

**Minutes of a Meeting of the Finance and Performance  
Committee held on Thursday, 4<sup>th</sup> December 2025 at 09.30  
a.m. in the Boardroom, Trust HQ, Craigavon**

**PRESENT:**

Mrs L Ensor, Non-Executive Director (Chair OBO of Mr A Hughes)  
Mrs G Browne, Non-Executive Director  
Ms E Wilson, Director of Planning, Performance and Informatics  
Ms C Teggart, Executive Director of Finance, Procurement and Estates via  
Teams  
Mr G Martin, Chief Nursing and Midwifery Information Officer (OBO of Mrs  
Grace Hamilton)

**IN ATTENDANCE:**

Mr C McCafferty, Executive Director of Social Work/Director of Children and  
Young People's Services  
Mr D McClements, Interim Director of surgery and clinical services  
Mrs B Hughes, Interim Assistant Director of General Surgery & ATICS  
Mrs D Livingstone, Assistant Director Performance Improvement  
Mrs S Judt, Board Assurance Manager  
Mr B Creighton, Committee Secretary

**1. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting and noted apologies

***Apologies***

Mr A Hughes, Non-Executive Director (Chair)  
Mrs Grace Hamilton, Executive director of Nursing  
Mr Steve Sperry, Interim Chief Executive

**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 08th September 2025, had been previously approved via email and were presented to Trust Board for information on 27<sup>th</sup> November 2025.

### 5. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the progress updates on the matters arising template.

### 6. PRESENTATION: THEATRE UTILISATION REVIEW

Mrs B Hughes presented a detailed review of theatre performance, highlighting improvements in list uptake and utilisation, ongoing challenges with operator and nursing availability, recruitment efforts, and the impact of pre-operative assessment capacity, with input from Lindsay and other committee members.

***Action - Nursing Recruitment Interview DNAs: Investigate and address the high rate of "Did Not Attend" (DNA) among nursing recruitment interview candidates, including seeking feedback from non-attendees and considering communication improvements in the invitation process. Mrs Hamilton***

## STANDING REPORTS

### 7. UNALLOCATED CHILDCARE CASES REPORT

Mrs C McCafferty reported on improvements in children's social work services, including reductions in unallocated cases, successful recruitment of support staff, and the introduction of new practitioner roles, while highlighting ongoing challenges in disability cases and workforce sustainability. The number of unallocated looked-after children has

decreased from over 60 in early summer to about 31, attributed to improved staffing levels. All unallocated cases have had initial assessments, and governance processes are in place to monitor and review them. High numbers of unallocated cases remain among children with disabilities, but most are supported by multiple other services. Reporting requirements mean these are still counted as unallocated social work cases, even when other support is in place.

Mc McCafferty advised that the Trust has recruited more newly qualified support staff than in previous years and secured funding to create 12 new band 5 practitioner posts, which are not professionally qualified social workers but will help reduce unallocated cases, especially in disability services. Work-related sickness absence in social work teams is around 6%, with various contributing factors. The Trust has developed support mechanisms, including bespoke training and supervision, to assist new recruits and manage the challenges of the work.

## **Finance Reporting**

### **8. FINANCIAL POSITION – MONTH 7**

Mrs C Marks provided a comprehensive update on the Trust's month 7 financial position, highlighting a reported deficit of £6.3 million, ongoing risks in medical locum and nursing agency costs, and the establishment of working groups to address savings targets, Mrs C Marks reported a £1.9 million underspend at month 7 but emphasized an overall deficit of £6.3 million, which the Trust aims to reduce by achieving a full-year savings target of £43 million.

She noted most directorates are underspending or close to their control totals, except for the medical directorate, which is overspent due to delays in a business case related to the urology inquiry. The medical directorate faces a significant overspend, primarily due to underachievement of the medical

locum savings target, with £15 million spent on locums so far and a likely shortfall of £1.3 million against a £4.8 million target. Efforts to convert locum posts to permanent roles have been slow, and the medical locum group, chaired by the medical director, has not met recently, though subgroups are monitoring exit plans.

Mrs Marks stated that the Trust has recruited approximately 117 newly qualified nurses, and a nursing workforce group led by Grace is overseeing agency usage, with physical 'turn off' of agency access in several wards. Targets are set for high-risk wards, and regular reporting and meetings are in place to monitor progress, aiming to achieve the nursing savings target for the year. Following a directive from the Permanent Secretary, an additional £8 million savings target was set, including about £1 million related to vacancy control.

