

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 26 March 2025 at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

PRESENT: Mr J Patton, Chairman of Trust Board

Ms W Thompson, Deputy Chief Executive, Director of Finance & Estates (E)

Mrs C-M Dickson, Director of Primary Care & Older People's Services
Mr K Donaghy, Non-Executive Director
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison
Mr R Havlin, Non-Executive Director
Mrs S Henderson, Non-Executive Director
Mr C Martyn, Medical Director (E)
Mrs H Moore, Director of Planning, Performance & Informatics
Ms S McCauley, Non-Executive Director
Mr N McKinley, Non-Executive Director
Mr K McMahan, Non-Executive Director
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics
Mrs L Preece, Director of Children's Services & Executive Director of Social Work (E)
Mrs A Quirk, Non-Executive Director
Dr D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E)
Mrs C Smyth, Director of People & Organisational Development
Mrs A Quirk, Non-Executive Director

'E' denotes Executive Director

IN ATTENDANCE: Mrs M McNally, Assistant Director, Risk Management & Governance
(Board Secretary)
Ms J Loughrey, Head of Communications
Executive Support Manager, Chief Executive's Office (minutes)

OPENING REMARKS

The Chairman welcomed everyone including a member of the public in attendance before covered house-keeping matters. **The Chairman** also advised proceedings would be recorded to trial a new method of minuting.

1.0 APOLOGIES

Ms Coulter (Chief Executive).

2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS

None declared.

3.0 CHAIRMAN'S BUSINESS

Members noted **SET/28/25 Chairman's Report** without further discussion.

4.0 CHIEF EXECUTIVE'S BUSINESS

At Ms Thompson's request, **Mrs Preece** briefed on her attendance before the NI Assembly Health Committee to provide evidence and answer questions on Children's Disability short break provision. **Mrs Preece** referred to media coverage of five families impacted by the unavailability of appropriate provision before confirming both she and Ms Coulter had recently met with the families served by SET. **Mrs Preece** added she and Ms Coulter will be attending a meeting with Minister Nesbitt and the families in early April.

Mrs Moore outlined progress on developing the Corporate Plan 2025/26 in light of the recently agreed NI Executive Programme for Government 2025-2028. **Mrs Moore** advised of three online staff engagements events held last week and further engagement sessions have been planned adding a final draft would be tabled in due course.

Mrs Dickson advised of a small fire overnight at an independent supported living facility in Newtownards which had impacted a number of service users who had to leave their residences adding appropriate arrangements had been put in place to provide support and that it was anticipated they would shortly return subject to a site inspection.

5.0 MINUTES OF MEETINGS HELD ON 29 JANUARY AND 26 FEBRUARY 2025

Approved without further amendment.

6.0 MATTERS ARISING

Noted (SET/29/25).

7.0 ITEMS FOR DISCUSSION

7.1 INTEGRATED PERFORMANCE MONITORING REPORT: FEBRUARY 2025

Members considered the tabled Report (SET/30/25) noting SDP performance as:

- 32% of trajectories between 0% and 5% (down from 41% on last month)
- 7% between -5% and -1% (down from 13%)
- 61% less than -5% (up from 46%)

Mrs Moore highlighted 28 of 46 SDP metrics were 'red' (up from 21 last month) and explained there was agreement with SPPG that 14 of these 'reds' were acceptable in that they related to where demand exceeds capacity impacting our activity to achieve. **Mrs Moore** advised 'unacceptable' areas included NIAS Handover times, ED 12 hour breaches, Length of Stay, Weekend discharge rates, Day Case rates, scopes and cancer target performance. **Mrs Moore** advised the SDP would be stood down as of 31 March 2025 and replaced by the new Strategic Outcomes Framework and System Oversight Measures (SOF/SOMs).

Mr McMahon asked if SET was content with trajectories within the AHP section as some seemed unattainable with **Mrs Dickson** stating the targets had been set regionally in 2019 and acknowledged they required revision. **Mr McKinley** asked how district nursing contacts captured and recorded while on the move with **Mrs Dickson** stating a portable device known as 'The Rover' is used to record notes in real time via encompass adding feedback had been positive. **Mr McKinley**

referred to Page 32 thereof noting Physiotherapy Services staff had dedicate significant time supporting SHSCT and WHSCT ahead of their own 'Go Live' and asked how this could be managed to ensure less service impact. **Mrs Dickson** explained SET as the first Trust to implement encompass had been supported by other Trusts so this was part of those reciprocal 'Pay it Forward, Pay it Back' support arrangements.

