

**Minutes of a Meeting of the Finance and Performance
Committee held on Thursday, 5th March 2026 at 09.00 a.m. in
the Committee Room, Trust HQ, Craigavon**

PRESENT:

Mr A Hughes, Non-Executive Director (Chair)
Mrs L Ensor, Non-Executive Director
Mrs G Browne, Non-Executive Director
Mr S Spoerry, Interim Chief Executive
Mrs E Wilson, Director of Planning, Performance and Informatics
Mrs C Marks, Executive Director of Finance, Procurement and Estates
Mrs G. Hamilton, Executive Director of Nursing.

IN ATTENDANCE:

Mr C McCafferty, Executive Director of Social Work / Director of Children and Young People's Services (Item 6)
Mrs D Livingstone, Assistant Director Performance Improvement (Items 7-11)
Mrs Emma Herron, Assistant Director of Financial Costing (Item 12 to close)
Mrs S Wallace, Head of Office
Mr B Creighton, Committee Secretary

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

2. DECLARATION OF INTERESTS

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

3. CHAIR'S BUSINESS

None noted.

4. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 4th December 2025, were taken as read and approved. It was noted there were tracked comments on the uploaded

version, it was agreed a 'clean' version would be uploaded and replace these.

5. **MATTERS ARISING FROM PREVIOUS MEETING**

Members referred to the matters arising action log in the separate document.

STANDING REPORTS

6. **UNALLOCATED CHILDCARE CASES REPORT**

Mr McCafferty stated he was confident in integrity of the Trust approach in managing unallocated childcare cases. He stated that overall, the Trust was in a better position when considering Gateway and Family Intervention Teams (FIT) which have experienced very considerable staffing challenges in recent years, Some incremental progress has been achieved with new staff joining the service in addition to the ongoing development of Skills Mix.. He stated however unallocated cases within Children with disability remains high and there is a general increase in demand within this service. He stated there is a skills mix project underway to reduce the number of unallocated cases, which is on course in terms of achieving a significant reduction moving into the summer. Mr McCafferty stated that new staff have been recruited and this along with detailed standard operating procedures and a balanced skills mix approach will assist in creating much needed additional capacity. He stated that looked after children unallocated numbers were reducing and now at 26 cases with a view to reducing to zero later in 2026. However, a continued positive trajectory is dependent on social work workforce availability.

Mr McCafferty noted the Trust was making slow but steady progress in rebuilding social work workforce capacity. He noted that where a deallocation (case previously allocated to a social worker) is noted with regards to looked after children, this is agreed by senior managers based on a risk assessed, mitigations and effective communication with parents, carers, the young person and relevant multi-disciplinary staff. Mrs Browne asked what support is offered to staff to help them in their roles. Mr McCafferty stated that mentoring, group work and ongoing training are in place to support staff. Caseloads are regularly reviewed with objective of maintaining manageable workloads and making adjustments as necessary..

Mr Spoerry stated he felt the risk stratification approach was good and prioritises cases sensibly. He also welcomed the recruitment of new social workers. Mrs Ensor asked regarding staff absences. Mr McCafferty stated there was high maternity leave in the teams and sick leave varies across the service. He again emphasised that maximising skills mix approach was crucial to maintaining the service.

Mr Hughes congratulated Mr McCafferty on his teams work to date. He noted that limited Internal Audit report regarding Children's Safeguarding does not give the whole picture of all the actions taken within the service towards maintaining a safe service. Mr McCafferty, whilst contextualising the audit inspection during a time of significant staff shortages, and high leave, i.e. December period, welcomed the audit finding and recommendations which have been progressed with the objective of service improvements

