

**Minutes of a Meeting of the Finance, Performance and
Workforce Committee held on Thursday, 19th September 2024
at 9.00 a.m. in the Boardroom, Trust HQ, Craigavon**

PRESENT:

Mrs H McCartan, Non-Executive Director (*Chair*)

Ms E Mullan, Trust Chair

Mrs L Ensor, Non-Executive Director

Ms C Teggart, Director of Finance, Procurement and Estates

Mrs H Trouton, Executive Director of Nursing, Midwifery, Allied Health Professionals, Functional Support Services and IPC (deputising for the Chief Executive)

Ms E Wilson, Director of Planning, Performance and Informatics

IN ATTENDANCE:

Mrs V Toal, Director of Human Resources and Organisational Development

Mrs M O'Hagan, Programme Director for Transformation & Improvement

Mrs D Livingstone, Assistant Director of Performance Improvement and Contract Management

Mrs S Rowe, Assistant Director of Costing, Efficiencies and Capital

Mr C McCafferty, Director of CYP/ Executive Director of Social Work
(*Item 6*)

Mr B Gregory, Critical friend (Observer)

Mrs S Judt, Board Assurance Manager

Mrs L Gribben, Committee Secretary

APOLOGIES:

Dr M O'Kane, Chief Executive

Mrs C Cassells, Assistant Director of Financial Management

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted the apologies above.

2. **DECLARATION OF INTERESTS**

The Chair asked members to declare any potential 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 30th May 2024, were taken as read and agreed as an accurate record of the meeting.

5. **MATTERS ARISING FROM PREVIOUS MEETING**

Members noted the progress updates.

In relation to Mr Martin Dillon attending the Confidential Trust Board meeting on 26th September 2024, Ms Mullan advised that as Mr Dillon is unavailable on that date, she proposed inviting him to the Trust Board Review Day on 24th October 2024.

Action: Ms Mullan

Mrs Ensor highlighted that she had emailed some questions/comments at the end of the last meeting in relation to RISE structures for Mrs O'Hagan's response. The Chair advised that she would return to this action once Mrs O'Hagan joined the meeting.

6. **UNALLOCATED CHILDCARE CASES REPORT**

Mr McCafferty presented the above-named report and noted that as at 30th August 2024, there were in total 218 unallocated cases, which is an increase from 116 the previous quarter. There are no unallocated Child Protection cases.

Mr McCafferty guided members through the report and highlighted the positive cross-divisional collective leadership approach in relation to the prioritisation and allocation of work which is working well in the

Directorate. He explained that this is a direct result of a number of Quality Improvement initiatives and the development of a skills mix approach to children's services teams in order to increase direct contact with children.

The Directorate's key focus is to maintain the integrity of Child Protection Services, which was acknowledged by the Committee.

Mr McCafferty explained that the 218 unallocated cases were spread across Family Support cases (52) Gateway (21) and Children with Disabilities (145) as at 30th August 2024. Mr McCafferty highlighted the fact that the number of Gateway cases is currently in single digits and members noted the upward trend in Children with Disabilities Cases.

Mr McCafferty noted that the Trust is in line with other Trusts and he reminded members to be mindful that the service is still dealing with the aftermath of Covid-19, austerity and poverty.

Mr McCafferty reported on those areas of concern and challenge. He noted that the Trust has a number of Looked After Children LAC (44) without an allocated social worker due to increasing numbers of LAC Children and social worker vacancy levels. He reassured members that the children are being supported by various different professionals/family support workers who are in settled long term foster placements. As a consequence of the increased number of children in Care alongside current social work vacancy levels, the Directorate is unable to maintain a named social worker aligned to all children in care. Mr McCafferty stated that all unallocated cases have been reviewed by a Senior Manager and prioritisation of actions identified. Cases which have been placed on an unallocated list have been specifically identified as low risk and in settled long term placements. As new social workers take up post in the coming months, it is hoped that unallocated childcare cases will reduce.

