

**Minutes of a Meeting of the Finance, Performance and Workforce
Committee held on Thursday, 13th March 2025 at 9.00 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 C McCafferty, Acting Chief Executive
Ms E Wilson, Director of Planning, Performance and Informatics
Ms C Teggart, Executive Director of Finance, Procurement and Estates

IN ATTENDANCE:

Mrs V Toal, Director of Human Resources and Organisational Development
Mrs M O'Hagan, Programme Director for Transformation & Improvement
Ms D Murphy, Interim Director of Children and Young People's Services
Mrs T Reid, Director of Medicine & Unscheduled Care
Mrs G Hamilton, Assistant Director of Nursing, Patient Safety, Quality &
Experience (*for Mrs D Ferguson*)
Mrs C Cassells, Assistant Director of Financial Management
Mrs D Livingstone, Assistant Director Performance Improvement
Mrs S. Rowe, Assistant Director Finance
Mr C Stewart, Non-Executive Director (*observer*)
Mrs S Judt, Board Assurance Manager
Mr B. Creighton, Committee Secretary

APOLOGIES:

Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery, AHP's and
Functional Support Services

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 28th November 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 on the matters arising template.

Mr McCafferty asked for the reference to the Cervical Cytology Review Activity and Outcome Report to be removed as it was not part of the discussion at the last meeting.

Mr McCafferty advised of plans to redesign the unallocated childcare cases reporting template with the new proforma to be presented at the next meeting. Mr McCafferty also stated that he will be bringing a detailed Executive Director of Social Work report to the Trust Board meeting on 3rd April 2025 and this will cover the social work workforce planning elements. In relation to domestic abuse services, Mr McCafferty advised that a presentation will be provided to Trust Board in the Autumn 2025.

Action: Presentation to Trust Board meeting in Autumn 2025

STANDING REPORTS

6. UNALLOCATED CHILDCARE CASES REPORT

Mrs Murphy presented the above-named report which provides an overview of risk in relation to Children and Young People's Services unallocated social work cases resulting in children and families experiencing increased waiting times for assessment and intervention at family support level. Members noted that as of 31st January 2025, there were in total 256 unallocated cases, with unallocated cases remaining high within Children with Disability Teams. There are no unallocated child protection cases.

Mrs Murphy referred members to the detail in the report regarding referrals to Trust and statutory casework, the subsequent impact of social work vacancies in allocation of family support assessment and intervention to children and families. She advised that as a consequence of the increased number of children in care in addition to social work vacancy levels, there is a small number of unallocated children in care cases, totalling 40 children from an overall population of approximately 691 children. Cases which have been placed on an unallocated list have been specifically identified as low risk and in settled long term foster placements.

Mrs Murphy reported on areas of improvement as detailed in the report. In response to a question from Mrs Ensor, Mr McCafferty explained the extensive support programme in place for social work staff through the social work workforce training and development programme. Mrs Ensor asked if there had been any improvement in social work recruitment to which Mr McCafferty stated that there continues to be a major challenge in the regional recruitment of social workers across Children and Young People's Services. Within the Family Intervention Teams and Children in Care Teams, there are ongoing challenges in recruitment and retention of social work staff, with limited net gain in social work practitioners. Mr McCafferty advised that the Trust continues to progress targeted supports in relation to recruitment to attract social worker locally and nationally and to promoting retention of social workers within frontline childcare teams.

Mr McCafferty referenced the robust governance arrangements put in place to manage the associated risk, including escalation processes and he commended staff in the Children and Young People's Services Directorate

for the quality improvement and innovative approaches to minimise unallocated cases.

Mr Hughes stated that he was assured by the risk-based approach to unallocated cases and the actions being taken to manage the challenges and mitigate the impact. Ms Mullan asked if this Trust was an outlier in relation to unallocated childcare cases and the social work deficits. Mrs Murphy advised that this was not the case as the Trust has the lowest number of unallocated cases across the region and there are similarities across all Trusts as regards workforce deficits. Ms Mullan stated that in recent visits to Children's Homes with the newly appointed Non-Executive Directors, it was obvious the impact on the home where staffing levels were in place and where there were staffing challenges and it was important to be mindful of this. Ms Mullan spoke of the Programme for Government and the investment in multi-disciplinary teams and raised the potential impact on the Trust. Mr McCafferty stated that the issue of the multi-disciplinary team is a concern and whilst recruitment of social workers has been postponed for 12 months, the introduction of the multi-disciplinary team will happen. Ms Mullan noted that the Trust has done all it reasonably can and asked should the social work deficit risk be escalated? Mr McCafferty stated that this risk has been escalated to the SPPG and to the Department of Health at every opportunity and they are well aware of the challenges. He spoke of the creation of the new social care role which is still subject to negotiation with Staff Side. Ms Mullan stated that following a recent meeting of the HSC Trust Chairs with the Minister, it was agreed that a discussion on shared risks (across the system) was required. This will be an item for discussion with the incoming Permanent Secretary.

