SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held virtually on Wednesday 24 March 2021 at 2.00pm via Zoom hosted from the Meeting Room, Trust HQ, Ulster Hospital, Dundonald

PRESENT (in HQ): Mr J Patton, Chairman (Acting) of Trust Board

PRESENT (via Zoom):
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
Dr M Briscoe, Non-Executive Director
Mr N Brady, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Mrs H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director

IN ATTENDANCE (via Zoom):
Mrs M O'Kane, Director of Adult Services & Prison Healthcare
Mrs M Weir, Director of Human Resources & Corporate Affairs
Dr D Robinson, Director of Hospital Services
Mrs J Johnston, Head of Communications
Mrs H Moore, Assistant Director, Planning & Performance (on behalf of Ms R Coulter)

IN ATTENDANCE (in HQ):
Mr S Martin, Executive Support Services Manager
Mrs A Anderson, Personal Assistant, Office of Chief Executive (minutes)

APOLOGIES:
Ms M McNally, Assistant Director, Risk Management and Governance & Board Secretary
Ms R Coulter, Director of Planning, Performance & Informatics

OPENING REMARKS

The Chairman, Mr J Patton, welcomed everyone to the meeting particularly Mrs H Moore, Assistant Director, Planning & Performance and Mrs C Smyth, incoming Interim Director of Human Resources & Corporate Affairs and advised of apologies from Ms Coulter and Mrs McNally respectively.

The Chairman advised that prior to the start of normal business there would be a short video played entitled: 'A Year in Pandemic' produced by the Communications Team to mark 12 months since the beginning of the Covid-19 pandemic. **The Chairman** noted that the worldwide pandemic had impacted change everyone with many having made incredible sacrifices not least staff who have given so much to keep our community safe. Following the video, **the Chairman** concluded by stating that Trust Board stands strong with staff and recognised the amazing job they had undertaken to date and continue to do.

The Chairman referred to this being Mrs Weir's final Board meeting before she taking early retirement. **The Chairman** commended Mrs Weir for the leadership and dedication she had given throughout her career, not least in spearheading the HSC Collective Leadership Strategy regionally adding Mrs Weir leaves with our grateful thanks and best wishes.

The Chairman outlined a number of housekeeping points and asked Members to indicate items under 'Any Other Business' not previously notified. No Members having indicated, the Chairman concluded by asking everyone to speak clearly to ensure their contributions are captured and responded to directly.

SERVICE PRESENTATION – CANCER SERVICES

The Chairman welcomed Mrs Mary Jo Thompson, Dr David Alderdice and Mr Jason White to the meeting and advised Members that the team would be presenting to the Board today on how Cancer Services had to adapt as a consequence of Covid-19. **Dr Robinson** referred to Cancer Services being a subject very close to his heart clinically and noted that the team would present on how cancer services had continued to maximise opportunities for innovative ways of partnership working as well as providing a summary of elective and surgical activity delivered throughout the pandemic.

Mrs Thompson set out the context in terms of activity for red flag referrals and the impact of Covid-19 on cancer services highlighting that while the number of new patients diagnosed had previously increased year on year over the past 10 years, 2020 had seen a significant decrease in patients presenting with potential cancer symptoms which was of concern. Ms Thompson stated that to deliver services the team adopted the Collective Leadership approach, prioritised processes (e.g. qFIT), created a green surgical pathway and urgent bookable theatre lists and continued chemotherapy services with CNS teams and Macmillan Support Services maintained throughout.

Mr White advised that cancer patients were a particularly vulnerable at-risk group and were largely unable to leave their homes. **Mr White** stated that the Health Promotion team reacted to the Minister of Health's intervention requesting assistance with food and pharmacy delivery in the community as well as exploring options to provide emotional support adding a Pre-habilitation Service was launched to support patients in preparing for surgery and treatment. **Mrs Thompson** noted that construction work on the new Macmillan chemotherapy unit continued and was anticipated to complete in June of this year and opening officially to patients from July 2021 with the team delighted to have a unit fit for purpose to allow continuity in the delivery of an outstanding service.

