

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

**Minutes of a Public Meeting of the  
South Eastern Health & Social Care Trust Board  
held on Wednesday 24 February 2021 at 2 pm  
in the Meeting Room, Trust HQ, Ulster Hospital, Dundonald and via Zoom**

**PRESENT:** Mr J Patton, Chairman (Acting)

**PRESENT IN A REMOTE LOCATION:** Mr S McGoran, Interim Chief Executive  
Mr C Martyn, Medical Director  
Ms B Campbell, Director of Children's Services & Executive Director of Social Work  
Ms W Thompson, Director of Finance and Estates  
Ms N Patterson, Director of Primary Care, Older People & Executive Director of Nursing  
Mr N Brady, Non-Executive Director  
Mrs H Minford, Non-Executive Director  
Dr M Briscoe, Non-Executive Director  
Mr M Mawhinney, Non-Executive Director  
Ms J O'Hagan, Non-Executive Director

**IN ATTENDANCE IN A REMOTE LOCATION:** Mrs M O'Kane, Interim Director of Adult Services & Prison Healthcare  
Ms R Coulter, Director of Planning, Performance & Informatics  
Mrs M Weir, Director of Human Resources & Corporate Affairs  
Dr D Robinson, Interim Director of Hospital Services  
  
Ms C-M Dickson, Interim Assistant Director, Safe & Effective Care  
Mr R Earney, Care Opinion Facilitator, Safe & Effective Care  
Mr C Campbell, Senior Manager, Safe & Effective Care

**IN ATTENDANCE:** Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary  
Mr S Martin, Executive Support Services Manager (minutes)

**APOLOGIES:** None

### **COMMENCEMENT OF MEETING**

**The Chairman**, Mr J Patton, extended a welcome to all present and attending remotely and advised there were no apologies for today's meeting. **The Chairman** commenced the meeting by paying tribute to all staff for their continuing efforts entering Month 11 of the pandemic. **The Chairman** outlined a number of housekeeping points and asked Members to indicate Any Other Business items not previously notified.

### **SERVICE PRESENTATION – CARE OPINION UPDATE**

**Ms Patterson** introduced today's Care Opinion update presentation which had been circulated in advance and welcomed the team to the meeting. **Ms Patterson** noted that Care Opinion had been launched on 3 August 2020 and Members would be briefed on early implementation activity, next steps and hear a number of Patient Stories.

**Ms Dickson** explained the background and rationale behind Care Opinion as a means of measuring satisfaction and aiding provision of high quality services based on service user feedback online. **Ms Dickson** noted that to date 162 stories had been submitted with 98% of responses made within seven days by a group of 254 Trust responders - the joint fifth highest number of responders per Trust in the UK. **Ms Dickson** took Members through a number of responses received covering such areas as UHD Ward 9 and the Vaccination Centre as well as outlining improvements arising from Care Opinion feedback. **Ms Dickson** commented successes and challenges encountered to date and outlined next steps in the plan to embed Care Opinion further across the organisation.

A brief discussion ensued with **Mr Mawhinney** how positive service user experiences could be better captured. **Mr Campbell** replied a bespoke approach had been developed to support teams in consulting with service using a range of tools such as waiting room posters and QR codes on correspondence to capture feedback and implement improvements.

**Mrs Minford** asked how Care Opinion interfaced with the existing 10,000 Voices programme. **Ms Dickson** advised that Care Opinion worked in parallel in that it is open to all while the former is more targeted. **Mr Campbell** added that work was on-going to determine what a 'one stop shop' approach might look like.

**Mrs O'Hagan** asked about avoiding duplication in service commissioning and whether Care Opinion could form part of that discussion. **Ms Dickson** replied that Care Opinion was with an implementation phase but potential existed for further development at a regional level. **Mr McGoran** stated there were a range of existing mechanisms for capturing feedback but Care Opinion represented a real opportunity to engage nearly in real-time as issues arise. **Ms Patterson** commented a Trust User Experience Sub-Group had a crucial role in looking at how to triangulate as it was not a 'one size fits all' pathway and added that Care Opinion's responsiveness was vital when compared to more traditional processes.

