

**SOUTH EASTERN HEALTH & SOCIAL CARE TRUST**

**Minutes of a meeting of the South Eastern HSC Trust**

**Finance & Performance Committee held on**

**Wednesday 15 December 2021 at 10.00am**

**in the Boardroom, Trust Headquarters, Ulster Hospital**

**and via Zoom (Link: 2421223704 Passcode: 717527)**

<b>Present:</b>	Mr M Mawhinney	Non-Executive Director (Chairman)
	Mr N Brady	Non-Executive Director
<b>In Attendance:</b>	Ms W Thompson	Director of Finance & Estates
	Mr J Patton	Interim Trust Chairman
	Ms N Dunbar	Interim Director Planning, Performance and Informatics
	Mrs J Dunlop	Assistant Dir Financial Management
	Ms E Hannaway	Interim AD Performance, Strategic and Capital Development (item 51/21 only)
	Ms C Allam	Assistant Director Elective and Radiology Services (item 51/21 only)
	Miss C Hughes	Personal Assistant

**46/21 Welcome**

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

**Action**

**47/21 Declaration of Conflict of Interest**

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

**48/21 Minutes of the Previous Meeting – 27 September 2021**

The minutes of the previous meeting held on 27 September 2021, which had been circulated with papers for the meeting, were approved.

**49/21 Matters Arising from the Previous Meeting**

Any issues arising from the previous meeting were included in the agenda.

## 50/21 Review of Terms of Reference

## Action

The current Terms of Reference of the Finance & Performance Committee had been circulated with papers for the meeting. Mr Mawhinney noted that this review was timely following recent discussions at a Trust Board Workshop regarding the roles of Committees.

During review of the Terms of Reference discussion took place regarding the following points of the Terms of Reference:-

- Item 6.2 : *To review the financial monitoring information in sufficient detail to advise the Trust Board, with confidence, concerning the financial performance of the Trust.* It was noted that this item is covered by the comments provided when the minutes of the Finance & Performance Committee are presented at Trust Board.
- Item 6.3 : *To keep Directors up to date regarding the financial outlook for the Trust and to review the key financial assumptions used in estimating the projected position.* It was agreed that the word “Directors” should be replaced with “the Board”. The Committee is a sub-committee of Trust Board. WT
- Item 6.5 : *To review achievement of cost improvements and income generation activities in line with the Trust Delivery Plan.* Ms Thompson noted that Income Generation does not form a significant element of the Trust’s income and is not therefore reported on to the Committee. It was agreed that Ms Thompson should reword this point in the Terms of Reference and consider if an amendment to the Finance Report would provide information on cost improvements. WT
- Item 6.8 : *To ensure the Director of Finance & Estates provides assurance that adequate training is delivered on an on-going basis to budget holders to enable them to manage their responsibilities.* Ms Thompson confirmed that a lot of training has been provided to budget holders but this assurance has not been provided to the Committee. This would be considered in terms of an annual review to the Committee at the end of the financial year. WT
- Item 6.9 : *To review and approve Capital Business Cases over £0.5m (£0.250m ICT).* It was suggested that the word “review” be changed to “consider” and Ms Dunbar undertook to amend this point. ND

- |   | <b>Action</b> |
|---|---------------|
| <p>➤ Item 6.10 : <i>Performance Reports will be presented on a specific area at meetings with a review of areas presented on carried out on a regular basis (every third meeting).</i> Ms Dunbar noted that highlights of the Performance Report and Scorecard are presented at the Trust Board and it was agreed that specific areas could be focused on at the Finance &amp; Performance Committee. This would give a better opportunity to drill down into the detail of the issue and give members an opportunity question or challenge. An update/progress report would be provided at the third meeting of the Committee on the previously presented items. Following brief discussion, during which concern was expressed about the lack of clarity in the wording of this item, Ms Dunbar undertook to reword this item and then circulate for comment.</p> | ND            |
| <p>➤ Item 7.2 : <i>Conduct of Meeting – All questions arising will be decided by a simple majority of those present. In the case of equal votes, the Chair will have the casting vote. It is intended that meetings will not last more than two hours.</i> During discussion it was noted that reference to “those present” should be changed to “the Committee” as it would be decision of the Committee.</p>  | WT            |
| <p>➤ List of Members of the Finance &amp; Performance Committee. Mr Mawhinney asked that the date when the “vacant post, Non-Executive Director” became vacant should be included.</p>  | WT            |

**51/21 Performance Presentation : Regional Prioritisation and Oversight**

A confidential briefing on the Regional Prioritisation and Oversight had been circulated with papers for the meeting.