Mrs Marks noted that Mrs Martina Corrigan leads a working group to monitor delayed recruitment, with each directorate assigned a vacancy control target and recruitment delays of two months being tracked monthly. Mrs C Marks stressed the importance of directors spending within their control totals and achieving savings plans, with ongoing monitoring at monthly finance focus meetings. The Trust is also preparing for the implementation of a temporary liaison platform and regional medical rates in January to improve oversight and control of locum costs.

***Action - Nursing Agency Spend Reduction: Obtain and provide more detailed information on the plan and timeline for reducing nursing agency spend, including who is controlling it and when reductions will be seen. Mrs C Marks***

***Action - General Standing Agenda Item for Financial Grip and Control: Add a standing agenda item to the committee agenda for updates on the independent critical friends review (Mr Bill Gregory and Suzanne Tracey) and the financial grip and control outcome. Mrs C Marks***

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

Mrs Marks presented the status of the savings plan and RISE programme, noting that most directorates are on or above target, with underachievement in MUSC and SCS being offset by overachievement elsewhere, and described ongoing remedial actions and workshops to address shortfalls. At month 7, most directorates have met or exceeded their savings targets, while MUSC and SCS have underachieved by £744,000 and £815,000 respectively. These shortfalls are being balanced by overachievement in other directorates, such as CYPMHD, which has significantly exceeded its target. The RISE programme team meets monthly with all directors to review performance and agree remedial actions. For SCS, reductions in enhanced care hours and agency/transport costs are being closely monitored, while MUSC is focusing on smaller savings in areas like non-consumables and transport, following a finance workshop in November.

Mr McCafferty highlighted that while his area has managed to attract and retain staff, ongoing financial pressures and the need to protect core services have limited the ability to innovate or expand, as seen with the cessation of funding for the Seasons of Life project.

Efforts to reduce agency usage in theatres have been successful, but further reductions in wards are constrained by safety concerns. The divisional nurse has identified significant reductions in bank and agency hours, but achieving the set targets remains challenging.

## **10. Financial Planning 2026-27**

Mrs Marks outlined preparations for the 2026/27 financial year, including anticipated deficits, lack of additional funding, and the need for efficiency and transformation, with plans for workshops, budget realignment, and enhanced financial governance. The Trust expects a deficit of around 7% for 2026/27, with no additional funding confirmed for Northern Ireland. The SPPG's

planning guidance is awaited, and the Trust must demonstrate efficiency and financial control in a challenging fiscal environment.

She noted workshops for the SLT and Trust Board are scheduled to review major areas for cost improvement and to prioritize savings plans. The Trust is considering whether to engage external consultants or develop an internal team for financial recovery. A budget realignment exercise is underway to ensure realistic budgets are set against actual spend, with SLT approval required for recurrent funding decisions. The Trust is also implementing the HFMA grip and control toolkit and reviewing finance business partnering roles, including a customer survey to identify areas for improvement.

Mrs Marks advised that the Trust is preparing for the rollout of the Equip HR and payroll system, expected to bring reporting efficiencies, though cash-releasing savings have not yet been quantified. Project management resources are being considered, with discussions about leveraging skills from the Encompass team.

## **11. Financial Control**

Mrs C Marks presented the spreadsheet and documents to the committee, running through some of the information in detail stating The Southern Trust is facing significant in-year financial pressures driven by rising service demand, workforce challenges, and increased operational costs. Budget structures have become increasingly misaligned with current activity and service models, limiting the effectiveness of financial control. As the Trust prepares to implement the Equip finance/HR/payroll system in 2026–27, it is critical that budgets are realistic, transparent, and aligned to service need.

She advised that the Budget Realignment Exercise sets out a structured and collaborative process to rebalance budgets, strengthen accountability, and support financial recovery. The approach focuses on ensuring that resources are distributed in line with clinical and operational priorities while maintaining safety and quality standards.

Mrs C Marks also highlighted the objectives as follows:

- Ensure budgets reflect actual operational activity and priorities.
- Identify and address areas of cost pressure and inefficiency.
- Protect patient safety and service quality.
- Strengthen accountability, visibility of savings, and overall financial control.
- Support delivery and monitoring of Cost Improvement Programme (CIP) targets.

**Approval was given by the Committee**

***Action - Project Management for Equip Implementation: A decision regarding the recruitment or assignment of a project manager for the Equip implementation is required, considering the potential use of existing project management resources before their contracts end. Mrs C Marks***

## **12. Update on the Trust's Patient Level Information and Costing System (PLICS) data**

Mrs Marks updated the committee on the implementation of the PLICS patient-level costing system, noting submission of recent data, identification of outlier areas, and plans to work with operational teams to investigate and address inefficiencies, while acknowledging resource constraints and ongoing improvements in data validation. The Trust has submitted 2024/25 Plex data and identified several areas where costs are higher than the Northern Ireland average.