7. FINANCIAL PERFORMANCE – Month 10

Ms Teggart presented the financial performance report for the 10 months ended 31st January 2025. This provides an analysis of the use of the Trust's financial resources to aid decision-making and to raise an awareness/highlight areas requiring further action. Ms Teggart advised that at month 10 the Trust is reporting a surplus under control total of £310k. She stated that the Trust continues to forecast a break-even position for year end with remaining pressures (being Encompass and Pension Flexibility) being covered due to additional growth funding from SPPG. While breakeven is forecasted, the Medicine and Unscheduled Care Directorate (MUSC) continues to overspend due to additional beds, including those agreed for Daisy Hill Hospital and 2 South. This overspend is mitigated by underspends

elsewhere. The underspend in relation to winter pressures reported in month 9 is now expended in full. Ms Teggart stated that it is expected that underlying expenditure trends remain stable and within control totals and that the full £22m Low/Medium Impact savings plans will be achieved due to the continued positive movement in savings targets reported at Month 10, in particular the overachievement in Nursing saving target. The forecast position as noted is after an agreed non-recurrent retraction of £2m to SPPG.

Ms Teggart emphasised that to achieve the forecasted position, costs must be contained within agreed spend allocations, in particular, within the MUSC Directorate which continues to be a financial risk given the overspend in excess of control total. Directorates to continue to ensure robust plans are implemented to fully achieve all £22m savings targets and RISE continues to challenge and monitor non-achievement of targets. Medical workforce group to report on medical locum target.

Mr Stewart welcomed the fact that the Trust is forecasting a break-even position and congratulated Ms Teggart, the finance team and the SLT on the excellent work undertaken to date in difficult circumstances to achieve the end year projection. He raised the issue of medical locum staff spend and asked if the Trust felt there was sufficient insight and understanding as to the reasons why this savings target is so difficult to achieve. He also asked that looking forward, was the Trust confident that it has a strategy for improved success next year?

Mr McCafferty advised that whilst the full detail of all of the medical locum spend was not available, the Trust is aware of the reasons and is currently undertaking a detailed mapping of where medical locums are deployed. The difficulty is that there are escalated beds linked to Winter pressures that require nursing and medical cover and the Trust needs to find a way of de-escalating these. He noted that the Trust would not be able to realise the medical locum savings in year as this required regional drivers to facilitate and he outlined the regional work taking place in relation to agency locum reduction.

Mrs O'Hagan advised that the medical bank and agency spend and the saving required will remain a priority moving into 2025/26. The Trust is taking a different approach and a new approach to this challenge is currently being progressed with a dedicated project manager and 3 workstreams under the Reform & Improvement branch of the RISE programme. This project is also directly linked with the regional work on medical bank and agency to

maximise the Trust input into that process and to enable the changes that will be required as the regional work progresses.

Ms Mullan raised her concern at the continual overspend in Medicine & Unscheduled Care due to non-achievement of the medical agency target and increased medical pay costs and the issue of uncommissioned beds. Mr McCafferty advised that a plan is in place for the gradual reduction of the beds, but he emphasised that achievement of this by 1st April 2025 will be highly challenging. He went on to advise that the Trust has to be careful not to switch off the additional capacity as it could manifest itself elsewhere. The SLT are also closely monitoring the outcomes and benefits of the Winter Plan including, in particular, planned costs associated with Timely Care.

Mrs Toal suggested that a presentation on the various aspects of regional and local work taking place on medical locums would be useful for the Committee.

Action: Presentation to be scheduled for 18th September 2025 meeting

8. REGIONAL SUPPORT FOR FINANCIAL RECOVERY – CRITICAL FRIEND FINAL REPORT

Ms Teggart presented the above-named report. She explained the background to the review which was commissioned by the Permanent Secretary across all Trusts. Suzanne Tracey and Bill Gregory from NHS England were commissioned as external advisors to carry out the review of financial processes using the HFMA financial recovery checklist.

Ms Teggart stated that the report for the Southern Trust highlights areas that are working well and has identified a number of improvements. She advised that whilst no major risks or concerns were identified, a number of recommendations have been made in the report to further strengthen the financial controls in the Trust. These will be assessed across recommendations made across Trusts. Following consideration by SLT and Trust Board, an action plan will be prepared to take forward the implementation of the areas of improvement as highlighted in the report. The Trusts have agreed to share their reports to highlight and learn from examples of good practice and shared learning across Trusts. There has been no feedback to date from SPPG or the Department.

