

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

**Minutes of a meeting of the South Eastern HSC Trust
Finance & Performance Committee held on
Monday 22 February 2021 at 11.00am
in the Boardroom, Trust Headquarters, Ulster Hospital
and via Virtual Meeting 1 Video Conferencing**

Present:	Mr M Mawhinney Mr N Brady	Non-Executive Director (Chairman) Non-Executive Director
In Attendance:	Ms W Thompson Mrs J Dunlop Mr J Patton Mr D Henderson Ms C Allam Ms E Hannaway Miss C Hughes	Director of Finance & Estates Interim AD Financial Management Interim Trust Chairman AD ICT & Telecommunications (obo Ms Coulter) AD Elective & Radiology Services (Item 10/21 only) Head of Performance & Information (Item 10/21 only) Personal Assistant
Apologies:	Ms R Coulter	Director Planning, Performance & Informatics

01/21 Welcome

Mr Mawhinney welcomed everyone to the meeting and noted that apologies had been received from Mr McGoran, Interim Chief Executive.

Action

02/21 Declaration of Conflict of Interest

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

03/21 Minutes of the Previous Meeting – 16 December 2020

The minutes of the previous meeting held on 16 December 2020, which had been circulated with papers for the meeting, were approved.

04/21 Matters Arising from the Previous Meeting

Mr Mawhinney noted that all matters arising were covered on the agenda.

05/21 Business Case : Avaya Aura Upgrade – Phase 2**Action**

A briefing paper and business case in relation to Avaya Aura Upgrade (Phase 2) had been circulated with papers for the meeting. Mr Mawhinney noted that this business case had been previously circulated and approved via e-mail. During discussion Mr Mawhinney highlighted that the Committee noted the consequences of not proceeding with this opportunity to provide support to the existing 500+ handsets and the impact on the wider strategic digitalisation framework. Mr Brady confirmed that he had discussed a few queries with Mr Henderson and was content with the responses.

Mr Mawhinney noted the approval of the Finance & Performance Committee to the business case for Avaya Aura Upgrade (Phase 2).

06/21 Business Case : Digitalisation of Domiciliary Care

A briefing paper and business case in relation to Digitalisation of Domiciliary Care had been circulated with papers for the meeting. Mr Mawhinney noted that this business case had been previously circulated and approved via e-mail.

During brief discussion Mr Henderson confirmed that this technology is used in NHS England in various settings and the pilot is being progressed in order to ensure that it is efficient for the Trust's purpose. Mr Mawhinney highlighted that the digitalisation of Domiciliary Care will enable the service to move from manual to electronic system and will complement the roll out and modernisation of the care and support system and strengthen governance.

Mr Mawhinney noted the approval of the Finance & Performance Committee to the business case for Digitalisation of Domiciliary Care.

07/21 Business Case : McWhinney Hall

A briefing paper and business case in relation to McWhinney Hall had been circulated with papers for the meeting.

Mr Mawhinney again remarked that the Business Case template is quite repetitive and would benefit from updating but accepted that this is a Department of Health (DoH) format which the Trust cannot alter.

Detailed discussion took place during which Mr Mawhinney reflect on the insufficient accommodation available on the

Ards Hospital site; the current poor state of the building; and how this development would release current shared accommodation in Lough House for Mental Health services. In response to queries from Mr Brady, Ms Thompson highlighted the following points:-

Action

- The business case value is over £1m and therefore will require Trust Board approval. If the Finance & Performance Committee granted approval to the business case today it will be presented at the Trust Board scheduled for 24 March 2021.
- The work in McWhinney Hall will enable shared Meeting Rooms in Lough House to be released for the sole use of Mental Health Services and the McWhinney Hall rooms will become bookable by the numerous Departments currently using the Lough House accommodation.
- This business case is for consideration in relation to capital expenditure in 2021/22 and will be reviewed as part of the prioritisation of capital projects by the Executive Management Team. This approval process is preparatory work to enable work to progress if it is selected for action.

Mr Brady suggested that the wording on the benefits for Mental Health Services should be strengthened and Ms Thompson undertook to update the briefing paper in this regard for Trust Board.

WT

Mr Mawhinney sought, and received, Finance & Performance Committee approval for the business case on McWhinney Hall. It will be presented for decision at Trust Board on 24 March 2021.