During a detailed presentation Ms Allam noted that during the first wave of Covid the majority of elective surgery was cancelled or postponed due to staff absences or redeployment to ICU as the requirement rose from the commissioned 8 beds to 16 beds at one point. Theatre and Recovery staff were required to provide the additional ICU capacity and therefore Theatre capacity was significantly reduced.

In January 2021 the Regional Prioritisation and Oversight Group (RPOG) was established to review clinical/urgent patients across surgical specialties are being consistently and equitably treated across all Trusts. Ms Allam noted that meetings take place weekly and patients were categorised into the following definitions for time critical procedures:-

- Priority 1 : Urgent life threatening in need of immediate treatment.
- Priority 2 : Time critical interventions and these patients were split into four categories:-
  - P2A – Confirmed cancer with a time limited treatment window and requires treatment within 2 weeks.
  - P2B – Confirmed cancer but can be treated within 4 – 6 weeks.
  - P2C – Mainly diagnostic procedures for patients with suspected cancer (skin biopsy; thyroid or colon).
  - P2D – Benign procedures but impact on function ie time limited window as the patient would have a less than optimal outcome from the procedure.

## Action

In response to a query Ms Allam advised that patients do not move category unless there is a change in their condition.

Ms Allam noted the collaborative approach of RPOG and outlined occasions when South Eastern Trust has assisted patients from other Trusts (eg colorectal patients). Regional services are also provided at the Day Procedure Centre, Lagan Valley Hospital, for endoscopy and urology patients. South Eastern Trust had recently experienced issues with reduced capacity for breast cancer patients due to staffing issues and the Belfast Trust undertook some work to assist. In reply to a query regarding the publication of this work Ms Allam noted that these procedures have been noted in the media. However, despite this work, the waiting lists are getting longer and this news receives great media attention.

The majority of waiting list initiative work is carried out in-house, via evening and weekend clinics, and Ms Allam noted that appropriate patients are referred to the Independent Sector. Only “red flag” patients are being treated and therefore the waiting lists for routine patients continue to grow. During discussion Mr Brady commented that he is aware of the elective surgery framework as a client is in the process of joining. Ms Allam noted that some patients Do Not Attend (DNA) or fail to attend for their swabs three days before procedures and results in lost capacity – one weekend there was a 25% loss in capacity. During discussion Ms Allam advised that validation work continues on waiting lists to ensure that patients continue to require their procedures and that the correct priority rating and chronological order is recorded.

Mr Mawhinney thanked Ms Allam and Ms Hannaway for the very informative presentation and they left the meeting. Ms Dunbar also left the meeting at this point due to another commitment.

	Action
<p><b>52/21 <u>Business Case – Digitalisation of Domiciliary Care</u></b></p> <p>A briefing paper and business case for the Digitalisation of Domiciliary Care had been circulated with papers for the meeting. Mr Mawhinney noted that this business case had required urgent approval and had been e-mailed to the Committee on 22 November 2021. The papers had been reviewed at that time and the following points were noted:-</p> <ul style="list-style-type: none"> <li>➤ This would appear to be an appropriate investment in Domiciliary Care service given the projected numbers.</li> <li>➤ Over 350 of the workforce is not office based.</li> <li>➤ There were some quantifiable financial savings the focus was more on analysis of performance/use of resources.</li> </ul> <p>Mr Mawhinney confirmed the Finance &amp; Performance Committee approval for this Business Case.</p> <p>Mr Mawhinney noted that at a Trust Board Workshop Ms McNally, Assistant Director Risk Management &amp; Governance/Board Secretary, had indicated that e-mail approval may not be appropriate and a “one item” zoom meeting should be arranged. This position would be checked with Ms McNally for future actions.</p>	<p>WT</p>
<p><b>53/21 <u>Business Case – Reconfiguration of Clinical Accommodation in Maternity, Ulster Hospital</u></b></p> <p>A briefing paper and business case for the Reconfiguration of Clinical Accommodation in Maternity, UHD, had been circulated with papers for the meeting. During discussion Ms Thompson noted that there has been increased demand within Maternity and the vacation of adjacent space had allowed the development of this proposal to increase the physical space and capacity for Maternity Services.</p> <p>Mr Mawhinney sought, and received, Finance &amp; Performance Committee approval for this Business Case. It was noted that the Briefing paper did provide a clear summary of the increased accommodation and Ms Thompson undertook to have the summary expanded and shared with Committee members.</p>	<p>WT</p>
<p><b>54/21 <u>Business Case – Old Mill Surgery Extension</u></b></p> <p>A briefing paper and business case on the Old Mill Surgery Extension had been circulated with papers for the meeting. Ms Thompson noted that this business case had been completed on the new “5 Case Model” form as requested by the Department of Health (DoH). Mr Mawhinney and Mr Brady welcomed the clearer format of this form.</p>	