The report was discussed. Mrs Ensor raised the point about enhancing the effectiveness of this Committee and felt the Committee needed to further consider this. Mr McCafferty stated that the report is helpful and advised that recommendations within the Trust's gift will be taken forward. He acknowledged the work to be done on culture, learning and development and, in particular, clinical engagement. He referred to the ask for sign off of plans before the end of the financial year which he stated was problematic in the absence of multi-year budgets.

Ms Mullan welcomed the report as being very helpful and coming full circle to now closure of this process. She acknowledged the work of Ms Teggart, the finance team and the SLT in terms of the progress made. She stated that the recommendation of additional meetings of this Committee will be explored as well as a piece of work about ensuring the right information comes to the right committee and at the right level being mindful not to overburden the SLT.

Action: Action Plan to Finance, Performance and Workforce Committee

9. DRAFT FINANCIAL PLAN 2025/26

Ms Teggart provided an update on the draft Financial Plan 2025/26. She advised that the Trust had been asked to produce a balanced budget plan based on the indicative budget allocation from SPPG for submission by 7th February 2025. She reminded members that a presentation on the draft plan had been provided to Trust Board prior to 7th February 2025 and since then, there have been 2 further financial planning workshops with good engagement from staff and clinicians with a number of potential areas of savings identified. The draft financial and associated appendices were included in members' papers.

Ms Teggart advised that the Trust's draft 2025-26 indicative budget allocation excludes £37.6m funding allocated in 2024-25 to meet the deficit. She stated that this funding was a key enabler, along with implementation of £22m savings target, to reach a forecasted break-even in 2024-25. She stated that the Trust's financial position going into 25/26 financial year is an overall deficit of £46.5m. She explained that the draft financial plan provides for the delivery of savings of £27.9m in 2025-26, which will be challenging however, will have the least impact on patient safety and service delivery. If

the Trust is to find further savings to cover the remaining deficit of £46.5m to achieve break-even, this will require the implementation of a range of high/catastrophic measures that would result in a fundamental failure of service delivery and immediate increased risk to life.

Members noted that the Trust was set a challenging savings target in 2024-25 of £22m and is on track to achieve this target. Ms Teggart explained that this was achievable through making tough decisions on reducing spend with the least impact on service delivery and robust monitoring process with strong financial controls in place through the RISE (Reform, Improvement, Savings & Efficiency) Programme. The Trust has now limited options to achieve further low/medium impact savings in 2025-26. Of the savings delivered in 2024-25 £18.3m is deemed recurrent or repeatable savings that can be carried forward into 2025-26.

Following a review of low and medium impact savings, the Trust has also identified further low/medium non/recurrent recovery measures in 2025-26 of £9.673m. Ms Teggart stated that one of the savings measures is a reduction in the costs of the Urology Services Inquiry. She advised of a target of £4m of potential savings from areas identified at the two workshops, however the savings plan falls short of this amount and further areas for reduced spend within Directorates will be required.

Ms Teggart stated that it had been her intention to bring a paper to the Trust Board meeting on 3rd April 2025, but there has been no feedback from SPPG/Department on the Trust's financial plan. Mr C McCafferty advised that he was aware of recent meetings between Department of Finance and the Treasury and the SPPG want to understand the outcome of these before engaging with Trusts.

Mrs Ensor referenced the 3% increase on National Insurance contributions and stated that it was her understanding that HSC Trusts would not be affected. Ms Teggart advised that the Trust will be subject to National Insurance increases and SPPG has stated that they will consider funding for this increase. Mrs Cassells further advised that the Trust has fed back its pressures and the National Insurance pressures are included in the plan.

Ms Mullan welcomed the reduction in USI spend in 2025/26. She asked about funding for Timely Care to which Mr McCafferty advised that discussions were ongoing and the Trust remains optimistic about receiving some support funding. Ms Mullan also asked about funding for the

additional overnight acute stays, to which Ms Teggart stated there will be no funding in the plan for either Timely Care or the additional beds after the 31st March 2025.

10. IMPLEMENTATION AND MONITORING OF FINANCIAL CONTINGENCY/SAVINGS PLAN – RISE

Ms O'Hagan explained that the RISE programme has 2 branches - one is **R**eform and **I**mprovement and the other is **S**avings and **E**fficiencies. For this committee the focus is on the Savings & Efficiencies branch of RISE, with committee oversight on the current financial position, specifically related to the savings targets and cash release savings plan.

