

**Minutes of a Meeting of the Finance, Performance and Workforce
Committee held on Thursday, 28th November 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 E Wilson, Director of Planning, Performance and Informatics
Mrs G Hamilton, Assistant Director, Nursing Patient Safety, Quality and Experience

IN ATTENDANCE:

Mr C McCafferty, Director of CYP/ Executive Director of Social Work (*Item 6*)
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs C Cassells, Assistant Director of Financial Management
Mrs S Rowe, Assistant Director of Costing, Efficiencies and Capital
Mrs D Livingstone, Assistant Director of Performance Improvement and Contract Management
Mrs P Tally, Assistant Director of Quality Improvement
Mr S Wallace, Head of Office

APOLOGIES:

Dr M O’Kane, Chief Executive
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs M O’Hagan, Programme Director for Transformation & Improvement
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery, Allied Health Professionals, Functional Support Services and IPC

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 19th September 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 noted on the matters arising template.

STANDING REPORTS

6. UNALLOCATED CHILDCARE CASES REPORT

Mr McCafferty presented the above-named report and noted this as the position at 31st October 2024. He noted that the report did not present a changed situation since the last reporting cycle. He referred to current pressures and high referral activity into services specifically noting increasing looked after children referrals. He stated this was a recurrent theme and is similar across the region over a 10-year period and increasing in recent year. Mr McCafferty noted an increase in demand for services for children with learning disabilities noting a 20% increase in attendance at the

5 specialist schools in the Southern Trust area. Mr McCafferty noted continued significant Social Work staffing challenges in particular long standing vacancies in all aspects of Trust social work stating this has resulted in unallocated cases however he noted appropriate mitigations were in place.

Mr McCafferty noted the continued cross divisional approach to all the directorate to be responsive to challenges. He noted that the directorate had mixed skills ratios within existing regulations and discussions with the Chief Social Worker and Department of Health regarding further flexibilities were ongoing. He noted the excellent input from the Quality Improvement team stating the social work structure looks very different than it did 3-4 years ago as a result. He noted the changes were a necessity although the modernisation of services has been a positive all around. Mr McCafferty referred to the establishment of the domestic abuse service which has been recognised regionally, he also noted a focus on developing stronger links with community and voluntary sector.

He noted that despite various initiatives there remains a significant amount of unmet need, most of which resides in the children with learning disabilities services, he noted that cases are monitored and don't have significant risk and other agencies are involved. He stated these challenges again are a result of the lack of social work workforce. Mr McCafferty referred to the ministerial announcement regarding additional funding which in the Southern Trust will be using to meet unmet need in learning disability services, he cautioned that funding alone however will not address the issues with unmet need.

The Chair thanked Mr McCafferty for his report and asked could the table on page 4 referring to unallocated cases by month be reversed to show the most recent information in descending order.

The Chair noted the challenges referenced have been noted consistently. Mr McCafferty stated the Trust has not been able to attract the required number of social workers into the service due to workforce availability. He referred to the limitations of the Trust being able to delegate the functions of

an authorised person to a non-social work trained grade. He noted if this is not able to be progressed there will be an unacceptable balance of unallocated looked after children cases with a lack of viable mitigations available.

Mrs Ensor asked is the delegation position an official position by the Department of Health. Mr McCafferty stated there were differences in interpretation of the legislation between the Trust and Department of Health and discussions are ongoing to resolve this. Ms Mullan asked is the situation similar to that of the role of Physician Associate within medical services, Mr McCafferty noted it is different and workforce regulation would not be a challenge within CYP services and this would clearly sit with NISCC.

Mr McCafferty stated the service will maximise everything possible to meet demand locally however noting without authority to delegate elements of the service there will remain a small number of unallocated cases including looked after children. He added that although the Southern Trust has the lowest number of unallocated cases in the region this is still not an acceptable position.

The Chair asked should the domestic abuse update be received by Trust Board. Ms Mullan stated this could be included under a service improvement item for 2025.

The Chair asked on progress regarding the Strategic Reform Board workstream. Mr McCafferty stated there was a lot of work ongoing including in the areas of foster care and recruitment and retention. He again referenced the significant resource challenges across the region and how this limited the ability to upscale. He noted that prevention has to be across government departments as there are many societal challenges impacting outcomes.