Dr Alderdice referred to the DoH Cancer Strategy which it is hoped would go to public consultation in the very near future and noted that a three year costed Recovery Plan was shortly to be presented to Rebuild Management Board for consideration. **Dr Alderdice** cautioned that the impact of Covid-19 would be felt into the long term adding that the team are committed to deliver a high quality service for the benefit of all patients.

The Chairman thanked the team for this excellent presentation and invited questions from Members. **Dr Briscoe** referred to SET having the highest level of red flags in terms of cancer diagnosis and asked if this was a consequence of the work carried out in an attempt to identify those at risk or were there other factors such as an aging population and increased GP referrals. **Mrs Thompson** explained the red flag process and **Dr Alderdice** added that there was no doubt we served an aging population and that incidents of dermatological/skin cancers in particular increased significantly with age.

Mrs O'Hagan asked what the expectation would be around the future role of GPs and Primary Care particularly in terms of shared learning and communication with the public. **Dr Alderdice** replied that it was clear on-going communication between primary and secondary care improved outcomes and added that GPs and localities were keen to use technology in a number of different situations which was already demonstrating service improvement in patient care. **Mr McGoran** commended the team for their incredible work particularly their collective leadership approach and the 'can do' attitude towards collaboration and encouraging innovation in all areas. **Mr McGoran** added that GP referrals were increasing with a regional surge in Plastics and Maxillo Facial now evident and a significant increase of referrals for dermatology concluding that the Trust has a finite capacity to deliver what it would to.

The Chairman referred to the new Macmillan Centre as a tremendous achievement and a tribute to the hard work undertaken by everyone to reach that point. The Chairman asked that his thanks be extended to the staff and the teams on the ground for making this happen. **Mrs Minford** concurred as Chair of the Charitable Funds Committee and highlighted the financial contribution made from Charitable Funds towards the project.

29/21 **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.

30/21 **CHAIRMAN'S BUSINESS**

Members received, for information, and noting Paper No. SET/16/21 Chair's Report which had been circulated with the papers for the meeting.

31/21 **CHIEF EXECUTIVE'S BUSINESS**

Mr McGoran advised there were no items raised for discussion under Chief Executive's Business.

32/21 **MINUTES OF THE PREVIOUS MEETING HELD ON 24 FEBRUARY 2021**

Members were content for the minutes of the meeting held on 24 February 2021, having been previously circulated, to be taken as read and signed as a true and accurate record.

33/21 **MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from previous minutes.

34/21 **FINANCIAL REPORT FOR THE PERIOD ENDING 28 FEBRUARY 2021**

Members received, for information, Paper No. SET/17/21 Finance Report for the period ending 28 February 2021. **Ms Thompson** provided Members with an overview of the report highlighting that at this stage the Finance team were predicting a break-even position at year end. **Ms Thompson** noted that in terms of expenditure a number of last minute changes are pending with a significant volume of transactions to be actioned during Month 12. **Ms Thompson** stated that in terms of Covid-19 related spend there had been circa £92m direct

additional expenditure for the financial year 2020/21 with the single largest element being circa £28m for PPE purchases. **Ms Thompson** advised Members that the financial year 2021/22 would likely see further expenditure in this area and noted that a piece of work was being undertaken to forecast what that might look like. In relation to capital expenditure, **Ms Thompson** explained that work was on-going to mitigate the impact on the year-end position of a potential under-spend within the CRL budget with work on-going to complete a significant number of projects by year-end.

Mr Brady noted that the report continued to show a RED status for the recurrent break-even position despite an in-year break-even being again forecast. **Ms Thompson** responded that it was her view that it remained important to highlight the underlying recurrent deficit position of the organisation. **Mrs O'Hagan** referred to the anticipated further Covid-19 related expenditure and queried whether this would change given the lower level of Covid positive in-patients. **Mrs O'Hagan** also enquired about the continuing use of locum expenditure and whether any plans were in place to reduce this.