Mrs O'Hagan stated that the approach to the management of the Trust's 2024/25 savings plan as outlined in the paper has provided the required structured focus and support necessary to ensure that savings plans were identified, monitored and appropriate mitigation steps put in place to facilitate operational delivery. She highlighted that several proposals are over delivering on the expected savings at this point in the year including staff travel, discretionary spend, flexible nursing agency/bank and GP Out of Hours. These are off setting the under achievement of saving predominantly in medical bank and agency and as reported under agenda item no.7, the Trust anticipates that full achievement of its £22m savings target can be achieved by year-end.

Referring to risks and challenges, Ms M. O'Hagan advised that the main area of underachievement continues to be within medical bank & agency spend. As referenced under No.7 above, the delivery of these savings in 2025/26 is a Trust priority.

Ms Mullan commended the RISE programme process which has demonstrated its value.

Mrs T Reid joined the meeting for the next item

11. MEDICINE & UNSCHEDULED CARE 2023/24 FINANCIAL OVERSPEND REVIEW

Mrs T Reid spoke to the update on the Action Plan. She stated that the Directorate welcomed the report and highlighted the significant areas of

improvement. She noted there are still areas of challenge given the current financial position and further savings to be recovered in 2025/26. Ms Teggart concurred with Mrs Reid's comments and stated that there will need to be an understanding of the detailed recommendations within MUSC with support from the Directorates to take forward and implement the financial controls to keep costs within forecasted spend.

Mrs Reid raised that fact that the middle grade tier of doctors within the Emergency Department is largely unfunded. There are also significant gaps within the MUSC medical staffing.

Ms Mullan raised the reference in the action plan to the capitation gap and asked if it was likely that this would be addressed by June 2025. Ms Teggart advised that this timescale will not be achieved, but there will be a plan which will be brought to SPPG by this date.

Mr McCafferty stated that it was important to acknowledge two risks – finance and patient safety.

Mr Hughes asked that both original and new target dates are included in the action plan going forward.

Action: Mrs T Reid

12. SHSCT FINANCIAL MANAGEMENT AND OVERSIGHT, LEARNING AND MISSED OPPORTUNITIES REVIEW

Ms Teggart provided an update on the action plan provided in members' paper. A summary of the detailed report was also included in members' papers. Ms Teggart stated that the action plan shows that there are only 3 recommendations remaining yet to be implemented and which are not yet due. 94% of the actions are complete. She advised that there is currently no concern regarding the delivery of the 3 remaining recommendations/actions. Internal Audit have recently completed their follow up audit on Budgetary Control now reporting an improved position with a Satisfactory Assurance provided with no recommendations.

Members welcomed the progress made.

PERFORMANCE REPORTING

13. SERVICE DELIVERY PLAN (SDP) PERFORMANCE

Ms Wilson presented a report that provides an update on the Trust's performance (by exception) against the performance metrics set out in the 2024/25 SDP. Members noted that this was a 'light touch' version in light of the critical pathway activities required to be completed by the Performance Team in preparation for Encompass Go Live.

Mrs Livingstone spoke to the detail in the report and advised that the Trust is now measuring against 60 metrics with discussions ongoing with PHA around HCAI targets. Members were advised that based on the Trust's measure of performance against the 60 metrics, 52% of the SDP measures are 'on track or partially on track'. Members discussed that fact that with regards to SPPG RAG assessment, 17 out of 23 indicators RAG rated red for SHSCT were deemed unacceptable by SPPG in Qtr 3, 12 of which are linked to unscheduled care and the Timely Care Project. The areas noted were similar to the other Trusts. The details of the mitigating actions to address the areas deemed unacceptable were provided in the report.

Mrs Livingstone explained that a regional position is not available for 33 metrics for a range of reasons and this means it is increasingly difficult to provide a meaningful assessment of performance at a regional level. She spoke of the issues in relation to data flow and data quality from the Encompass system (already in use in three Trusts) which has resulted in gaps in SDP reporting.

Mrs Livingstone noted that it was important for the Committee to be aware of the impact Encompass will have on the Trust's performance going forward. She referred to the demand and capacity gap already within services to meet the current red flag referral demand and long waits and anticipates this will further be impacted in the lead up to and during the implementation of Encompass as a result of readiness activities and post Go Live system learning. SLT has agreed a set of principles regarding the downturn and the performance team has had discussions with specialty areas. Mr Hughes asked if the Trust was content that the Trust was getting sufficient feedback from SPPG to the issues raised to which Mrs Livingstone stated that the SPPG are very aware and that meetings are held with SPPG regularly to discuss downturn associated with Encompass go live.