**Mr Brady** added that the website was user-friendly and a good example of social media use within health and social care. **The Chairman** concluded that Care Opinion was a vital tool in delivering services in line with our learning culture. **The Chairman** thanked the team for attending adding that he looked forward to hearing a further update in due course.

**15/21**      **DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**

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

**16/21**      **CHAIRMAN'S BUSINESS**

Members received, for information, and noted Paper No. SET/08/21 Chair's Report which had been circulated with the papers for the meeting.

**17/21**      **CHIEF EXECUTIVE'S BUSINESS**

**Mr McGoran** advised that EMT appraisals had been completed and welcomed the new 'Distance Aware' campaign launched by Minister Swann as an important means of reinforcing social distancing messaging in the on-going Covid-19 battle.

**18/21**      **MINUTES OF THE PREVIOUS MEETING HELD ON 27 JANUARY 2021**

Members were content for the minutes of the Public Meeting held on 27 January 2021, having been previously circulated, to be taken as read and signed as a true and accurate record.

**19/21**      **MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the previous minutes.

**20/21**      **FINANCE REPORT FOR THE PERIOD ENDED 31 JANUARY 2021**

Members received, for information, Paper No. SET/09/21 Finance Report for the period ending 31 January 2021. **Ms Thompson** stated that the Trust continues to report an in-year and forecast year-end break-even position as the current financial year nears its end. A significant amount of outstanding assumed funding had become available and work continued with HSCB and DoH around remaining income assumptions. **Ms Thompson** noted performance against both statutory and other financial targets and invited questions from Members.

Responding to **Dr Briscoe** on locum and agency spend. **Mrs Weir** advised agency usage was being reviewed regionally to consider how best to manage such expenditure with a focus on nursing, admin/clerical and social work. **Mrs Weir** added that there may be progress away from agency towards full utilisation of the bank workforce if the threat of Covid recedes. **Mr Martyn** noted the primary focus should be on good induction processes and workforce planning presenting an opportunity to examine how HSC organises services. **Mr Mawhinney** confirmed that the topic was subject to discussion at the last Finance & Performance Committee and added that narrative on current capital spend in the context of a number of recent business cases would be included in next month's Finance Report.

**21/21**      **FINANCIAL OUTLOOK 2021/22**

Members received, for discussion, Paper No. SET/10/21 Financial Outlook 2021/22 as tabled. **Ms Thompson** advised that having considered all known new recurrent service pressures and adjusting for certain recurrent funding received in 2020/21 the estimated opening recurrent deficit sits at circa £26m. **Ms Thompson** explained how the allocation of savings had been apportioned across Directorates, noted that with the outcome of the draft NI Executive budget consultation was pending, confirmed that additional non-recurrent support now available through PPE stock flexibility amounting to £175m system wide, work around reasonable income assumptions for the 2021/22 year to deal with the known pressures continued and identification of possible in-year and/or recurrent actions to address the forecast deficit remained a priority.

Responding to **Dr Briscoe** on GP Out Of Hours provision, **Ms Thompson** stated that non-recurrent funding had been made available each year for over ten years so there was a degree of confidence that funding will be available again adding that the challenge would be focused on accounting for new pressures for the next financial year. **Mr Mawhinney** stated the estimated £26m figure was concerning and that the Finance & Performance Committee regularly considered potential actions so that the statutory requirement to break even is met.

**The Chairman** stated that having attended the most recent Committee meeting he too believed that the recurrent deficit was insurmountable without system wide action adding HSC Chairs had worked collaboratively to input into the draft Budget consultation and there was a measure of comfort that all Trusts are working on a similar basis with non-recurrent funding proving a real challenge.

**Mr McGoran** noted the deficit position remained in line with others regionally and emphasised that the Trust continued to act responsibly to ensure that all spend was in line with Value For Money guidance. **Mr McGoran** stated that the position had been affected by accounting changes a number of years ago and the ability to remove further resources becomes more challenging over time so the forecast was remarkable given the efforts of all to keep it as low as possible.