Mr McCafferty provided additional information on the staffing challenges. He advised on the difficulty in maintaining a full complement of staff in the context of social work vacancies, maternity and sick leave, however members recognised the incremental recovery and marginal gains which are making an impact.

Mrs McCartan stated that from a Committee point of view, it was positive to note the reduction in unallocated cases in Gateway as a result of a quality improvement initiative. In relation to newly qualified social workers, Mrs McCartan asked if the Trust was seeing the benefit of these extra staff, to which Mr McCafferty stated that 38 final year students were placed in the Southern Trust and almost all of them had accepted permanent posts with around 22 going into children's services and 16 among adult services. He stated that whilst this extra staffing resource was welcome, social work vacancies remain.

Ms Mullan asked about the Job Description for the Social Work assistant role. Mr McCafferty stated that there had been discussions regionally and a draft Job Description is with the Chief Social Work Officer in the DoH. He stated that there is a commitment from SPPG that this post needs to be funded as priority. Ms Mullan advised that the Trust Chairs had met with the Minister the previous week in relation to a single assessment process for children's services asking for a regional approach in line with the Southern Trust approach. She paid credit to Mr McCafferty and his team for their successful implementation of this approach.

Mr McCafferty left the meeting at this point.

COMBINED REPORTING

7i. COMBINED PERFORMANCE, FINANCE AND WORKFORCE REPORT AND APPENDICES

Ms Wilson began by advising that the report was an attempt at a consolidated performance, finance and workforce report. It contains a summary of the performance metrics across the Trust. Detailed reports are included within the appendices. Ms Wilson welcomed feedback on the report and stated that it is expected that the integrated nature of reporting to the Committee will evolve over time, not least following the implementation of Encompass and Equip programmes.

ii. **Appendix 1, Financial Performance Month 5**

At the invitation of the Chair, Ms Teggart presented the financial performance report at month 5 as follows:-

- The Trust is reporting a deficit of £33k at month 5 against control total, which largely reflects the underachievement of savings of £874k. The forecast deficit at month 5 relates mainly to pressures of £1.6m, a potential under achievement of savings target of £2m based on progress to date, forecasted overspend against control total £2.4m, netted off against positive pay award adjustment of £2m.
- The Trust's savings target is £22m including £5m additional target which is due to be extracted from month 6. Of the savings target of £4.35m at month 5, £3.47m has been achieved with an underachievement of £874k or 5% of the target to date. The main areas of underachievement are medical locum, flexible other agency, closure of Ramone and MH&LD Inpatient nursing conversion.
- As at month 5, £2.552m has been spent. The Trust is forecasted to spend a further £28.5m, £5m in General Capital and £23.5m in specific schemes.
- The Trust prompt payment performance in the month of August was 95.7% with cumulative position to date of 96.1%. Therefore, the Trust met its prompt payment target in August and on the cumulative year to date position is on target.
- For the period ending August 2024, the Trust is forecasting a deficit of £4m which reflects: pressures of £1.6m, a potential under achievement of savings target of £2m based on progress to date, forecasted over spend against control total £2.4m, netted off against positive pay award adjustment of £2m.

Ms Teggart concluded by advising that the Financial Plan forecast relies on both the achievement of savings, which has slipped to an underachievement of £874k at Month 05, and that the underlying expenditure trends remain stable and within forecast.

Mrs McCartan noted that the highest percentage of costs were staffing including nursing agency costs and locums. She asked if there were

frameworks and protocols in place and if so, were these producing results? Mrs Toal clarified the terminology around frameworks. She explained that the agency framework which will be procured for medical and dental is a regional framework which is going through the final stages of legal checking before the tendering processes commence.

Ms Teggart mentioned that the savings in relation to international medical recruitment was not being achieved as quickly as planned. She stated that a number of directorates have firm plans in place re locum reduction and will start to see the results of this going forward. Reducing agency nursing spend is on target.

Mrs McCartan expressed her concern that the Trust has underachieved on its savings targets at this point and referred to those areas highlighted in red. She stated that there is a lot more work still to be done to achieve the savings targets. Ms Teggart reiterated the focus needs to be on the medical locums and reducing the numbers with the measures in place.

