

# **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

## **Minutes of a Public meeting of the South Eastern Health and Social Care Trust Board held on Wednesday 27 May 2020 at 11.24 am in the Lecture Theatre, Trust Headquarters, Ulster Hospital**

**PRESENT:** Mr J Patton, Chairman (Acting)  
Mr S McGoran, Interim Chief Executive  
Mr N Brady, Non-Executive Director  
Dr M Briscoe, Non-Executive Director  
Mr M Mawhinney, Non-Executive Director  
Ms H Minford, Non-Executive Director  
Ms J O'Hagan, Non-Executive Director  
Mr C Martyn, Medical Director  
Mrs B Campbell, Director of Children's Services & Executive Director  
of Social Work  
Mr P Morgan, Interim Director of Finance and Estates  
Ms N Patterson, Director of Primary Care, Older People & Executive  
Director of Nursing

**IN ATTENDANCE:** Ms R Coulter, Director of Planning, Performance & Informatics  
Mrs M Weir, Director of Human Resources & Corporate Affairs  
Mrs M O'Kane, Interim Director of Adult Services & Prison Healthcare  
Dr D Robinson, Interim Director of Hospital Services  
Mrs V Walker, Interim Assistant Director, Risk Management and  
Governance & Board Secretary  
Mr S Martin, Executive Support Services Manager

**APOLOGIES:** None received

### **OPENING REMARKS**

At the outset, the **Chairman** apologised for the late commencement of the meeting due to an unavoidable over-run at the Confidential Trust Board meeting immediately prior to today's Public Trust Board. The **Chairman** welcomed everyone to the meeting particularly Mrs Barbara Campbell who has taken up post as Director of Children's Services and Executive Director of Social Work and Mrs Margaret O'Kane as the new interim Director of Adult Services. The Chairman also welcomed Mr James Large, Trade Union representative, to the audience.

### **29/20 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**

No conflict of interest with any business item on the agenda was declared.

### **30/20 CHAIRMAN'S BUSINESS**

Members received, for information, Paper No: SET/17/20, Chair's Report, which had been circulated with the papers for the meeting. **The Chairman** welcomed any questions from Members of which there were none.

### **31/20 CHIEF EXECUTIVE'S BUSINESS**

**Mr McGoran** wished to record the retirements of Ms Bria Mongan and Mr Don Bradley and advised that the new Director of Finance & Estates would now take up post by the end of August 2020.

### **32/20 MINUTES OF THE PREVIOUS MEETING HELD ON 26 FEBRUARY 2020**

The minutes of the previous meeting held on 26 February 2020, and the note of the meeting held on 31 March 2020 having been previously circulated, were agreed as a true and accurate record. **Mr Brady** advised he would liaise with Mr Martin for clarification on the note of the meeting held on 31 March 2020.

### **33/20 MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the previous minutes.

### **34/20 PERFORMANCE MANAGEMENT REPORTS – SCORECARD/DASHBOARD**

Members received, for discussion, Paper No: SET/18/20 Dashboard and Paper No: SET/19/20 End Year Scorecard which had been circulated with the papers for the meeting. **Ms Coulter** asked Members to note that some of the End Year Scorecard data was not yet available due to staff redeployment as a consequence of Covid-19.

In presenting the reports, **Ms Coulter** noted the following:-

- **Red Flag:** there has been some improvement across a number of specialties during 2019/20. The Trust had targeted additional elective funding effectively despite continuing increased demand across all areas.
- **Unscheduled Care:** The 4 hour performance continues to be relatively strong across the Trust (71%). There were 9597 12 hour breaches during 2019/20 with the majority requiring admission. There continues to be a high number of 12 hour breaches but performance has improved compared to 2018/19. The Trust has made a significant investment in senior medical and nursing cover enabling an improvement in the 4 hour performance and maintaining the ability to see and assess patients in a timely manner.
- **Cancer Pathways:** The 14 and 31 day pathway for breast cancer is strong but there remain challenges for the 62 day pathway. In 2019/20 there were 41% of patients treated within 62 days. The number of red flag referrals received each month has continued to increase. Significant additional waiting list initiative and independent sector activity has been required across dermatology, plastics, endoscopy and radiology services.
- **Complex Discharges:** There were 402 complex discharge patients delayed over 48 hours. The Discharge Hub has taken forward a Home First programme in the Ulster Hospital identifying patients attending the Emergency Department whose assessment can be carried out at home and avoiding hospital admission.
- **Psychological Therapies:** Performance dipped in March due a further increase in demand and complexity of cases. Members are well aware of the issues in this area particularly around workforce challenges

- **Children's Services:** There were 205 unallocated cases over 20 days at year end. There is recognition that a review of the position on a regional basis is needed with a business case being developed to seek additional funding. Child Protection cases continue to take priority.