During discussion Mr Brady commended the detail provided within the Briefing paper. Mr Mawhinney noted that the work outlined sits within the Health & Wellbeing Strategy.

**Action**

Mr Mawhinney sought, and received, Finance & Performance Committee approval for this Business Case.

**55/21 Business Case – Crossgar Health Centre Extension**

A briefing paper and business case on the Crossgar Health Centre Extension had been circulated with papers for the meeting. Mr Mawhinney noted that this business case also linked to the strategic direction outlined in the Health & Wellbeing Strategy.

Mr Mawhinney sought, and received, Finance & Performance Committee approval for this Business Case.

**56/21 Finance Report Month 7 2021/22**

The Finance Report for Month 7 (October 2021) had been circulated with papers for the meeting.

Ms Thompson noted that the Month 7 Finance Report reflected much of the discussion at Trust Board on 24 November 2021 when the Month 6 position had been reviewed. Additional support has been provided to Trusts for specific pressures, including energy; covid; and rebuilding services, which has reduced the forecast deficit to £16.5m. Trust staff will continue to work closely with Health & Social Care Board (HSCB) and DoH colleagues regarding the potential receipt of additional funding/slippage which will continue to reduce the deficit position.

The winter months will be very challenging both clinically and financially and Ms Thompson outlined the expectations within the Directorate forecasts for higher costs over the winter period, particularly within Hospital Services. It is expected that additional covid costs will be covered. Ms Thompson commented that PPE costs are significant and it extremely difficult to forecast as they vary each month – sometimes by £0.5m between months.

In response to a query Ms Thompson advised that even if a three year financial approach is adopted, the Trusts will not be able to avail of any variances between years due to the legislative requirement to break even each year.

During discussion Mr Brady enquired about year to date financial information in the report and Ms Thompson explained that this related to funding currently received and

then the additional costs highlighted to HSCB eg for high cost cases. The budget only includes funded allocations until the additional funds are received.

**Action**

Mr Mawhinney referred to a recent newspaper article on inefficient use of resources on Agency staff. Ms Thompson noted that some Agencies, particularly off contract Agencies, charge exceptionally high rates for staff. The specific Agency referred to (Scottish Nursing Guild) is only used by South Eastern Trust within Prison Healthcare and has the lowest regional costs. During discussion Ms Thompson outlined the use of the e-roster system to track all nursing rotas and identify reasons for additional nursing requests eg patients with covid or acuity of need. Mr Patton commented that the article referred to was an example of sensationalist journalism and not telling the full story.

Mr Mawhinney asked if there have been any additional costs experienced as a result of EU Exit. Ms Thompson advised that there has been an increase in costs for capital schemes as Suppliers have increased material costs due to the NI Protocol and higher fuel charges. In respect of EU Exit, Ms Thompson commented that there are risks associated with drug availability/additional costs and work is ongoing to resolve these issues.

**57/21 Lisburn Primary Care & Community Care Centre (PCCC) Update**

An Update on Lisburn Primary & Community Care Centre had been circulated with papers for the meeting. Mr Mawhinney noted the information provided.

**58/21 Proposed Schedule of Dates for 2022**

A proposed Schedule of Dates for the Finance & Performance Committee in 2022 had been circulated with papers for the meeting. Mr Mawhinney and Mr Brady approved the schedule.

**59/21 Any Other Business**

No items were raised under Any Other Business.

**60/21 Date of Next Meeting**

It was agreed that the next meeting would take place on Monday 21 February 2022 at 11.00am.