Ms McCauley asked if there were any medical staff shortages impacting on the ability to deliver against the Cancer 14 day target with **Mr Martyn** replying there was a national shortage of radiologists which SET had not been immune to. **Mr Martyn** stated a number of key appointments had been made recently which should strengthen the service with **Mr Neil** adding the target was a pass or fail matrix and applied only to breast cancer.

7.2 FINANCIAL REPORT: MONTH 11 2024/25

Members considered the tabled Report (**SET/31/25**) with **Ms Thompson** stating SET continued to report a breakeven position year to date as well as forecasting breakeven at year end adding that, given the proximity to financial year-end, the risks associated with achieving break-even had considerably reduced. **Ms Thompson** advised achievement of the £27.3m agreed savings was sitting at circa 66% and her team had identified further non-recurrent measures using additional information to inform a re-analysis of accounting estimates and remaining forecast pressures to compensate for non-delivery of savings. **Ms Thompson** explained the in-year capital spending position having received an additional £0.4m in February and noted the Public Consultation on the draft 2025/26 NI Executive Budget had closed before recommending Members review the NICON/HFMA response as it comprehensively sets out the challenges.

Mrs Henderson sought assurance that '*slowing implementation of service developments, efficiencies and limited vacancy control*' would not have adverse impact on service delivery with **Ms Thompson** explaining these savings tended to occur naturally such as from changes in project timelines and third party delays. **Mrs Henderson** asked if the Flexible Staffing Costs data could include comparable information for the same month in the previous financial year and **Ms Thompson** agreed to do so going forward.

Mrs Henderson asked if SET had been asked to submit a DoH return to assess the financial impact of the AfC Pay Award and **Ms Thompson** confirmed this was actioned a number of months ago when the award was agreed and then refined recently but there remained a small risk of there being limited capacity to absorb a significant change in the forecast as the pay award was being settled in the last month of the financial year.

7.3 QUALITY4ALL UPDATE

Members considered the tabled Report (**SET/32/25**) with **Mrs Dickson** updating on each Corporate Improvement Priority: Frailty, Our People and encompass. **Mrs Dickson** outlined work on the encompass Priority analysing data gathered from the Staff Survey with consideration currently being given to the benefits of a Care Operating System.

Mr McKinley asked how a Care Operating System might add value with **Mrs Dickson** advised such a system could leverage encompass and connect other digital platforms to improve responsiveness with positive feedback received from Trusts operating such systems. **Mrs Moore** added that, with encompass being a regional system, it may require partnership with other Trusts to implement. **The Chairman** commended the work of the Quality Academy and the progress made.

7.4 MULTI-DISCIPLINARY TEAM ROLL-OUT

Members considered the tabled Report (**SET/33/25**) with **Mrs Dickson** advising that the Minister of Finance had recently announced £61m for the DoH Multi-Disciplinary Team proposal to help stabilise Primary Care with a focus on prevention and management of conditions away from hospital settings and to better utilise the skills of the community and voluntary sector. **Mrs Dickson** welcomed this investment which would enable the completion of the phased rollout and added DoH was also introducing changes to the approach being taken to the MDT rollout in this next phase of implementation including a focus on core and GP practice-based roles.

The Chairman recorded his appreciation to Mrs Dickson for her long-standing efforts in championing the MDT approach.

7.5 HOME CARE MODERNISATION REPORT

Members considered the tabled Report (**SET/34/25**) with **Mrs Dickson** stating Home Care being a 2022-24 Corporate Improvement Priority had ensured focus on prioritising immediate and long-term gains by direct resources towards initiatives with the highest potential impact.

Mrs Dickson explained the impact of four initiatives with significant sustained reduction in the unmet need list which now stood at 134. **Mrs Dickson** stated the Home Care Assessment Service (HCAS) demonstrated a sustained improvement in capacity released back into home care services achieved through a closer focus on assessed service need and an earlier move to discharge where need was no longer identified. **Mrs Dickson** noted this represented a 170% increase in hours released (discharges) within HCAS compared to pre-HCAS levels with the projected impact on hospital discharge translated into an additional 279 hospital facilitated discharges with overall project savings estimated at £1m.

Mrs Quirk commended this piece of work and highlighted the 'Power of Pause' as a positive cross-transferable initiative. **Mr McKinley** asked how learning could be embedded and spread with **Mrs Dickson** replying the Quality Team were working to utilise the learning with other improvement projects.

Mr Donaghy asked if the model could work within the independent sector and

Mrs Dickson confirmed this was in fact already the case with 80% of Home Care provided by the independent sector and they have been a key stakeholder on the improvement journey.