Ms Thompson advised discussions have taken place on 2021/22 costs to identify staffing levels linked to the Covid-19 impact noting that while transmission levels had reduced, there was still an on-going requirement for two separate pathways for Covid and non-Covid patients within our Emergency Departments which would continue to have a direct staffing impact. **Mr McGoran** referred to the vaccination programme, contact tracing and testing and the continued significant spend in this area until such times as the overall response can be substantially stood down. **Mrs Weir** advised that a Regional Group has been set up to focus on agency and locum requirements as part of Agenda for Change in recent weeks and that while the Trust is not a significant user of off-contract agency staff, the focus continues on how this area can be reduced.

Mr Mawhinney provided some additional feedback in relation to the £47.7m CRL budget and stated that it had been a tremendous achievement this particular year even achieving a close to break-even outcome.

35/21 **McWHINNEY HALL BUSINESS CASE**

Members received, for approval, Paper No SET/18/21 McWhinney Hall Business Case as circulated. **Ms Thompson** explained that the refurbishment project was a key part of the overall plan to potentially upgrade other facilities on the Ards Hospital site given that there remained significant pressure on space particularly for Mental Health Services and for meetings and training so a refurbish would provide a facility which could be multi-utilised.

Ms Thompson concluded that the building would be of similar design to QIIC on the Ulster Hospital site and would be managed by the same team in due course.

Dr Briscoe referred to the integration of mental health services and asked what reassurances were there that this project might conflict with what was envisaged by DoH. **Mrs O'Kane** explained that she was of the opinion there was no conflict would and that the proposal as tabled was a welcome development which would create additional flexibility. **Ms Campbell** added that a significant issue for social work contact and improvement was the lack of training facilities and the on-going

costs of paying for use of private facilities could be reduced if the project was given approval. In response to **Mrs O'Hagan's** query if NHS Charities were facilitating funding **Ms Thompson** concluded the discussion that it would be the general capital budget from which funding would be drawn.

The Chairman sought and Members confirmed approval for the business case as tabled. **The Chairman** concluded that this was positive news for everyone visiting and working on the Ards site to have a facility such as this developed.

36/21 PERFORMANCE MANAGEMENT REPORTS

Members received, for discussion, Paper No. SET/19/21 Scorecard and SET/20/21 Performance Management Report. **Mrs Moore** highlighted a number of key points based on service area for consideration by Members.

Hospital Services

Emergency Department attendances in February 2021 were 85% of those documented in February 2020 with outpatient appointments now recommenced as of 15 February 2021. **Mrs Moore** advised that two separate areas remained necessary in unscheduled care to avoid additional risks with inpatients and day case numbers now achieving Rebuild projections. Lagan Valley Hospital Day Procedure Unit remains focussed on diagnostic cancer work for the region with Cancer Performance recovered against Ministerial targets and all Red flag procedures cancelled during Surge 3 now rescheduled by early March 2021.

Primary Care and Older People's Services

Mrs Moore stated that staff within AHP services had been redeployed to different areas to support the system which subsequently impacted on core services activity though Rebuild projections had largely been achieved. The ICATS waiting list remained red with the service having received funding for waiting list initiative work and referrals of SET patients on the Belfast Trust orthopaedic waiting list accepted for spine, upper limb and hands. **Mrs Moore** noted that the waiting list for people waiting over 52 weeks reduced from 1235 in December 2020 to 376 at end of February 2021 which was a significant achievement with the expectation being that the majority of these referrals will be completed by late March 2021. The Psychiatry of Old Age list had grown as a consequence of significant medical staffing pressures, accommodation issues relating to COVID-19 guidance and a high proportion of CEV patients unsuitable for virtual service.