In summary, in relation to the Performance Improvement Trajectories, there has been overall improvement achieved as a consequence of additional funding for elective and diagnostic work apart from endoscopy which has been impacted by staff sickness. Overall, the Trust has performed strongly across the vast majority of areas.

Discussion took place regarding the presentation. In response to **Mr Brady** seeking clarification on Emergency Department attendance figures, **Ms Coulter** confirmed further information would be provided to him following the meeting. Responding to a query from **Mrs Minford** on the high number of unallocated children's case, **Mrs Campbell** advised there has been an increase in unallocated cases which requires further examination. Work is in progress in conjunction with HSCB and it was noteworthy that there is a share of additional investment coming on stream which should assist in addressing the issue.

**Dr Briscoe** noted her extreme disappointment that there is no additional funding for elective care highlighting the paediatrics waiting list times as a particular concern. Responding for a further query from **Dr Briscoe** on the progress of patient resettlement from Muckamore, **Mrs O'Kane** advised that there are currently 8 patients all of whom have plans in place confirmed that each individual case is being closely monitoring. **Mr McGoran** added that recent RQIA inspections have been complimentary of the standard of care being delivered presently.

**Mrs O'Hagan** recorded her thanks to both Mrs Campbell and Ms Coulter for their responses to date and asked for an update on the plan to rebuild services at the Downe Hospital. **Dr Robinson** outlined the current position at the Downe Hospital advising that there has been ongoing engagement with Trade Union colleagues on how to rebuild services in a safe and sustainable way. **Dr Robinson** confirmed that there has been limitations on what can be delivered particularly in relation to outpatients however telephone consultations have been successful and this will form part of the discussion around rebuilding services going forward. **Dr Robinson** noted that the re-opening of the Downe Emergency Department is not envisaged currently due to staff availability. Within DPU, regional cataract work has been turned off. Some work has been picked up by independent sector colleagues but as of next week a number of scope lists will recommence.

**Mrs O'Hagan** commended the quality of the recent MLA briefing and enquired whether or not there would be a further communication on the topic of rebuilding services. **Mr McGoran** advised there had been ongoing conversations with local elected representatives acknowledging the staff ordinarily based at the Downe Hospital site had been most affected by re-deployment. The Regional Review of Emergency Care will dictate most how this progresses but the Trust has always made their position very clear around the need for an emergency care service at the Downe Hospital due to the rurality of the area.

**Mr Brady** referenced the End-Year Scorecard to seek clarification on a number of the targets and noted that he believed the Trust is doing what it can in the face of unprecedented challenges.

### **35/20 UPDATE – COVID-19**

**Mr Martyn** provided Members with a comprehensive verbal update on the Trust's ongoing Covid-19 response and highlighted the tremendous work of all staff during this period particularly those within Infection Prevention and Control. **Mr Martyn** noted that there are still a significant number of patients requiring respiratory care. **Mr Martyn** advised that the Trust had complied with PPE and testing guidelines at all times while undertaking an unprecedented logistical operation to assist partners in the community sector. **Mr Martyn** reported that in excess of 2700 staff members had been tested as part of a testing regime which had proven up to the task and advised that sadly the total number of deaths to date that have occurred in Trust hospitals now stands at 61.

**Ms Patterson** provided a summary of efforts within the nursing and residential Home sector noting that Members have been updated previously on the wrap around support programme. **Ms Patterson** reported on the number of homes currently categorised as per by the Regional Categorisation surge plan and that the Trust has a number of staff continuing to work in support of the sector. Within domiciliary care, **Ms Patterson** stated that where clients and/or their families had requested it due to shielding/wanting to reduce footfall into their home, the Trust had facilitated pausing of packages. These cases are kept under review and when the situation changes the client will be re-assessed and services put in place to meet their assessed need.

