

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust

Finance & Performance Committee held on

Monday 24 February 2025 at 11.00am

in the Boardroom, Trust Headquarters, Ulster Hospital and via Teams

Present:	Mr R Havlin	Non-Executive Director (Chairman)
	Mr K Donaghy	Non-Executive Director
	Mrs S Henderson	Non-Executive Director
	Mr N McKinley	Non-Executive Director
In Attendance:	Ms W Thompson	Director of Finance & Estates
	Mrs H Moore	Director of Planning, Performance & Informatics
	Mrs E Hannaway	Asst Dir of Performance & Improvement
	Mrs C Crudden	Asst Dir Financial Performance & Capital
	Miss R Smyth	Costing & Commissioning Accountant
	Miss C Hughes	Personal Assistant (Minutes)
Apologies:	Ms S McCauley	Non-Executive Director
	Mrs J Dunlop	Asst Dir Financial Management

1. Introductions

Following introductions Mr Havlin welcomed everyone to the meeting and noted that apologies had also been received from Ms R Coulter, Chief Executive, and Mr J Patton, Trust Chairman.

2. Declaration of Conflict of Interest

All present confirmed that they had no conflict of interest with any of the items on the agenda.

3. Minutes of the Previous Meeting – 27 November 2024

The minutes of the previous meeting held on 27 November 2024 had been circulated with papers for the meeting. Those present who had attended that meeting confirmed that they were an accurate record of the meeting.

4. Matters Arising from the Previous Meeting

There were no matters arising from the previous meeting.

Action

5. Performance Presentation : Support & Intervention Framework Governance Process Action

A paper entitled “Support & Intervention Framework Governance Process” had been circulated with papers for the meeting.

Mrs Hannaway recalled discussion at the previous meeting regarding the new Strategic Outcomes Framework (SOF); System Oversight Measures (SOM) and Support & Intervention Framework (SAIF). There is now a move away from reviewing performance via the Service Delivery Plan, which had focused on increasing activity back to pre-pandemic levels, and from April 2025 the focus will be on the key deliverables detailed in the Strategic Outcomes Framework and the associated System Oversight Metrics.

During review of the circulated report, Mrs Hannaway highlighted the five levels of escalation:-

- Levels 1 – 3 : Areas of concern identified by SPPG for review/action/monitoring.
- Level 4 : Publically declared areas of concern with interventions which may include the involvement of the Permanent Secretary and the potential to have external support to the Trust.
- Level 5 : This is the highest level of escalation and would have Health Minister involvement and targeted support. There is also the potential for suspension/removal of duties from individuals or Trust Board.

Since the first correspondence outlining escalations and remedial actions on 13 December 2024, there have been two meetings chaired by Ms T McCaig, Interim Chief Operating Officer, Strategic Planning & Performance Group (SPPG). Mrs Hannaway advised that at these meeting the escalation issues had been progressed and current position on these were detailed as follows:-

- Level 3 : There are two items - Unscheduled Care (all Trusts have this item) and Lagan Valley Hospital Day Procedure Centre Utilisation/Productivity (regional service hosted by SET).
- Level 2 : There are five items as detailed in the report.
- Level 1 : There are three items as detailed in the report.

Mrs Hannaway noted, the progress which has been made to date, and outlined the proposed governance arrangements moving forward as detailed in the report ie issues would be discussed at Directorate meetings and then escalated to the Executive Management Team and then to relevant Committees and Trust Board as appropriate. This draft plan had been compiled following discussion with Mrs M McNally,

AD Risk & Management Governance. Following discussion, it was agreed that the full report of all escalation issues should be presented at the Finance & Performance Committee. Items with relevance to other Committees will also be discussed at those meetings. Confidential Trust Board will be updated on issues and, if any at Level 4 or 5, these will be highlighted at the Public Trust Board.

Action

Detailed discussion took place regarding the format of the information and, at the request of Non-Executive Directors, the following information would be included by Mrs Hannaway in future reports:-

EH

- If an issue has also been escalated to other Trusts then a note of the regional position would be included. Mrs Moore noted that SPPG had indicated that they could not share regional information but the Chief Executives have agreed to sharing their respective correspondence via her regional Directors of Planning group.
- Each issue will have a column to indicate (potentially via an arrow) if the concern has been escalated; de-escalated or remained at the level of the previous report.
- Each issue will have a column to indicate the risk register number and which register it is included on.

In response to a query regarding areas of concern only being raised by SPPG, Mrs Moore noted that the Trust has monthly performance meetings with operational Directorates and any concerns/issues can be highlighted to SPPG on the basis of seeking support/assistance. There is a culture of “no surprises” and this should ensure open and honest discussion of issues/concerns. Mr McKinley enquired if the issues report should contain (a) the Trust’s strategic priorities and (b) each issue be included on the Directorate Risk Register (DRR) or Corporate Risk Register (CRR). Mrs Moore explained that this process is focused on performance and therefore does not currently feature the Trust’s strategic priorities. Regarding inclusion of issues on the DRR/CRR, Mrs Moore noted that the issues are either included on these Registers or are mentioned in the Board Assurance Framework (BAF). She assured the Committee that the issues are all discussed at the Executive Management Team. Mrs Hannaway undertook to review the DRR/CRR/BAF and ensure that all issues are included.