7.6 NIAO REPORT: AMBULANCE HANDOVERS

Members considered the tabled Report (**SET/35/25**) with **Mr Neil** stating NIAO had published its findings into NIAS ambulance handover delays from 2019/20 to 2023/24 which found a deteriorating position across all NI EDs with only 7% on handovers being completed within the 15-minute standard.

Mr Neil advised UHD had been identified as the worst performing ED - a position SET had taken measures to deliver significant improvements in flow to meet demand. **Mr Neil** explained that, through focus across hospital and community pathways being delivered in a consistent and sustainable manner, there had been improvements in handover times thanks in part to decongestion of ED and hospital wards. **Mr Neil** advised Unscheduled Care was a Corporate Improvement Priority for 2023/24 with the structures and delivery of improvements seen a direct outcome of that work.

Mr McKinley asked how a recent “Getting it Right First Time” Report might feed into the improvement journey with **Mr Neil** advising all relevant recommendations had been consolidated into one overall Locality Plan which was proving the most effective way of achieving and sustaining impact. **Mr Patton** asked how Trust Board would be assured on the implementation of the Report’s recommendations and **Mr Neil** advised regular updates on progress being made in this area would continue. **Mr Patton** asked if there had been any learning from a recent DoH visit to the London Ambulance Service with **Mr Neil** advising a SET ED consultant had recently visited to observe their model adding the Stormont visit feedback would be brought to PTEB in due course.

8.0 COMMITTEE BUSINESS

8.1 REVISED DATES: PEOPLE & CULTURE COMMITTEE

Members noted the tabled document (**SET/36/25**) with **Mrs Quirk** adding there may be an additional change in due course.

9.0 ITEMS FOR NOTING

9.1 MATERNITY SERVICES UPDATE

Members noted the tabled update (**SET/37/25**) with **Mr Patton** asking if DoH had accepted the recommendations contained within the Renfrew Report. **Ms Parks** updated on the regional approach adopted to implement the recommendations supported by further regional meetings over coming months.

9.2 WRITTEN QUESTIONS RECEIVED FOR BOARD CONSIDERATION

Members noted a number of questions received from a member of the public which the Chairman read into the record together with responses as follows:

- 1) “How can you be sure that SEHSCT is correctly identifying Serious Adverse Incidents and taking the required actions to address these and to conduct SAIRS in a timely manner?”

The South Eastern Trust adheres to the Regional Procedure for the Reporting and Follow up of Serious Adverse Incidents 2016 (SAIs). All adverse incidents are graded for actual impact at the time of reporting using the Regional Risk Matrix and then reviewed to assess whether they meet the criteria of an SAI. These are then discussed with the Directorate where a decision is made to report as an SAI. An SAI notification is completed and issued to SPPG. The timescales for completing SAIs as defined in the current procedure are challenging but the Trust aims to progress these in a timely manner while also ensuring a thorough review is undertaken.

2) “What steps are being taken to reduce the size of the SEHSCT Trust Board to 13 members so that the Board operates in full compliance with Section 5 of the Partnership Agreement dated 4th January 2024 between The Department of Health and The South Eastern Health and Social Care Trust, which said Agreement was signed by Jonathan Patton and Roisin Coulter on 4 June 2024?”

The South Eastern Trust is fully compliant with both the Standing Orders and the Partnership Agreement in respect of its membership. All other executive management team members are in attendance only.

3) “Why does SEHSCT communicate with members of the public who have made complaints via encrypted emails which are inaccessible to the vast majority of the general public?”

The South Eastern Trust will endeavour to communicate with patients in a way that is agreeable to them. Where a complainant asks for an e-response, the response will be issued using the secure email encryption service together with guidance on how to access.

In line with the South Eastern Trust ICT - Email Management Policy, any emails containing personal identifiable or sensitive information issued outside the HSC network must be encrypted. The Regional Secure Message Service which is accessible across any device, including smart mobile devices, with internet connection and a current web browser installed ensures safe and secure transit of information.

Regionally Business Support Organisation, Information Technology Service regularly review and update the Secure Message service to ensure it is available on as wide a range of device as possible. The supporting guidance has recently been updated.

9.3 HOSPITAL AT HOME BUSINESS CASE

Members noted the revised business case as tabled (**SET/39/25**).

10.0 ANY OTHER BUSINESS

None raised.

11.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next meeting would be held on Wednesday 28 May 2025 commencing at 2.30pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald before closing the meeting at 3.27pm.