08/21 Finance Report – Month 10 to 31 January 2021

The Finance Report for the period to 31 January 2021 had been circulated with papers for the meeting.

Mr Mawhinney noted the information on Agency & Locum expenditure and enquired about the recruitment strategy, particularly in relation to nurses. Ms Thompson advised that there are number of strategies in operation to minimise Agency & Locum costs including:-

- A Critical Shift Premium is operated in order to prevent using off contract Agencies. This payment has been approved by the DoH as the process is outside of Agenda for Change conditions.

- Nurse recruitment is carried out via local student nurse recruitment, regional and bespoke International Nurse Recruitment exercises. These nurse recruitments are closely monitored and at the meeting last week it was noted that there have been 40 – 50 nurses recruited per month and these are having a significant impact on vacancy rates. The main complication for nurse recruitment currently involves the additional shifts required to care for Covid-19 patients in ICU and Respiratory Wards. Additional staff will also be required to prepare for the opening of the Acute Services Block.

Action

Discussion took place regarding Agency and Locum expenditure and Mr Brady recalled previous very high rates paid to individuals to cover specific posts and, whilst costs have reduced, he wondered if this practice has continued. Mrs Dunlop advised that Locums can be quite expensive and these posts are closely monitored, in line with Trust strategy, to ensure that long term usage is avoided. She undertook to provide a report at the next meeting of Consultant Level Locum expenditure.

JD

In response to a query from Mr Mawhinney regarding the previous tax liability/pension issue which affected Consultant staff, Ms Thompson confirmed that this has been resolved by HMRC.

Workforce issues facing the Trust were generally discussed and Mr Patton noted that this is an issue regionally. Workforce issues have been discussed by all Chairs and Chief Executives and the Minister and DoH staff have been made aware of the issues.

Mr Mawhinney enquired about the capital expenditure information and Ms Thompson apologised that it was not included in this draft report but would be included in the final report presented at Trust Board. During discussion Ms Thompson confirmed that additional capital expenditure has been secured during the financial year and will be fully utilised – mainly for the purchase of equipment within Theatres, ICU and Day Procedure Units. In response to a request from Mr Mawhinney, Ms Thompson agreed to provide a report at the next meeting detailing the initial capital allocation in 2020/21 and the additional funding secured during the year and how this has been utilised. This report could be provided twice per financial year.

WT

WT

Mr Mawhinney noted that significant funding has been “ring fenced” and asked if this has proven difficult to utilise. In response Ms Thompson advised that the majority of “ring fenced” funding related to Covid-19 and Transformation.

The main issues have been checking that all appropriate paperwork has been completed and approvals received between Trust, Health & Social Care Board and DoH colleagues.

Action

09/21 Financial Outlook 2021/22

A report on the Financial Outlook 2021/22 had been circulated with papers for the meeting. Mr Mawhinney thanked Ms Thompson for this Report which, whilst it is at the start of the exercise, makes very stark reading.

In presenting the Financial Outlook 2021/22 Ms Thompson advised that the draft budget consultation indicated that the only recurrent funding in the next financial year would be for the Agenda for Change pay award. Therefore, in preparation for the roll forward into 2021/22, it was necessary to estimate the Trust's recurrent position. This was a very difficult exercise given the impact of the pandemic and downturn of business as usual but liaison with Directorates resulted in an approximate roll forward deficit of £26m. This is a "best estimate" figure and the assumptions are detailed in the report. Unachieved recurrent savings have been allocated based on the budget size of each Directorate and, whilst this is a crude method of distribution, Ms Thompson believed that it keeps a clear line of sight on the savings required. She noted that traditionally non-recurrent funding would be received during the financial year for new pressures, etc, but the draft budget does not indicate this and therefore all pressures have been included in the report.

Discussion took place regarding the consultation on the draft budget and Mr Patton commented that conversations with the Minister and DFP staff have taken place. It is recognised that there is insufficient funding and the only potential additional funding will be in a Monitoring Round. He also noted that to date DoH have not raised the issue of advising Trusts about savings plans. Mr Patton advised that a joint response to the consultation will be submitted by regional Chairs.

Detailed discussion took place regarding the Financial Outlook 2021/22 and, in response to queries, Ms Thompson advised that the recurrent savings targets are imposed by the DoH and workforce issues are a regional problem. Mr Brady suggested some amendments to the report to strengthen these issues and Ms Thompson undertook to update the report before submission for Trust Board. In response to a query Ms Thompson advised that HSCB and DoH colleagues are aware of these issues.