Mrs Livingstone drew members' attention to a change to page 2 of the report in that the meeting with the DOH senior leadership team was on 20th February 2025 as opposed to 24th February 2025.

Mr McCafferty stated that the Trust's performance against the 14-day and 31-day Cancer targets are of significant concern. Ms Wilson advised of improvements in the 14-day target following successful recruitment in 2024. Ms Teggart referred to the theatre scheduled minutes performance and raised the fact that the deadline was 31st March 2025 for 100% achievement, with current performance sitting at 93%. Mrs Livingstone stated that she has been assured by the team that they will meet the 100% target by 31st March 2025.

Ms Mullan stated that she found the lighter touch report useful and suggested that this approach should be factored in for the future not just during Encompass. Ms Wilson agreed to reflect these comments, but also advised that it was important that the full SDP performance report was also included in members' papers at each meeting.

14. UPDATE ON THE STRATEGIC OUTCOMES FRAMEWORK AND SYSTEM OVERSIGHT MEASURES

Ms Wilson provided a verbal update. She reminded members that the SPPG wish to gain assurance from the Trusts regarding the delivery of the strategic priorities and outcomes set out in the SOFs and SOMs, ensuring they underpin strategic and operational plans for FY24/25 and FY25/26. This will be closely aligned to other mechanisms to hold Trusts to account, including sponsorship and the HSC Support and Intervention Framework. Ms Wilson stated that the Trust's response to the Strategic Outcomes Framework (SOF) and System Oversight Measures (SOM) had been approved by Trust Board on 30th January 2025.

Ms Wilson advised that reporting on SOMs is to commence on 1st April 2025 and in relation to reporting in Q1 of 2025/26, a meeting is being held with SPPG on 14th March 2025 to discuss the implications of reporting of Encompass implementation. Once clarity is received from SPPG and the arrangements for the SOF/SOM (and associated SIF) monitoring and reporting arrangements finalised, a paper will be presented to Trust Board outlining the Trust's internal governance arrangements.

In response to a question from Mr Hughes on any areas where there may be reduced reporting, Ms Wilson advised that this should be the case as the PHA is collating the information centrally in relation to the SoF and the SOMs are of a lesser number than SDP had been, and she added that the Epic system should make it easier for the Trust to report.

15. SUPPORT AND INTERVENTION FRAMEWORK

Ms Wilson spoke to a paper on the Support and Intervention Framework (SIF) launched by the Department of Health in October 2024, the purpose of which is to set out the DoH's approach for gaining assurance from HSC organisations and the approach to support and intervention where there are matters of concern. Ms Wilson explained that the framework provides five levels of escalation, and she referred members to the detail in the paper which sets out the suggested approach to reporting of the SIF within the Trust's governance structures. Ms Wilson welcomed discussion and feedback on the suggested performance monitoring arrangements of the SIF moving forward.

Ms Wilson advised that in relation to the Finance, Performance and Workforce Committee, it will be regularly sighted on the areas included at all levels within the framework and that for any Level 3 item, the Committee will receive a 'deep dive' on the performance within these areas. The Committee Chair can decide to escalate the issue to Trust Board by exception. The Committee will also be regularly sighted on any Level 4 or 5 item and receive a 'deep dive' at every meeting until the area is de-escalated. It is expected that these areas would be escalated to Trust Board.

In relation to Trust Board, Ms Wilson advised that a summary report will be provided at each Trust Board meeting in relation to all of the areas on the SIF with Level 1, 2 and 3 areas reported in the confidential section.

Action: Summary report to confidential Trust Board meeting in May 2025

16. DRAFT COMMITTEE WORKPLAN 2025

A draft 2025 Committee Workplan was included in members' papers for approval. Whilst the workplan was approved, the Chair raised the need for the plan to be flexible to include other items as the needs arises.

17. REVIEW TERMS OF REFERENCE

The Chair referred members to the Committee's Terms of Reference and advised of his intention to review these on a six-monthly basis. Ms Teggart made the point that this was a relatively new committee and more work is required on a consolidated finance, performance and workforce report and she welcomed a brainstorming session with Committee members to work through this. Ms Teggart also asked that a Committee self-assessment is carried out before the next meeting.

Action: Chair, Chief Executive and Head of Office to further consider

18. ANY OTHER BUSINESS

The Chair stated that as the next meeting is not until 18th September 2025, he would like the draft minutes of today's meeting circulated to members as soon as possible via email for their approval.

The meeting ended at 12.40 p.m.

Date of next meeting 18th September 2025