The meeting ended at 1:05 p.m.*

*Date of next meeting 4th December 2025*