In conclusion Mr McCafferty updated on recent addresses by Prof Ray Jones and the Minister for Health at a conference this week, advising there was no specific announcement of a standalone Children's service Arm's Length Body

as recommended in Prof Jones report adding that any move to this model would likely require cross party-political support.

ACTION – Mr McCafferty re table sorted order on the Social Work Workforce report

ACTION – Mr McCafferty re Trust Board Quality Improvement Update on Domestic Abuse work

Mr McCafferty left the meeting at this point.

CONSOLIDATED REPORTING

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

FINANCE

Ms Cassells presented an overview of the Month 7 finance report. She noted there was a small surplus of £165k and was predicting a breakeven position for the Trust for year-end. She noted that additional £1m recurrent growth funding and a reduction in pressures including around Encompass helped achieve this. Ms Cassells stated the Trust remained mindful of winter pressures and the potential associated costs. Ms Cassells noted the overspend £1m on medical agency. She advised that the main area not achieving in this was medical locum conversion. She also noted that non pay expenditure is over £900k cumulatively which includes laboratory purchases which were economy of scale longer term savings and x-ray maintenance. Ms Cassells also noted that the Trust has benefitted from deficit funding of £37.6m. She also advised that prompt payment targets were met at 96% compliance cumulatively. She noted capital allocation of £32m will be fully spent by the end of the year.

The Chair asked if there was any additional deficit funding available, Ms Cassells stated that there was currently only the previously referenced funding of £37.6 deficit and £1m recurrent growth funding made available. The Chair commented on the good performance regarding nursing flexible

spend. Ms Cassells noted the availability of medical staff recruiting to substantive posts is a rate limiting step.

Mrs Ensor asked are those savings identified sustainable year on year. Ms Cassells confirmed these were planned as being sustainable.

PERFORMANCE

Ms Wilson began by advising that the report contained Red, Amber and Green ratings that are provided by the SPPG monthly for PTEB. She noted that each area measured consists of multiple elements which are consolidated. She noted that due to the process of consolidation the internal Trust performance figures appear to have a difference.

Elaine noted that the trust SDP measures show that 44% of areas rated as Red compared to 46% in quarter 2, improving position. She noted SPPG was interested in areas that are unacceptable and that 19 of 27 RED areas were considered as unacceptable. Ms Wilson advised that these areas were largely related to USC and Cancer waiting times that are largely in line with other regional Trusts. She advised that the recent Trust – Department of Health Ground Clearing meeting did reflect positive improvements in relation to performance.

Ms Wilson noted areas of challenge including USC advised that the Trust Timely Care Programme which has now been running for several months is targeting pre-hospital interventions, timely discharge and patient flow issues. She advised that pillar 4 of the programme will target the use of data. She advised that regarding elective care there is a continued focus on improving performance. Ms Wilson referred to the new Strategic Outcomes Framework noting she understood that this has been signed off and approved however no formal request has been made to the Trust to respond to this currently. She advised that this framework would change how we report on performance and Trusts may not have SDP measures in 2025/26.

The Chair asked about the transitional period for the strategic outcome's framework, Ms Wilson stated reporting would remain the same until the strategic outcome's framework is formally updated and issued. She added

Encompass changes will provide challenges as this will change how some data is collected noting Southern Eastern and Belfast Trusts have raised issues with reporting post Encompass go-live.

Mrs Ensor asked regarding the rationale for the Western and Southern Trust's going live on Encompass simultaneously. Ms Wilson noted this was discussed at a risk summit during the summer and it was agreed to Go Live on the same date as the WHSCT. She also noted the Trust now has over 1400 superusers registered which has exceeded the target.

Mrs Ensor asked how legacy systems will fit in with Encompass, Ms Wilson stated many will be automatically migrated and some will be required to be manually migrated. She noted that there will always be some other systems outside of Encompass only out of necessity. She added that post go live the system will be optimised regionally. Ms Mullan stated a briefing in due course for Non-Executive Directors would be useful on Encompass prior to go live. She added that all Trust chairs had expressed reservations about the Strategic Outcomes Framework in its current form and felt this requires more work. Ms Wilson noted that similar feedback to SPPG was given by the regional DoPs.

WORKFORCE

Mrs Toal noted the following key elements from her section of the report starting with workforce recruitment and retention information.