Mrs Hannaway noted that the processes surrounding meeting scheduled with SPPG/PHA regarding SOF and SOM process has yet to be established. The next meeting of the Trust CE, Chairman, Mr Havlin and SPPG/PHA is being finalised for 3 April 2025 but no schedule of dates is yet available. When this becomes available, the scheduling of this Committee could be reviewed to align with these

meetings. Ms Thompson noted that the Terms of Reference for the Finance & Performance Committee will also be reviewed and presented for discussion/approval.

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WT/HM

Mr Havlin thanked Mrs Hannaway for her very informative presentation and she left the meeting.

6. Finance Report : Month 10

Ms Thompson noted that the Month 10 (January 2025) Finance Report was not presented today as it will be discussed in detail at Trust Board on Wednesday, 26 February 2025. She noted that an update on the content of the Contingency Plan had been presented at the Confidential Trust Board on 29 January 2025 and no response/update has been received to date.

7. Regional Benchmarking Information

Ms Thompson welcomed Mrs Crudden and Miss Smyth to the meeting. She outlined the background to the Costing information within Northern Ireland, which provided benchmarking in terms of the Trusts' unit costs. Information was provided at Acute and Community level but the Community information was often not comparable due to variances in the naming/attribution of information in this area. During the pandemic, work was undertaken to update the system to the Patient Level Information Costing System (PLICS) which is utilised in Wales. This has been an extremely co-operative regional process and will improve how Trusts' cost and capture activity although it was noted that the introduction of encompass has created some problems with matching/capturing activity. With the roll out of encompass to all Trusts the information may become more comparable as all Trusts should then use the same names for recording activity. The introduction of encompass may result in some data not being comparable with previous information as the activity will have been recorded in an alternative location/attribution to a different procedure eg some procedures may now be recorded as Day Cases when previously they required an Inpatient stay. Ms Thompson noted that this new data/ information is being reviewed and utilised by SPPG and this process will continue as information becomes more accurate and comparable across the region. The information may be used increasingly to direct funding decisions eg if a Trust is demonstrated to do a particular procedure more efficiently than others they may be asked to carry out more of that work.

Mrs Crudden advised that the previous system reported data to 2019/20 and, during the pandemic when activity levels

would have been incomparable with previous years, the new system was introduced and 2023/24 information is now available. The data is submitted to SPPG in late October/November and SPPG then review in advance of publication. The process to collate information commences after the close down of the Annual Accounts and the expenditure is then apportioned across all areas. Activity is then reviewed at Inpatient; Day Case; Outpatient and Community level. This information is now being reviewed by SPPG and is progressing into performance eg SOF and SOM documents referred to Fostering and this was an area of focus for the Costing Team with Children's Services Directorate to compare costs between Trust fostering and Independent Sector. Another issue flagged was Health Visiting but when the data was reviewed again it was discovered that SET had included School Nursing costs and when these were removed the information was comparable.

Mrs Crudden noted that the information can also be used to assist with services improvements via the completion of business cases/post project evaluations. For example, there has been extensive investment in the Acute Services Block and Emergency Department at the Ulster Hospital. Following submission of PLICS information, SPPG were able to review the data to check the impact on Unit Costs. She noted that this information improves the ability for Finance staff to engage with Operational Directorate staff. In response to a query regarding the level of information becoming Consultant specific and being linked to their Job Plans, Mrs Crudden indicated that it is not yet at this stage.

Mrs Crudden reported that the costing information is utilised to attribute Indices – 100 is the average with lower being more efficient and higher an indication of being less efficient. The Trust's overall Indices are now 89 – the pre-covid indices was 92. During brief discussion Mrs Crudden noted that the Day Case Indices is 77 which is mainly attributable to work in Lagan Valley Hospital at weekends and evenings. The Outpatient Indices is 99 but this is due to the data not being refined to take account of the Ambulatory Hub and work will continue to address this issue. Mrs Crudden believed that there will be a bit of flux in the Costing information until all Trusts implement encompass and the data collection is standardised. Ms Thompson commented on the regional position and noted that Belfast Trust will always be high due to regional and specialist services whilst Western Trust has issues due to location/geographical area.

In response to queries regarding how this information could be utilised to attract investment for waiting lists and Mental Health services, Mrs Crudden advised that there are a

number of Business Cases currently with SPPG to address these issues.

Action

Miss Smyth shared her screen and demonstrated the live PLICS Dashboard. The information in deep pink colour indicates those that are above average and showed how the system can be drilled down into to get the detail of the procedures included and other factors involved including Length of Stay/activity of throughput/length of procedure etc.

On behalf of the Committee Mr Havlin thanked Mrs Crudden and Miss Smyth for the detailed presentation. He found the detail presented very informative and asked that it be provided on an annual basis. Mrs Crudden and Miss Smyth left the meeting.

8. Any Other Business

Programme of Work of Committee

Mr Havlin enquired if there is a Programme of Work for this Committee. Ms Thompson undertook to work with Mrs Moore to produce a guide. She noted that there will be additional information to come to the Committee in respect of new Business Case Guidance and the new Strategic Planning process. When SPPG advise of the new SIF meeting schedule, consideration will be given to adjusting the Committee schedule to align.

WT/
HM

9. Date of Next Meeting

It was agreed that the next meeting would take place on 28 April 2025 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital. *Date subsequently changed to 19 May 2025 in order to accommodate a regional meeting.*