Ms Mullan raised that fact that the Trust was aware in months 3,4 and 5 that medical locum spend was an issue and queried why a group to focus on this was only being established now. Mrs O'Hagan advised that a group was set up last year, but as that approach was not working, a group was then set up chaired by Ms McGall and has been in place for around 6 weeks.

Mr Gregory made the point that the Trust was not alone in this challenge as regards medical locum rates and everyone needed to work together to on a framework He mentioned that a quick win would be service design of DHH.

iii. Appendix 2. SDP performance

Ms Wilson referred members to the Trust SDP Scorecard in their papers. She stated that reporting is monitored monthly and reported to PTEB quarterly. Internal Performance Management with Director and Divisional Medical Director oversight arrangements are in place and will continue to support this focus on service delivery. Ms Wilson advised that there are 14 Service Delivery Plan areas containing 69 individual service metrics/outcomes. 55% of measures were on or

partially on track as at July 2024. The Southern Trust had the lowest number of indicators assessed as red but second highest that are deemed to be unacceptable. The Southern Trust are within overall tolerance at 41%.

Members were advised that performance improvement trajectories have been circulated to operational teams relevant to the 9 SDP under performing speciality areas. A detailed report will be produced following this work.

At this point, Mrs Livingstone spoke of the ENT deep dive - the approach and actions taken and the outcomes achieved to date. She stated that time scales have been agreed and monitoring is ongoing.

Mrs Livingstone reported that in relation to Cancer services, performance regionally was poor with no targets being met. She stated that the Trust's performance against the 31-day target whilst above the regional average, was still not meeting the target. She also stated that regionally, the 14-day pathway breast cancer performance fell to 31% in Quarter 1 2024/25 from 41% the previous quarter. To increase performance, the Trust has introduced an insourcing model which continues and has secured the sessions till end of year and a new breast Consultant started in June which should see some improvements in performance in quarters 3-4 onwards. No Trust met the 95% target against the 62 day pathway.

Mrs McCartan asked about Cardiology to which Ms Wilson advised that with staff returning from maternity leave and new staff joining in cardiology, this was already showing an improvement.

iv. Waiting List Access Times

Members noted receipt of Appendix III on access waiting times.

At this point, Mrs Toal reported on workforce performance and highlighted key statistics from the Workforce Information Dashboard.

Mrs McCartan particularly raised sickness absence and appraisals as areas requiring focus.

Mrs McCartan stated that in her view, there was too much information in the workforce dashboard and she welcomed more qualitative analysis.

Mrs Ensor stated that a summary of the key issues would be helpful. Mrs Toal acknowledged that by combining the 3 documents into 1, the report cover sheet was missing.

8. STRATEGIC OUTCOMES FRAMEWORK UPDATE

Ms Wilson gave a verbal update. She explained that the Systems Oversight Measures represent the performance accountability of the system's service providers and convey the key Departmental and Ministerial priorities for the year ahead. The Service Oversight Measures have been structured around 6 key domains (outlined below) to provide a more comprehensive view of current issues and challenges:

- Performance;
- Safety & Quality;
- Finance & Governance;
- Efficiency & Productivity;
- Access Improvement & Tackling Health Inequalities; and
- Workforce

Ms Wilson stated that SPPG initially proposed to implement in shadow form from September 2024 however following further engagement with Trusts around the themes and outcome measures, further guidance is awaited from SPPG. It is expected that SOMs will be implemented from 2025/26 onwards.

9. BLUESTONE USC PROJECT PRESENTATION

Mrs McCartan welcomed Ms McGall, Mr Walker and Mr McEntee to the meeting. Mr Walker outlined the main aim and objectives of the project as follows:-

- 100% patients in Adult Mental Health will have their Acute care managed in the least restrictive way, with smooth transitions across the Acute care pathway;

- Reduce unnecessary time spent in In-patient wards by keeping teams targeted and focused on progressing care delivery;
- Increase referrers knowledge of Home Treatment thresholds and capacity;
- Increase service user satisfaction and engagement with the new Acute Care Pathway, Bluestone and Home Treatment;
- Improve governance around the transition of care and positive risk taking.