PERFORMANCE REPORTING

7. CAPITAL ALLOCATION PLAN

Mrs Wilson referred to the Trust Capital Allocation Plan. She stated the Trust had implemented a new process for capital allocation, establishing four subgroups to prioritise funding based on criteria such as service risk, quality, safety, and equipment need, resulting in improved allocation and a significant additional allocation in December. In response to Committee questions Mrs Wilson noted that capital allowances are generally ring-fenced and cannot be used to offset revenue deficits, though the Trust seeks opportunities to invest capital in ways that reduce revenue costs, such as invest-to-save schemes. The committee discussed investments in sustainability and energy efficiency, including solar panels and heat pumps, which have led to a reduction in energy costs, with further reductions expected as these initiatives expand. Mrs Marks advised the Trust uses a company to hedge energy purchases, aiming to mitigate cost increases, and continues to monitor the impact of energy prices on financial projections, especially given the volatility of oil and electricity markets.

8. STRATEGIC OUTCOME MEASURES UPDATE

Mrs Wilson stated the Trust has been preparing to report against the regional Strategic Outcome Measures (SOMs) however noted there will now be new Department of Health targets for Trusts in addition to the SOMs.

Mrs Livingstone presented updates on performance metrics, urgent and elective care improvements, waiting list initiatives, and the risks associated with reduced funding for these programs, highlighting both progress and ongoing challenges. Mrs Livingstone reported improvements in data confidence levels, with 21 out of 31 metrics now at medium to high confidence and provided regional comparisons showing the Trust's performance is in line with peers.

She noted that significant reductions in long waits for urgent and elective care were achieved, including a 41% reduction in red flag cases and a 27% reduction in inpatient long waits, supported by substantial investment through the Waiting List Initiative (WLI) and independent sector contracts. The committee collectively expressed concern that future reductions in WLI funding could reverse recent gains in waiting list management, as much of the progress depends on continued financial support for these initiatives.

Mrs Livingstone advised that outpatient waits in general are increasing and an administrative validation process for outpatients resulted in the removal of 24% of gynae and 37% of ENT cases from the waiting list, with ongoing efforts to validate all long waits and ensure accurate reporting. She also noted that while 24-hour waits in the emergency department have decreased, 12-hour waits have increased by 60%. Mr Spoerry noted that ambulance handover delays remain severe, he stated the region is planning on the adoption of the Bristol flow model to improve patient movement and reduce bottlenecks.

9. **SUPPORT AND INTERVENTION FRAMEWORK UPDATE**

Mrs Wilson stated that the Support and Intervention Framework (SIF) presented was the same that was presented at Trust Board as the last scheduled SIF meeting was cancelled by the SPPG. She noted that Craigavon Area Hospital productivity was still positive however challenges remained. Mr Spoerry noted that the Gastroenterology services was in a much better position with no red flag waits expected by the end of March and commended the team for this. However, he cautioned that the improvements were linked to investment that will end at the close of this financial year. He stated that if there is no further funding serious clinical risk will again

materialise quickly. He stated he has sought external critical friend input to help support any potential improvements for the service.

Regarding Consultant psychiatry staffing Mr Spoerry advised that the Committee in Common is considering what can be done to support this. He noted that for a considerable time the Trust has been asked to take ownership of a catchment area around Kilkeel which is currently serviced by the South-Eastern Trust. He stated that although this geographically could be serviced by the Southern Trust this would not be possible given the current consultant psychiatry staffing shortage.

10. ENCOMPASS - ACTIVITY STABILISATION PROGRESS UPDATE

Mrs Wilson and Mrs Livingstone provided an update on Encompass stabilisation. Mrs Livingstone stated that secondary care was more stable now and the Trust is now looking towards stabilisation in the community. Mrs Livingstone advised that the system was improving and system fixes had been sorted. She advised that there was a new dashboard for CAHMS now available. She advised that she hoped community would be stabilised soon in terms of Encompass and noted that where there were any gaps in recorded activity due to implementation these could be credited retrospectively.

Mrs Wilson stated the Trust is keen to get any outstanding issues fixed prior to a planned Encompass upgrade. She noted that it is important to establish a culture where data is used locally and closer to the services to support ownership and improvement.