WT

10/21 Performance Management – Cancer Rebuild**Action**

A copy of the presentation on Cancer Rebuild had been circulated with papers for the meeting. Mr Mawhinney welcomed Ms Hannaway and Ms Allam to the meeting.

During a detailed presentation Ms Hannaway advised that in the year since the last presentation to Finance & Performance Committee of Cancer performance, there have been three surges of the Coronavirus pandemic which have had a significant impact on Trust Services. To set the surges in context she noted that at the peak of Surge 1 there were 43 Covid positive inpatients; in Surge 2 there were 73 inpatients and in Surge 3 there were 112 inpatients. On 11 January 2021, due to the considerable pressures on Hospital services, the very difficult decision was taken to cancel all outpatient clinics with immediate effect in order to redeploy nursing staff to Covid Wards and the Nightingale Hospital. From 15 February 2021 it has been possible to recommence these outpatient services.

Ms Hannaway noted the Ministerial targets for Cancer Services:-

- All urgent Breast Cancer referrals should be seen within 14 days.
- At least 98% of patients diagnosed with Cancer should receive their first definitive treatment within 31 days of the decision to treat.
- At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

Ms Allam highlighted the performance against these targets and noted that the significant drop in the 14 day target in November 2020 to 33.1% related to a significant number of new patients presenting as a result of the Breast Awareness Month campaign in October 2020. She noted that the achievement of target has returned to 100% in January 2021 but is expected to dip again in February 2021 due to Surge 3 cancellations.

In relation to the other two targets, Ms Allam noted that in August 2020 there were only 11 patients treated because of the significant reduction in referrals due to the pandemic – there was a decrease of 75% of cancer referrals. This reduction in numbers is expected to result in a significant increase in patients at some stage in the near future. Ms Allam noted that the target timescales for all Cancer assessments and procedures could not be adjusted for pandemic issues and the “clock” continued as normal.

During detailed discussion of the performance information Ms Allam noted that some of the breaches of target were for a relatively short period of time, ie 1 – 3 days over target. In response to a query from Mr Brady, Ms Hannaway advised that it would be possible to analyse the dashboard information and provide a report outlining the period of time patients had breached targets and the average number who would have achieved the target. It was generally felt that this information would be very beneficial as there could be a perception that patients who had not met targets had experienced significant delays.

Action

EH

Ms Allam noted that at the beginning of the pandemic the Royal Colleges had advised that all Upper and Lower GI scopes should be cancelled and therefore no Endoscopy work was carried out during this period. Work is ongoing to address the backlog of patients and, in partnership with Independent Sector, this situation had been well improved. Today she had received confirmation of funding for Independent Sector Endoscopies until June 2021 (ie Quarter 1 of 2021/22). She noted that SET have also provided assistance to patients from other Trusts and the DoH and Trust staff have been very appreciative of this service. In response to a query she noted that there are lost slots as patients need to be swabbed three days in advance and then self-isolate. If a patient tests positive it is not possible to reallocate the slot as the swab test/self-isolation cannot take place in timescale. There are also challenges in respect of social distancing and reduced Clinic size. However Ms Allam noted that services are being rebuilt after surge 3 and progress is expected.

Ms Allam stressed the importance of Independent Sector assistance and their role in reviewing red flag patients. The need for advance confirmation of funding was highlighted as time is required to prepare services with the Independent Sector and is historically only provided in quarters of the financial year. These timescales will increase in future as increased procurement issues will affect the completion of contracts with Independent providers. In response to a query Ms Allam estimated that there had been £8.6m spend on Independent Services during 2020/21. Ms Allam also noted that to date Independent Sector providers had a tariff to adhere to for charging for specific services but in the new contract process there is no tariff and therefore the Providers will be able to charge their own prices for each procedure. This will make it impossible to estimate what services will be provided for a specific funding amount.

Brief discussion took place regarding the topic of the presentation at the next meeting. As agreed at the previous

meeting, the subject for the presentation would be Children's Services.

Action

Mr Mawhinney thanked Ms Hannaway and Ms Allam for their detailed presentation.

11/21 Any Other Business

No items were raised under Any Other Business.

12/21 Date of Next Meeting

It was agreed that the next meeting would take place on Monday 26 April 2021 at 11.00am.