Actions that have been completed so far include:-

- Dedicated inpatient Consultants
- Improved communication
- Staff learning
- Safeward Rollouts
- RCPsych accreditation programme
- Recruitment of 2x HTCH in-reach practitioners
- Transition/warm handover discharge planning epdA
- Improved gatekeeping -composed and strengthened patient pathways, acuity tool, protocols, processes and community partnerships.

Mrs McCartan thanked Ms McGall, Mr Walker and Mr McEntee and, on behalf of members, commended this transformational quality improvement project which is delivering improved outcomes for patients and service users.

10. FINANCIAL RECOVERY UPDATE

Ms Teggart spoke to the timeline in members' papers advising that on 21 May 2024, Trusts were asked to produce a Financial Contingency 2024-25 and high-level Financial Recovery Plan. SPPG focused on Financial Contingency given pressures being faced in 2024-2025 and work stalled on a Financial Recovery Plan. SPPG/DoH held a Regional Workshop on 13 August 2024, which was facilitated by Regional Critical Friends Suzanne Tracey and Bill Gregory. Regional

enablers were discussed and agreed would be taken forward by Regional Delivering Value Programme Board.

Ms Teggart advised of a letter from SPPG received on 21 August 2024 seeking Trusts to produce a first draft (Stage 1) Financial Recovery Plan to be submitted by 27 September 2024, to be further refined over the coming months which sets out planning assumptions to be used.

Ms Teggart stated that the top 5 regional areas to be taken forward for financial recovery noted at the workshop for regional collaboration are as follows:

1. Medical workforce reform
2. Nurse Stabilisation
3. Community Flow - Home Care Productivity Initiative
4. Productivity Initiatives - Theatre Utilisation / DNAs / ALOS, Day Care/ In-patient Ratios, OP Reform, Day Care Opening Times
5. Procurement - Reduced Variation in Consumables

Regional Projects will be set up for each area with leads across SPPG/Trusts (not yet in place), reporting to Regional Delivering Value Working Group.

SPPG confirmed the following planning assumptions for Stage 1 Financial Recovery Plan:

- 5 year plan based on 24/25 funding
- Deficit funding is reduced to zero by the end of year 3
- Pay Inflation at 3% - assumed funded
- Non-Pay inflation at 3% - assumed funded (in line with CPI)
- No funding for growth or other cost increases
- Waiting List funding continues at current levels (SHSCT £16m p.a.)

A SLT workshop took place on 12 September which outlined the sections of Stage 1 draft as required by SPPG to be submitted on 27 September 2024.

The stage 1 of the plan, following advice from SPPG/DoH will include the following:

1. Income Assumptions (Baseline position) – currently being agreed with SPPG Finance
2. Confirm recurrent savings from 2024-25 – currently being agreed with SPPG Finance
3. High level estimate and key factors of demographic growth/pressures over next 5 years – SPPG/Planning/Finance
4. Build on our draft Financial Recovery Plan submitted on 21 May 2024 – Finance costing
5. Define and cost measures agreed at workshop on 9 July 2024 – see above
6. Review high/catastrophic impact measures in Financial Contingency
7. Refer to regional workshop top 5 measures that will progress over coming months by DVPB SPPG/Trusts regional approach
8. Income generation/regional policy changes SPPG/Trusts regional approach

11. IMPLEMENTATION AND MONITORING OF FINANCIAL CONTINGENCY SAVINGS PLAN – RISE

Mrs O'Hagan spoke to the update in members' papers. She stated that the update covers the RISE savings process, and while it contains a summary of savings at month 4 (reflecting the original £17m savings target), a more fulsome savings report is included in the Financial Performance Report shared earlier in the meeting.