- Permanent workforce has increased by 177 head count, 104.50 whole time equivalent from 31.3.24 – as at 30.9.2024 -12,602 headcount, 10767.92 whole time equivalent.
- Decrease in temporary and block bookings – reflecting greater stabilisation of the substantive workforce.
- Staff Turnover – slightly down as at 30.9.2024 to 8.1% down from 8.4% in June 2024. This is broadly in line with 3 other Trusts. NHSCT and WHSCT are 7.6% and 7.5% respectively.
- Surgery & Clinical Services – high number of leavers 102.53whole time equivalent in comparison to new starts (78.80whole time equivalent) as at September 2024. Mrs Toal noted that IMWH and maternity services was

a stand-out area within the directorate with several leavers reasons being due to ill health, retirements and resignations, but having carried out a deeper dive into the data, she was not overly concerned at this point given the known sickness absence position in particular. Ms Mullan asked was there exit interviews for those resigning, Mrs Toal stated these are not consistent across the organisation and more work is required on this.

- Medical & Dental personnel group – 45.71 whole time equivalent leavers in comparison to 28.80 whole time equivalent new starts as a September 2024. Mrs Toal stated that this reflects NIMDTA gaps in terms of trainees and the Trust requirement to use locum or agency fill to cover these.

Mrs Toal noted significantly less recruitment ongoing as at September 2024 compared with the same period last year – 656.6 vacancies in September 2024 vs. 953.4 vacancies in September 2023 – representing 6.1% of staff in post.

She referred to the KPI performance as measured by Recruitment Shared Services Centre – these are new KPIs which are proving helpful to pinpoint areas for improvement in recruitment time lines.

- Time to fill KPI is 60 days – SHSCT performance for July (59.9) Aug (55.3) and September (63.4)
- Candidate Experience KPI is 22 days – SHSCT performance for July (34.2) Aug (33.6) and September (41.3)
- Manager Performance KPI is 10 days – SHSCT performance for July (18.2) Aug (21.1) and September (18.1)
- Pre-employment Checks KPI is 25 days – SHSCT performance for July (23.3) Aug (23.7) and September (27.6)

Mrs Toal noted in comparison with other Trusts, however, we benchmark well however there remains more work to do, she advised that better planning by managers for recruitment will assist with better timelines to fill posts. Ms Mullan asked would a regional passport help transfer between, Mrs Toal confirmed this would be of enormous benefit and is a regional goal.

Regarding sickness absence. Mrs Toal advised that cumulative Sickness Absence rate as at September 24 is 6.32% - a reduction of 0.66% on same period last year. However, she noted we now know there is an underreporting issue over the last quarter particularly, following a change in

recording of sick leave for staff on Healthroster. Sickness absence rate is expected to be higher when re-run. Mrs Toal noted sickness needs to be input by some managers to two systems – Health Roster and HRPTS which is duplication of effort. The Chair referred to a previously presented sickness reduction action plan. Mrs Toal advised that the actions remain in place and the delivery remains on the service side however noted that the HROD workforce was very stretched themselves and was limited in how much support can be provided at this time. The Chair asked that an update on the sickness reduction action plan to be included in the next workforce report for the Committee.

Mrs Toal next referred to KPIs for Occupational Health noting that KPIs for % management referrals being offered an appointment within 28 days. Average for Quarter 2 – 37 days. She noted performance is affected, particularly over summer months due to summer leave, absence, and increased referrals adding that staffing levels very tight, and therefore any spike in activity or absence of team, has an impact on performance against KPI. Other key elements noted were:

- Performance nearly always above KPI for release of management referral reports within 4 days. Dipped in Aug due to summer leave.
- KPI for % of Preemployment Health Assessments offered an appointment within 10 days – performance consistently under the 10 working days, therefore increasing recruitment time to fill. Regional issue impacted by process within Recruitment Shared Service. A regional QI programme of work is ongoing within the aim of reducing the time taken to provide clearance and improve candidate experience – due to be implemented within the next 1 to 2 months.

Regarding Corporate Mandatory Training (CMT) as at 30 September 2024 Mrs Toal noted the following:

- Overall compliance – 75%
- 4 Directorates in green, 8 in amber
- 5 CMT subjects in green, 2 amber, 2 red (corporate induction and CSCG)
- Directorates pushing for green by 31st December 2024.