**Mr Brady** stated that when taken against revenue and capital in pure percentage terms it is manageable and noted there was an element of responsibility resting with DoH to ensure timely financial transfers given the impact of new pressures. **Dr Briscoe** agreed particularly in light of the responsibility to plan prudently for future service provision and meet the statutory responsibility to break even.

**Mrs O'Hagan** spoke in support of Mr McGoran's remarks stating that the overall spend on agency nursing staff during Covid was in her view very measured and asked whether there were any parallel processes emerging to look at a reform agenda in light of the Bengoa Report. **Ms Thompson** replied that the No More Silos initiative was a key part of a reform journey adding that Rebuild planning was top of the agenda but that wider reform remains to the fore.

22/21

## **PERFORMANCE MANAGEMENT REPORTS**

Members received, for discussion, Paper No. SET/11/21 Scorecard. **Mr Henderson** summarised the report noting services continue to slowly rebuild despite workforce challenges and highlighted a number of key updates:

### **Hospital Services**

**Mr Henderson** stated that Unscheduled Care had experienced lower than normal attendances in January (2021) with the Ulster site having 83% of the attendance of January 2020 with Lagan Valley and Downe at 58% and 40% as well as 545 12 hour breaches mainly due to in-patient bed availability. **Mr Henderson** advised that outpatient activity would recommence on 15 February 2021 but subject to a significant backlog with independent sector providers engaged to assist with red flag outpatients and diagnostics for a small number of specialities namely gynaecology, urology and general medicine. **Mr Henderson** noted that elective P1 and P2 procedures continue and we support other Trusts on as case by case basis subject to both ICU and inpatient bed capacity. Breast cancer performance again 14 day target had deteriorated since October but had now recovered with referrals within normal range after a peak related to the Breast Cancer Awareness Month campaign.

## **Adult Services**

**Mr Henderson** noted that out of Trust referrals to Acute Mental Health wards remain paused but assistance made available on a case by case basis. There had been a decline in Adult Mental Health Services waits longer than 9 weeks due to the prioritisation of inpatient ward staffing but all emergency referrals seen within 4 hours and urgent referrals inside 10 days. The Mental Health Services for Older People waiting list has grown significantly due to significant medical staff pressures, unavailability of suitable clinic accommodation to allow IPC compliance and outpatient activity reduction in the third surge.

Within Prison Healthcare Addiction Services, service demand far outweighs capacity which presents a challenge in terms of continuing to meet needs within agreed timescales with staff working closely with NIPS to keep people safe with exceptional outcomes to date. Psychological Therapies breach position remained pending adequate recurrent funding to recruit extra staff to address demand.

## **Children's Services**

**Mr Henderson** advised that short breaks for children with disability are due to recommence subject to community transmission and risk assessment. **Mr Henderson** noted work to reduce the number of unallocated cases and the success of a recent targeted recruitment campaign for social work staff with 35 vacancies remaining before full capacity is reached.

## **Primary Care and Older People Services**

**Mr Henderson** stated that the ICATs service had received waiting list initiative funding to assist with patients waiting on a BHSCT orthopaedic list which had impacted on performance negatively but advised these referrals should be completed by end of March 2021.

**The Chairman** thanked Mr Henderson for his overview and invited comments. **Mrs Minford** asked whether Prison Healthcare had experienced any impact from opioid addiction. **Mrs O'Kane** responded that the Addictions Team provided a highly valued service and was experiencing increased demand with examples of individuals at the point of committal already on the waiting list. Representations had been made for more capacity with the team regularly reviewing its skills mix and best practice elsewhere in order to manage demand appropriately.

**Dr Briscoe** welcomed support being provided to other Trusts in respect of day surgery as well as potential additional resources for Psychological Therapies but asked how current demand could be met within existing staffing levels in the interim. **Mrs O'Kane** responded that non-recurrent funding made recruiting for permanent posts difficult which in turn leads to a reliance on agency staff in a specialist area creating workforce planning issues.

