SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the South Eastern HSC Trust Finance & Performance Committee held on Monday 29 April 2024 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital

Present:	Mrs H Minford	Non-Executive Director (Chairman)
	Mr N Brady	Non-Executive Director
	Mr K Donaghy	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 J Dunlop	Asst Dir Financial Management
	Mrs E Hannaway	Asst Dir of Performance & Improvement (Item 8 only)
	Miss C Hughes	Personal Assistant
Apologies:	Mrs J Dunlop	Asst Dir Financial Management

1. Welcome — **Action**

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

Mrs Minford extended a warm welcome to the new Committee members - Mr N McKinley and Mr K Donaghy.

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 – 26 February 2024

The minutes of the previous meeting held on 26 February 2024, which had been circulated with papers for the meeting, were approved.

4. Matters Arising from the Previous Meeting

There were no matters arising from the previous meeting.

5. Business Cases **Action**

A briefing paper entitled "Digital Services Technical Debt Business Cases" and the following business cases had been circulated with papers for the meeting:-

- Replacement of Datacentre Distribution Switches
- Replacement of C Class Servers Phase 1
- Edge Switches (WS-C3850)
- Vocera Clinical Communication
- Replacement of Zero Clients (year years old) with Thin Clients, UHD

Mrs Minford noted that, as previously agreed, urgent business cases may be issued via e-mail for consideration/approval in between scheduled meetings of the Committee. These business cases had been approved via e-mail due to the time constraints and were presented today for formal notification. The Non-Executive Directors present confirmed that they were content to approve.

6. HSC Efficiency Index

Ms Thompson outlined the Unit Cost information previously supplied by Trusts in order to provide a benchmark of the unit costs of a range of services provided by Programme of Care. At a hospital level the Healthcare Resource Groups included activity data with all service costs apportioned. Whilst this information gave an approximate comparison across all Trusts/Hospitals in respect of efficiency, etc, there were often variations in how information was collated. The Community based information was high level only as data was not as available in that area. The process was paused in 2019/20 due to the pandemic as covid-19 costs would have skewed the information.

A review of the system was undertaken during the pandemic period and a new Patient Level Costing System (PLICS) was created. This system is based on the UK model which has been developed over a number of years due to their income/funding system. This new system will provide comparative information across Trusts and the Community information should be well improved.

Ms Thompson shared on the screen a Power BI sample of the PLICS. Whilst many of the other Trusts have not yet provide their data, the South Eastern Trust information had been submitted and uploaded. She demonstrated the information available at summary level and how to drill down into patient level information at both Trust and hospital site level. The Cost Index information is based on 100 being the average and anything below that figure is more efficient.

Action

Ms Thompson pointed out that the condition of the estate buildings is factored into the data and can affect the rating – older buildings reduced the cost index. Also new buildings will have an updated staffing level included in the business case which affects the overall data. There had been concern that the new Emergency Department and Acute Services Block at the Ulster Hospital would have significantly impacted the previously excellent rating but there has been only a slight amendment with SET being noted as second best in the region. In relation to Day Cases and Inpatients the Trust is rated as most efficient in the region. Overall the Trust has been rated most efficient in the region.

During discussion Ms Thompson advised that smaller hospitals are generally rated as less efficient due to economies of scale on larger sites. The Trust's smaller sites (Ards Hospital and Downe Hospital) are not out of kilter with others in the region.

In conclusion, Ms Thompson stated that the new PLICS data will be an excellent tool moving forward to benchmark processes. The rich data will assist with the reconfiguration of services across the system.

7. <u>Finance Update – Ongoing Regional Finance Reviews</u>

Ms Thompson advised that the monthly Finance Report had not been issued due to year end procedures, however she took this opportunity to advise that the Trust had achieved breakeven with a small surplus. She noted discussion at Trust Board, on 27 March 2024, when the non-recurrent deficit support funding was detailed. As highlighted in the media, the budget for 2024/25 has been recently allocated and Minister Swann is not content with the budget for Health. An indicative allocation was issued by the SPPG (Strategic Planning & Performance Group) and there is a significant deficit position. Staff are in the process of preparing a Contingency Plan to address this position for SPPG and DoH by 21 May 2024. It was noted that the Contingency Plan will be shared at Confidential Trust Board on 29 May 2025 for information. Discussion took place regarding the financial position and, in response to a query, Ms Thompson noted that the deficit funding for 2023/24 was non-recurrent and there is no allocation to date for a 2024/25 pay award. In respect of Waiting List Initiative funding, there has been a regional allocation but nothing specific for Trusts to date and this will require further discussion with SPPG.

In response to a query regarding Mental Health Services, Ms Thompson advised that the 3-1 Mental Health Business Case has not been supported by SPPG, mainly due to concerns regarding the revenue consequences. A capital allocation of £2.5m ring fenced for Mental Health Inpatient Wards has been received last week and a review is being undertaken regarding the best options to benefit patients. In relation to revenue funding, there has been no specific new Mental Health/Learning Disability services.