With regards to Non-Medical Appraisal as at 30 September 2024 Mrs Toal noted the following:

- End of Quarter 2 – 45% - increase from 35% at end of Quarter 1.
- 7 Directorates in red, 3 in amber, 2 in green
- Directorates pushing for green by 31st December 2024.

With regards to Medical Appraisal as at 30 September 2024

- 2022 year – 3% still to be completed (13)
- 2023 year – 26% still to be completed (123)

With regards to Medical Job Planning 30 September 2024

- 67% completed for 2023/24
- 53% completed for 2024/25

Mrs Toal added the Trust is 5 months into 2024/2025 job planning and the status is increasing each month. Clinicians with job plans Awaiting Signature or In Progress are highlighted in weekly/monthly reports sent to the Directorates and they have been emailed with the offer of additional support to help progress. She advised that discussions are taking place in the Job Plan Steering Group on how to make job planning more meaningful to the clinician and the clinical managers and ongoing training is offered on both sites with a target to have over 75% of job plans completed prior to commencing the 2025/2026 Job Planning round.

Mrs Toal noted with regards to employee relations cases so far in 2024/25 there were 97 in comparison with same period last year of 110. She also referenced the following.

- Whilst grievances, performance and MHPS cases have reduced, disciplinary cases have increased by 16%.
- 13 suspensions so far this year, with 6 staff currently suspended. Longest suspension in 60 weeks – currently ongoing.
- Tribunal cases – 18 in total
- There are a number of ‘multiples’ – Holiday Pay, Sleep-in cases, and age discrimination claim.

- 2 ongoing significant personal injury claims – following bullying case, which are likely to be a significant cost to the trust.

ACTION – Mrs Toal to provide an update on the sickness reduction action plan to be included in the next Committee Workforce Report

iii. GP Access Times

Members noted receipt of Appendix III for information.

PERFORMANCE REPORTING

8. EXTERNAL ASSURANCES – CHKS ANNUAL REPORT

Mrs Livingstone referred to the CHKS report noting it provides a mechanism for benchmarking and efficiency for the Trust. She advised these reports are not just focused on activity but also consider patient safety. She advised the data that is included in the report considered elements such as length of stay, readmission rates and emergency admissions. She noted that the report helps focus work on areas that require improvement so targeted interventions can be delivered. Mr Wallace commented on the use of CHKS mortality information and their usefulness in providing safety assurance. Mrs Tally stated the ability to benchmark against peers was key.

The committee members accepted this report for assurance.

9. PERFORMANCE TRAJECTORIES

Ms Wilson welcomed and introduced Mrs Blaitnid Hughes and Sharon Glenny to the meeting and stated that three areas of development around performance improvement, theatre utilisation and outpatients modernisation will be presented.

SDP Trajectory Forecasting

Mrs Livingstone referred to the improvements in SDP performance and noted work was undertaken to forecast what the period from now to end of year end look like. She noted that in the areas presented key factors that

impact on performance were identified as service demand, recruitment and retention, financial savings, USC pressures and demography changes. Ms Livingstone outlined the details of the trajectory work and noted services were asked to submit outturn trajectories for 24/25 which was in turn analysed against SDP performance. She noted questions posed included would the service achieve SDP, does additional capacity show improvement and would service achieve required level of activity if all its capacity had been available. She noted that limitations included the work being a single point in time and only considering 9 specialities. She also noted other concurrent work such as the Timely Care programme may influence outcomes.

The Chair asked how work has been received by staff, Mrs Livingstone stated all staff have been supportive and Ms Wilson stated director colleagues have welcomed this. Mrs Livingstone advised the SPPG area aware of this work although the details of the outworkings hasn't been shared currently.

Ms Mullan asked regarding the reduction from 42-week job planning to 31-38 week job planning, Mrs Toal noted this illustrated the value in prospective job planning. The Chair asked why the Trust is still working on SBA baselines from 2018/19, Mrs Livingstone explained that the SPPG never agreed SBA levels since due to COVID-19 and other pressures explained that this would be a significant piece of work. Mrs Wilson noted that there are areas we cannot directly influence like some recruitment where the required resource is not available.