Responding to a question from **Mrs Minford** on the current requirement within the nursing and residential home sector for registered nurses, **Ms Patterson** noted that the majority of requests to date for covering shifts were at care assistant level. The registered nurse support was more in the form of advice/care for specific residents' needs and expert IP&C advice. **Mrs O'Hagan** asked about PPE availability within the nursing and residential home sector. **Ms Patterson** stated that currently PPE levels are adequate though challenges remain which will only increase as we rebuild services. Testing is available for all staff working within nursing and residential home sector.

**Dr Briscoe** wished to record the thanks of Trust Board for all the work undertaken during the Covid-19 pandemic noting that Members had received a detailed briefing on the Trust's Covid-19 response during the Confidential meeting earlier today when they thoroughly explored with the Executive Management Team issues arising pertaining particularly to the acute and community sector. **The Chairman** concurred with Dr Briscoe's comments and wished to record a special word of appreciation to every member of staff for their responsiveness, flexibility and self-sacrifices to see our patients and service users through this extraordinary period.

### **36/20 TRANSFORMATION PROGRAMME**

**Ms Coulter** noted that the Trust is awaiting formal confirmation of total funding for financial year 2020/21 advising that the figure is likely to be lower than originally anticipated. All Trusts have moved to stand down projects coming to their natural end and are aiming to close lower impact projects by end of June 2020.

A short discussion ensued. **Mr Mawhinney** stated that with uncertain Covid-19 response costs, a significant financial pressure around rebuilding HSC services, pressing senior staff issues, less Transformation monies and an opening deficit of circa £25 million, it does not paint a very encouraging financial outlook. **Mr Mawhinney** recorded the importance of recognising the sheer number of challenges currently crystallising in terms of budgetary planning for the year ahead.

Responding, **Mr McGoran** agreed advising that the Trust is not yet even in a position to scope how to deliver a substantial savings plan given the number of uncertainties currently. **Mr Morgan** added that it is difficult to manage the financial position of such a large and complicated organisation at any time but even more so this forthcoming year but reassured Members that the Finance Team continues to monitor Covid-19 spend very closely. While the final allocation letter has not yet been received, **Mr Morgan** fully expects that the Trust will have a substantial savings plan to deliver.

**Dr Briscoe** welcomed the ring-fenced budget for mental health but noting its non-recurrent nature asked whether there will be any changes on how we do our savings plan particularly given greater demand within this area even before the Covid-19 pandemic. **Mr Morgan** stated that in terms of savings plan, the Trust would prefer to work to identify no or low impact savings rather than set savings targets per Directorate.

#### **37/20 REPORT OF THE GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 13 MAY 2020**

Members received, for information, Paper No: SET/20/20 Report of the Governance Assurance Committee held on 22 May 2020, for information.

**Dr Briscoe** paid tribute to staff for facilitating the meeting given the current circumstances and noted that there was additional work required on the draft versions of the minutes, the Terms of Reference, the Report on the Effectiveness of the Committee, the Programme of Work and the Annual Governance Report. Members agreed that the updated documents incorporating amendments be tabled at the scheduled 24 June 2020 Trust Board meeting.

#### **38/20 REPORT OF THE AUDIT COMMITTEE HELD ON 22 MAY 2020, AUDIT COMMITTEE TERMS OF REFERENCE AND PROGRAMME OF WORK THE REPORT OF THE REVIEW OF EFFECTIVENESS OF AUDIT COMMITTEE 2019/20**

Members received, for information, Paper No: SET/21/a/20 - Report of the Audit Committee held on 22 May 2020, together with for approval, Paper No. SET/21/b & c/20 – Terms of Reference and Programme of Work (with tracked changes) which were previously circulated with the papers for this meeting.

In addition, Paper No. SET/21/d/20 – the Review of the Effectiveness of the Audit Committee was also circulated for approval. **Mr Brady** facilitated a short discussion and each document was duly approved.

**39/20 ANY OTHER BUSINESS**

**Public Access to Trust Board meetings**

**The Chairman** noted that due to the current Covid-19 situation access by the general public to our Public Trust Board meetings have necessarily been restricted. **The Chairman** assured members that the position would be kept under active review and thanked everyone for attending today's meeting.

**40/20 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed that the next Public Trust Board meeting will be held on **Wednesday 24 June 2020 at 11.00 am in the Lecture Theatre, Trust Headquarters, Dundonald.**

Date: \_\_\_\_\_

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**Mr Jonathan Patton  
Chairman (Acting)**

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