Action

The recent media coverage of Family & Child Care Social Worker industrial action was highlighted. In response to a query Ms Thompson explained that the main issue within South Eastern Trust is the high level of vacancies which creates significant pressures on existing staff. The Director of Children's Services is working to address the issue, including proposals to review skill mix, as there are insufficient Social Workers in the market place.

Ms Thompson outlined the work ongoing to address the deficit whilst providing patient/client care/services. This is being carried out at a time of extreme pressure within the Hospital Services and Mental Health. The work undertaken by staff across the Trust to increase efficiency was noted.

A letter detailing "Independent Support for HSC Financial Recovery" and an update on "RNOH/Getting It Right First Time (GIRFT)" had been circulated with papers for the meeting. Ms Thompson noted that the DoH/SPPG have commissioned two pieces of work to support regional financial recovery planning – Getting it Right First Time (GIRFT) and Independent Support. These are regional reviews and the Trust will work through the process with them. The Independent Support work is being carried out by two former Chief Executives in England and GIRFT is led by staff in the Royal National Orthopaedic Hospital who have carried out similar work in England.

During discussion, Ms Thompson confirmed that the reviews will provide assurance to the Department of Health. The reviews are being carried out by staff from outside of Northern Ireland and they may find our processes different to the model in England eg NI Shared Services and Domiciliary Care. Both projects are being funded 50% by DoH and 50% split across the five Trusts.

8. <u>Performance Presentation : An Introduction to Performance Within South Eastern Trust (SET)</u>

The presentation entitled "An Introduction to Performance within SET" had been circulated with papers for the meeting.

Mrs Moore advised that it had been felt that a presentation on the background and current reporting of performance information would be beneficial for the new Non-Executive Directors. During the presentation Mrs Hannaway advised that the first few slides outlined the staffing structure within the Planning, Performance and Informatics Directorate and in particular the roles within the Performance Department. This is the smallest Performance Team within the region and is integrated with Information.

Action

Mrs Hannaway outlined the Performance Management information presented in the Trust Board Reports and noted that a more detailed review of specific areas is undertaken at this Committee. The areas can be those of concern highlighted at Trust Board or a specific area requested by a member of the Committee.

In response to a query regarding the relevance of the information collated and reviewed, Mrs Moore noted that the Trust has a statutory duty to report on performance against CPD and SDP metrics on a monthly basis but is also on a journey to producing an integrated performance report in line with the Quality For All approach.

Mrs Hannaway detailed the current approach undertaken which includes the statutory functions and also the Trust's innovative work with regards to Outcomes Based Accountability and considering patient outcomes as well as traditional performance approaches.

The Statistical Process Control Charts were highlighted and Mrs Hannaway advised that they measure changes in data over time; help to overcome the limitation of RAG ratings and help to distinguish changes which require investigating. Whilst full statistical process control charts are available for every target, there are too many to include in every monthly Trust Board report, however a full suite is provided following every year end. The variance and assurance symbols were noted and are included against each Key Performance Indicator (KPI). The basic guide indicated that "grey shows no special cause concern"; "orange shows deteriorating position" and "blue shows an improving position". Whilst all charts are closely monitored by the Performance Team every month, charts which show a change of concern, either positive or negative, are shown by exception in the monthly Trust Board report.

Mrs Hannaway detailed the background to the implementation of encompass and how activity was downturned during this process. Extensive work has been undertaken in the past months to return activity to pre-

encompass levels. The Outpatients activity has now returned to 97% of the level pre-encompass. Mrs Hannaway advised that some of the encompass data is recorded slightly differently than previously and some areas will never be able to be directly compared. Data from the old systems must be mapped into encompass, this is an extensive process and the journey to completion is continuing. She used the analogy of the previous Marathon chocolate bar is still available under the new name of Snickers, and therefore it is a matter of re-mapping the data using the new brand name for data. This work will benefit the other Trusts in the region when they "go live" with encompass.

Action

During discussion a query was raised regarding the Minor Injuries Unit and Mrs Moore explained that the second phase of the transfer of this service from Ards Hospital to the Ulster Hospital will be completed when it moves to the Acute Services Block, in an area close to the new Emergency Department. It was noted that the service provided at the Ulster Hospital is different to that previously provided at Ards and Bangor Hospitals. The previous service would have seen 98% triage category 4 and 5 (cuts, bumps and bruises), whereas the new service reviews circa 25% of categories 1, 2 and 3, indicating a higher proportion of acutely unwell patients can be appropriately seen and treated via the new model.

In concluding the presentation, Mrs Hannaway outlined the Integrated Care System for Northern Ireland which will focus on transformation with a greater focus on population health via early intervention and prevention. However, there is no clarity regarding how this system will be commissioned from a performance perspective as yet. Mrs Moore commented that work is ongoing to influence DoH colleagues regarding the benefits of this system.

Mrs Minford thanked Mrs Hannaway for the very informative presentation and congratulated her on the extensive and pioneering encompass mapping being undertaken.

9. <u>Any Other Business</u>

No additional issues were raised.

10. <u>Date of Next Meeting</u>

It was agreed that the next meeting would take place on Monday 24 June 2024 at 11.00am in the Boardroom, Trust Headquarters, Ulster Hospital.