ATICS – Theatre Utilisation

Mrs Hughes stated that CAH theatre commissioned activity is forecast to move to full commissioned activity by March 2025. She advised that DHH also presents a positive picture with plans to get to full commissioned by end of 2025. Mrs Hughes also noted that for Day Procedures Unit the Southern Trust is the only Trust across Northern Ireland to achieve a level of consistent high performance. The Chair also asked for her thanks to be extended to the DPU manager Marti McKenna for her work in achieving this.

Mrs Hughes noted challenges regarding with pre-op assessment noting this as potential point of weakness for achievement of targets. Ms Mullan asked what the solutions are to improve in this area. Mrs Hughes stated new models are being considered including developing a pre op 'pool' of patients that will allow lists to be proactively filled. Mrs Hughes also noted that when on call commitments is considered in job planning that the actual availability to undertake lists is reduced, therefore the Trust has questioned with SPPG what the actual level of commissioned activity level should look like.

Mrs Glenny provided an update on the outpatient's modernisation QR Code validation and Envoy Text Messaging service. She noted the programme was designed to combine administrative / clinical validation of all patients waiting greater than 52 weeks for both adults and paediatrics. In terms of outputs the total waiting list on commencement was 419 which then reduced to 181 (57% reduction).

Ms Glenny referred to the Envoy text message service regarding referral acknowledgement and outpatient appointment reminders. She advised that 163,458 messages had been sent with estimated savings of £12,928 with a non-attendance rate dropping from 6.4% prior to the introduction of the service to 4.2%.

10. SUPPORT & INTERVENTION FRAMEWORK ESCALATIONS

Ms Wilson referred to the SPPG Support and Intervention Framework escalation document noting this is currently being implemented. She advised that the SPPG had sent a list of 10 areas for targeted intervention advising that the CAHMS service and financial recovery position although listed will be removed. She also noted that MRI throughput is expected to be removed by December 2024 and CAH main theatre given its positive trajectory will also be removed by March 2025.

Ms Wilson noted the requirements for improvement around elements such as SAI completion and O&G services. She advised that the framework asked for de-escalations rather than direct removal and discussions regarding what moving O&G from level 4 would be, she gave an example

that the expectation would be that the development of a robust plan could move this to level 3 and the plans successful implementation would move this again to level 2.

Ms Mullan stated the framework is designed to ensure there are no surprises and will inform Trust accountability meetings with the Department of Health. She advised these are not special measures and are about support and intervention for improvement referencing the Trust's recent experience of critical friend support for financial recovery as an example of how this could work.

The committee noted the framework for assurance.

FINANCE REPORTING

11. FINANCIAL RECOVERY UPDATE

Ms Cassells noted the next update from the Trust to the Department of Health will be issued for the 10th January 2025. She noted deficit funding from the Department of Health is scheduled for next 3 years however advised that recent correspondence from the Department of Health indicates that a deepening of savings may be required in the short term. Ms Cassells stated that Trust Board engagement may be required prior to submission of the update to the Department of Health in January 2025.

Ms Cassells noted the Trust's equity gap when compared with other Trusts and noted the relationship between the deficit position and its relation to growth. She further advised that the recovery plan did not allow consideration of growth funding. Ms Cassells noted no information on budget allocation for 2025/26 was yet available from the Department of Health, she confirmed that deficit funding of £37.6m would be reduced by £11m for next financial year.

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

Ms Cassells advised the Trust had achieved £7.5m in savings in relation to the RISE programme. She advised that some projects were overachieving and some not including medical workforce, Mrs Tally confirmed that this was monitored via the RISE directorate meetings. Ms Cassells advised that sustainability of savings is a key part of the conversations with directorates. She noted at directorate meetings every element of savings is reviewed line by line at each meeting.

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

Update on Action Plan

Ms Cassells advised this will be presented to SLT next week for approval prior to further sharing.

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

Update on Action Plan

Ms Cassells referred to the financial missed opportunities review advising that of 50 actions 47 were green, in progress or on target, 1 awaiting commencement and 2 recording as amber in progress with dates of actions to be agreed. She advised that the two amber actions were being progressed. The Chair commended the positive position on the review recommendations.

15. DRAFT COMMITTEE WORKPLAN

The draft committee workplan for 2025 was deferred.

OTHER MATTERS

16. ANY OTHER BUSINESS

No other business declared. The Chair noted that the date of next meeting was 13th March 2025.