Mrs O'Hagan explained that the RISE Savings and Efficiencies Steering Group oversee the saving and financial recovery aspect of RISE. The group meet monthly with Directors and their leads on the individual saving schemes. Initially the Trust's savings target was in the region of £17m confirmed in June 2024, however this increased to £22m as a further £5m saving was asked of the Trust in August 2024. In addition to this sum, the Trust has known unfunded in-year cost pressures of £2.2m which must also be accounted for if the Trust is to achieve its 2024/25 control total of £37m deficit. Members noted that the Directorate "Savings Meetings" process commenced on 1 July, with

each Director and their team having a dedicated meeting focusing on progress of delivering their saving schemes.. Mrs O'Hagan advised that it became apparent that the current schedule of Directorate Savings Meetings required adjustment to improve the responsiveness and efficacy of the process. This is now reset to move all the Directorate Savings Steering Group meetings to 4th Wednesday of each month. This will facilitate all Directorates to utilise the most up-to-date monthly Finance Report (i.e., maximum of 4 weeks from month-end) and will reflect as "live" a financial position as is practically possible.

Mrs O'Hagan advised that a second element of the RISE savings work is to support the establishment of rigorous progress to deliver on the savings required from the use of temporary, bank and locum usage with Medicine, Nursing, and "other" professional groupings. To that end, there are two corporate groups; one is well-established and ongoing as stage 2. This is the Nursing & Midwifery Workforce Stabilisation Steering Group chaired by the Director of Nursing. This group is successfully on track to deliver the original £1.4m savings for Nursing Agency & Bank flexible spend and is doubling efforts to ensure processes are in place for operational Directors deliver the additional £2m savings as part of the additional £5m savings target. The second group, which has just been more recently established, is the Savings and Reset of the Southern Trust Temporary / Locum Medical Workforce Steering Group chaired by the Medical Director who is the SRO for delivering £4.12m savings this year. This group will extend beyond the delivery of savings as its medium to longer-term objectives are to review, challenge and reset the practice of engaging with temporary / locum medical staff (all grades) in the Southern Trust and establish better controls regarding the use of locum doctors going forward. Mrs O'Hagan stated that it was important to note that the establishment and work plan of both these groups is a recommendation in the MUSC Finance Review undertaken by Mr Martin Dillon. The third group to oversee the delivery of £0.55m savings from the flexi spend of "Other" agency & bank e.g. admin, AHP, etc., is in the process of being established. This will reflect the arrangement in place for the nursing and medical groups above.

Mrs O'Hagan concluded by advising that the work of the RISE Savings Steering Group continues to report to the RISE Programme Board.

At this point, Mrs O'Hagan stated that she had received questions from Mrs Ensor on the RISE structures following the previous meeting and she undertook to provide a response to these.

Action - Mrs O'Hagan

12. MEDICINE AND UNSCHEDULED CARE 2023-24 FINANCIAL OVERSPEND FINAL REPORT AND ACTION PLAN

Members considered the final report and welcomed the fact that the Trust has accepted the findings and recommendations in the MUSC Financial Review. The Committee noted the 11 recommendations of which 7 pertain to the wider Trust and 5 specific to the MUSC Directorate, and the on-going work to prepare an action plan to reconcile recommendations from recent reviews and identify gaps.

13. SHSCT FINANCIAL MANAGEMENT AND OVERSIGHT, LEARNING AND MISSED OPPORTUNITIES REVIEW (Update on Action Plan)

Members noted the Action Plan. Mrs O'Hagan reported that of the 51 individual actions, 42 have been/ are on target to be/ completed, and 5 actions have commenced, but are not yet due. Members welcomed the progress made.

14. PATIENT LEVEL INFORMATION AND COSTING SYSTEM (PLICS) PROJECT

Mrs S Rowe, Assistant Director, provided an overview of the Regional PLIC system. She explained that the project involves matching costs against activity and processing the data into the PLIC system to produce unit costs. Members welcomed this new system as it will, when fully implemented and embedded, help with integrated reporting and facilitate benchmarking with other Trusts.

Ms McCartan suggested having regular feedback on the progress of this project to the Committee.

15. MEETING DATES FOR 2025

The meeting dates for 2025 were agreed.