11. CHKS – EXTERNAL

Mrs Livingstone referred to the Trust CHKS benchmarking report noting the Trust is strongly performing in several areas. She drew the committee's attention to mortality rates in Craigavon Area Hospital which although had shown an increase were not found to be statistically significant and had been discussed with Dr Damian Gormley, Deputy Medical Director. She noted that length of stay was higher than peers and work was underway to reduce length of stay. Mr Spoerry stated that this was good assurance for the Committee and Board in fulfilling its oversight of quality duty.

FINANCE REPORTING

12. UPDATE ON MUSC EXTERNAL REVIEW

Mrs Marks provided an update on the MUSC External Review carried out by Mr Bill Gregory. Mrs Marks stated their report and recommendations were brought to this Committee and action plan in response developed. She noted that actions had been progressed and a significant action that relates to the realignment of budgets is in its final stages of completion. She advised that some recommendations related to staffing including identifying uncommissioned posts and further reduction in temporary staffing and elements such as Telford staffing levels were being progressed. She noted that the RISE programme had a key role in monitoring the progress on this.

Mr Hughes asked if this work was moving to be 'business as usual', Mrs Marks stated that MUSC is a high risk area and financial controls have improved but there is more work to be completed. Mr Spoerry stated that there is more work to align finances required and set accurate budgets. He noted that the Trust Medical Summit in April will help develop a model for alignment. He added that this will be a process to correct rather than a sudden switchover. Mrs Marks concluded stating MUSC spend was within its control total for the year.

13. FINANCIAL POSITION 25-26

Mrs Marks presented the Month 10 Trust Financial Position. She noted it is similar to previous months in terms of forecasting an end year breakeven position. She referred to the pay award and an increase in costs of £5m in January which was predicted due to winter pressures. Mrs Marks noted the Trust was in a good overall position and stated directorates were spending within their control totals. She noted NIAO were undertaking their interim audit activity currently and transactional testing is underway. Mr Hughes asked if accruals and provisions had an impact on this position Mrs Marks confirmed it did noting that some supplier accounts have now been able to be cleansed and removed.

Mrs Ensor asked regarding the MHD underspend. Mrs Marks advised this is mostly within Memory services and an inability to secure independent placements and difficult recruiting to inpatient services. She noted this has been an ongoing position and the service has been unable to spend the levels of funding received. Mrs Marks advised that a discussion on MHD control totals for future years will take place. She noted that spending on

dementia services for older persons is overspent and discussions between ACS and MHD were ongoing . Mrs Marks noted that some of the underspend MHD monies will be realigned to support ACS as there is a significant overlap in service provision. Mrs Marks noted it has been a difficult year however the RISE programme has been crucial in achievements. Mr Hughes asked if there were any downsides to reduction in nurse agency spend, Mrs Hamilton stated this was the opposite as it provided stability for teams.

14. RESTRUCTURE OF RISE PROGRAMME

Mrs Marks advised that SLT had considered what the RISE programme could look like going forward. It was agreed that in order to continue with delivery additional resourcing will be required as the team currently consists of senior staff who have other substantive roles. She advised that the Chief Executive is the Senior Responsible Officer for the programme with the Director of PPI and Director of Finance as leads. She advised that there is a number of workstreams with various leads for instance the medical reform, nursing utilisation and workforce improvement. The cost for the RISE programme for 2026/27 was expected to be in the regional of £500k. Mrs Browne asked what the market availability of staff with the required skills is, Mrs Wilson stated there is no guarantee all posts will be able to be recruited to.

15. FINANCIAL PLANNING 2026/27

Mrs Marks stated that following the Trust receipt of the Permanent Secretary's letter dated 12 February 2026, which issued the Strategic and Operational Planning Guidance 2026/27, the Trust submitted a draft response to the Department of Health on 27 February 2026. This included high level savings scenarios, incorporating modelling of up to 6% savings with indicative consideration of 12% measures. Mrs Marks stated the Trust was given a very short time frame but made it clear, the response was submitted on draft form to support engagement and discussion with the DoH and SPPG. The draft had not yet been presented to or approved by Trust Board. She confirmed that further detailed work was required to refine both the financial measures and the service impact assessments.