23/21

**DISPOSAL OF LAND AT FORMER DOWNSHIRE PLAYING FIELDS,  
DOWNSHIRE HOSPITAL**

Members received, for approval, Paper No. SET/13/21 Disposal of land at former Downshire Playing Fields as tabled. **Ms Thompson** provided background to Members and confirmed that potential opportunities had been explored. **Ms Thompson** explained the process and the involvement of Land and Property Services if approval was granted.

**Mr Brady** sought clarification regarding the process and **Ms Coulter** provided additional information particularly in relation to the site itself. **Mr Brady** added his expectation would be that sufficient measures would be put in place to ensure that any risks were mitigated. **Ms Thompson** advised that the consideration and inclusion of appropriate safeguards are key elements of the process.

Following same, Members approved the request in relation to the lands as identified within the tabled report.

24/21

**ANNUAL QUALITY REPORT 2019/20**

Members received, for approval, Paper No. SET/14/21 Annual Quality Report 2019/20 as tabled. **Ms Patterson** advised that this was the eighth such annual report to be presented to Trust Board and highlighted the following items:

- Progress updates on Quality priorities from 2018/19 report
- Key learning from the Trust Covid-19 Learning Framework
- The regionally agreed quality indicators relating to services, care and treatment provided by the Trust
- Additional on-going improvement work across the organisation
- Quality priorities for 2019/20

A short discussion ensued and Members commended the team for a very good report. **Dr Briscoe** asked for an update on the reference made to sepsis activity. **Mr Martyn** advised that sepsis work had been suspended due to Covid and winter pressures but work on restarting assessments had commenced. **Mrs O'Hagan** asked given that the strategy behind the report was now at its end what were the next steps going forward and given the lack of narrative around when outcomes are not achieved could that be included for consideration. **Ms Patterson** stated that the report arose from the Quality 2020 Strategy but Covid disruption had delayed efforts last year to move to the next stage but it was now timely given Covid-related learning to date. **Ms Campbell** added that the Chief Medical Officer leads this piece of work and colleagues look forward to influencing the process as it recommences.

**Mrs O'Hagan** asked if there had been any movement by the General Medical Council on revalidation processes. **Mr Martyn** stated that the process had now restarted following a pause due to Covid.

**The Chairman** sought and received approval for the report and expressed his appreciation to all who had been involved both in the preparation of the report and those who make its outcomes possible.

**25/21**      **COVID-19 UPDATE**

**The Chairman** invited updates in respect to current activity around Covid-19 related matters. **Mr Martyn** stated that winter pressures and Covid together contributed to an on-going challenging environment thanking staff for their tremendous work. **Mr Martyn** emphasised that the battle was still raging and that adherence to public health guidance remained absolutely necessary. **Ms Patterson** stated that the community position was much improved position only one facility currently in amber category adding that district nursing outreach teams continued to support housebound residents receiving their vaccine.

**Mrs Weir** outlined the impact of Covid on staffing levels and the measures in place to support colleagues and **Ms Coulter** updated Members on the vaccination programme noting a new record of 1230 doses had been administered yesterday having delivered circa 50,000 Pfizer doses in total as of this week.

**26/21**      **REPORT AND MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 4 FEBRUARY 2021**

Members received, for information, Papers No. SET/15/a&b/21 in relation to the Minutes of the Finance and Performance Committee Meeting held on 4 February 2021 chaired by Mr Brady, Non-Executive Director.

**Mr Brady** stated he had met with representatives of both External and Internal Audit prior to the Audit Committee meeting on 4 February 2021 and taken together with the minutes of the meeting there were no issues to raise.

**27/21**      **ANY OTHER BUSINESS**

**Trust Board Workshop**

**The Chairman** advised that a Trust Board Workshop would take place on Monday 8 March 2021 via Zoom commencing at 9.30am with a briefing and feedback session on the draft People Plan followed by a Non-Executive Director session on roles and responsibilities in terms of Corporate Parenting.

**28/21**      **DATE AND VENUE OF NEXT MEETING**

**The Chairman** thanked everyone for their participation and confirmed that the next Public Trust Board meeting will be held on **Wednesday 24 February 2021 at 2pm at Trust Headquarters, Ulster Hospital, Dundonald via Zoom.**