Mrs Marks noted these outliers will be reviewed in collaboration with operational teams, clinicians, and medical directors to determine causes and potential improvements. Allocating resources to analyse of PLICS data remains difficult, and it has taken time to validate and ensure comparability

across trusts. The quality of data is improving annually, and the committee will receive regular updates on progress and actions taken.

## **Performance Reporting**

### **13. STRATEGIC OUTCOME MEASURES**

Both Mrs E Wilson and Mrs D Livingstone discussed the Trust's progress in reporting on strategic outcome measures, highlighting improvements in data confidence, ongoing challenges with data reliability post-Encompass, and current performance in key areas such as emergency department waits, cancer targets, and community services.

The Trust has increased the number of SOMs with high-confidence data from three to eleven, despite challenges following Encompass go-live. The team is focusing on validating data definitions and ensuring consistent reporting, with a robust approach to assessing data quality. ED 12-hour waits have increased slightly, while 24-hour waits have decreased. Cancer performance on the 62-day target is at 33%, slightly above the regional average, with ongoing issues in specific sites. The 31-day target performance is at 90%, close to the regional average.

The Trust has only achieved 8% of patients seen within the 14-day red flag breast target since May, due to system changes and staffing issues. Efforts to improve include additional activity, specialist GP support, and upcoming consultant interviews, with regional reviews ongoing. Community service data confidence remains low, but manual tracking shows progress in areas like AHP and mental health. The focus is shifting from acute to community stabilisation, with subgroup meetings and action plans to address outstanding issues.

***Actions - Gastroenterology Regional Support: Follow up with SPPG regarding the plan to address the gastroenterology position Chief Executive***

## **14. SUPPORT & INTERVENTION FRAMEWORK**

Mrs Wilson provided a verbal update on the Trust's status within the SIF, noting de-escalation of several areas due to improvements, ongoing challenges in ED and gastroenterology, and regional efforts to address workforce and service disparities. The Trust has successfully de-escalated the SAls area from the SIF, with SPPG recognising the significant work involved.

Mrs Wilson noted that the management of obstetric services has also been de-escalated to level one, reflecting robust processes despite ongoing staffing concerns. Daisy Hill has shown positive improvements in ED flow, while Craigavon remains challenged. The timely care programme is viewed as appropriate, but staff and patient pressures persist, with recent weeks showing increased strain due to illness spikes. Gastroenterology remains in crisis, with long waits and limited regional support. SPPG is considering assigning new trainees to specific trusts to address disparities, and discussions are ongoing about regionalising waiting lists and ensuring equitable access.

## **15. ENCOMPASS ACIVITY STABILISATION**

Mrs Livingstone presented this item to the committee stating during this time the primary focus was on ensuring the new technology and associated work processes became stable and reliably embedded in daily operations. The Encompass Activity Stabilisation element within this process was a 24 week programme, that ended on 02 November 2025, with the expectation that all services would have returned back to 100% of pre-encompass baselines. This report is to provide and update with an evaluation on activity stabilisation, key actions that have been highlighted and stand out are noted below:

- Work will continue with services to improve the recording, reporting and accuracy of all activity data not only to ensure the Trust receives credit for the volume of activity it completes but also to improve the quality and safety of care it provides.
- The Performance Team will continue to track and provide monthly reports to SLT and updates to the Finance & Performance Committee on those services that have not returned to pre encompass baseline levels as a result of encompass – at week 24 these services include Neurology, Gynaecology and Community Services.
- The Activity Stabilisation Sub-Group (Membership: ADs/HoS/Service Leads) will continue to provide a forum to enable discussion with operational services, supporting the return to pre-encompass activity levels. This will now turn focus to concentrate predominately on community services.
- Non-Encompass related issues impacting activity levels will continue to be monitored/discussed through Directorate Performance SLT/individual specialty meetings etc. from November 2025.

## **16. COMMITTEE TERMS OF REFERENCE**

The Committee approved the revised terms of reference

## **17. DRAFT COMMITTEE WORKPLAN 2026**

Approval given for Committee Workplan 2026 but Elieen the capital peace will come through on a quarterly basis.

## **18. ANY OTHER BUSINESS**

No other business was noted.

***The meeting ended at 1:00 p.m.***

***Date of next meeting 05th March- 2026***