Mrs Wilson referred to the planning guidance stated the Trust response follows a thematic approach. She noted that it will be difficult to reconcile the reality of delivering improvements while at the same time enacting significant

saving measures. Both Mrs Marks and Mrs Wilson stated the Trust expects written feedback on the draft by the end of this week. Mrs Marks stated that currently the Trust is working towards assessing what the impact of 6% budget reduction will look like in terms of high and catastrophic measures.

Mrs Marks referred to phase one savings that focus on low to medium impact measures such as further nursing conversion, reducing enhanced patient care, cutting escalated beds, and targeting agency and locum costs, while phase two would require high or catastrophic impact actions, including deeper workforce and service reductions. She noted that key savings are expected from workforce planning, including vacancy controls, not filling posts, reducing overtime and allowances, and rationalizing contracts and estate usage. Mrs Marks noted the Trust faces an opening deficit of approximately £20 million for 2026-27, driven by growth in high-cost placements, drugs, and non-recurrent savings, with ongoing efforts to reassess and reduce this gap through the outlined savings measures.

Mr Hughes asked if any buildings can be disposed of to save costs, Mrs Marks stated this is being considered however the first stage is the removal of private leasing and better space utilisation across the Trust.

In summary Mrs Marks noted the final return is due by 20th March. She noted the financial plan will be brought to the Board for agreement.

16. EXTERNAL REVIEW CRITICAL FRIEND AND GRIP AND CONTROL

Mrs Marks noted that following the regional review of financial controls with Trusts carried out by Mrs Suzanne Tracey and Mr Bill Gregory in 24-25 10 recommendations were made. She noted that currently 6 are complete, 4 are amber. She advised that these recommendations are on target for completion for the end of this financial year however with Assistant Director absence leave this has been difficult. She drew the committee's attention to the recommendation regarding the frequency of Finance and Performance Committee meetings. She explained that the review suggested monthly meetings would be preferable however it was felt by the Trust that quarterly is sufficient. The Committee agreed with retaining quarterly meetings.

17. PATIENT LEVEL INFORMATION AND COSTING SYSTEM (PLICS) DATA UPDATE

Mrs Marks stated the Trust met the deadline for submission of the 2024/25 PLICS data and the Trust was awaiting on SPPG to collate and provide regional position. She advised that a regional sub group had been established to help support the best use of PLICS data however have not had the opportunity to use this to improve services or pathways yet. Mrs Marks informed the Committee that the Trust has engaged IQVIA to assist the analysis of PLICS data to advise the Trust on areas to focus on using the outcomes of PLICS. Mrs Marks stated that validation of data will be important to ensure any comparisons are realistic as possible. She noted that PLICS data had been extremely useful in NHS England when driving improvements. Mr Hughes asked are all Trusts engaging with this, Mrs Marks confirmed they are. She noted it would take time for PLICS data usage to bed in. Also, Mrs Marks stated that as NHS England and HSCNI has a different structure direct comparisons are not straightforward however the ability to do this in the future would be desirable.

OTHER MATTERS

18. CORPORATE RISK REGISTER

The Chair and committee noted the committee's role in reviewing the risk register in keeping with all other Trust Board committees.

19. ITEMS TO ESCALATE TO TRUST BOARD

The Committee agreed that the risk to service provision that is linked to waiting list non-recurrent funding including the discussed risks post March 2026 with the Gastroenterology service should be escalated to the Trust Board given the significant clinical risks associated with this.

20. ANY OTHER BUSINESS

Mrs Marks stated that she wished to bring an update on the EQUIP system implementation to the next meeting.



***ACTION - AGENDA ITEM FOR AN UPDATE ON EQUIP AT JUNE 2026
MEETING***

The meeting ended at 12:15 p.m.

Date of next meeting 18th June 2026