Within Physiotherapy, **Mrs Moore** highlighted that the Phase 2 new patient activity reduced due to the numbers assessed virtually during Phase 1 requiring in person assessment. A significant number of staff absences also had impacted on the service. The first clinic was held on 11 February 2021 with six clinics carried out in that month and 19 patients seen with anticipated capacity for an additional 10 patients a week subject to medical uptake.

Virtual telephone clinics are running on all sites with some face to face as deemed clinically necessary. Urgent patients continued to be prioritised. Given the age and profile of patients, many had being classed as vulnerable or extremely vulnerable which in turn had impacted on their suitability for a virtual

assessment. **Mrs Moore** noted that there had been no waiting list initiative funding received this financial year which had impacted performance.

Children's Services

In terms of Unallocated Cases **Mrs Moore** stated that early help initiatives had been developed at Single point of Entry and with those cases waiting allocation in Child and Family Teams though a high staff vacancy rate remained and recruitment on-going to combat this. Child Protection had seen four breaches that had not met the 15 day target again largely attributable to staffing issues. In terms of Family Support, 31% of family support initial assessments were completed within 10 days of allocation. **Mrs Moore** confirmed that short break provision had recommenced on 6 March 2021.

Adult Services

Mrs Moore highlighted the work of the new OST service within Prison Healthcare where demand had been exceeding commissioned levels. In Psychological Therapies the long demand capacity gap is recognised and the breach position will remain until addressed. With regards Mental Health Services issues were emerging in relation to fluctuating rates of admission with unpredictable spikes particularly at weekends. **Mrs Moore** drew attention to the increasing numbers of new presentations of psychosis with an increase in those with substance misuse issues which in turn requires higher levels of observations. Within Disability Services, plans are progressing on resettlement with regards to Muckamore Abbey Hospital previously impacted as a consequence of Covid-19.

Following a short discussion**, the Chairman** thanked Mrs Moore for her comprehensive review.

37/21 COVID-19 UPDATE

Medical Overview

Mr Martyn advised that the number of Covid-19 inpatients continued to decrease with 13 inpatients currently and a small number in ICU though cautioned that Covid-19 remains in the community and that it was crucial the public remain vigilant. **Mr Martyn** noted an increase in more routine referrals with a total of 320 attendances at the Emergency Department on 22 March 2021.

Community Overview

Ms Patterson reported that as of yesterday just one home remained categorised as amber and that had been a recurring picture over the last few weeks serving as an indicator of the successful vaccination programme rollout.

Vaccination Overview

Mrs Moore provided an update on the vaccination programme noting that the Ulster Hospital team had vaccinated 100,000 people as of 19 March 2021 adding that the SSE Arena set-up was progressing well with a target opening date of 29 March 2021 with a goal of opening sixty stations capable of administering circa

40,000 vaccines per week. **Mrs Moore** confirmed vaccinations would continue to be administered from the Ulster Hospital site until 9 May 2021 after which staff will transfer to the SSE Arena to support operations there.

Mrs Minford paid tribute to the ongoing efficiency of the vaccination service and asked how staff would be supported in the transfer to the SSE Arena facility as well as further information of vaccine supply given recent media coverage of potential worldwide supply chain issues. **Mrs Moore** responded that plans were in place for a FAQ and induction pack and the team largely positive about moving and **Mr McGoran** advised on regional work undertaken on supply resilience.

Mrs O'Hagan referred to the potential for any additional external support to allow some staff to be retained to assist in progress with rebuilding services. Mrs Moore outlined that logistics and current capacity within the relevant teams concluding that while challenging staff had more than excelled themselves in terms of providing additional availability when needed.

38/21 **REPORT AND MINUTES OF THE FINANCE & PERFORMANCE COMMITTEE MEETING HELD ON 22 FEBRUARY 2021**

Members received, for information, Paper No: SET/21a&b/21, being the Report and Minutes of the Finance Committee held on 22 February 2021, chaired by Mr Mawhinney, Non-Executive Director. **Mr Mawhinney** noted that the minutes were presented for information and were self-explanatory.

39/21 **REPORT AND MINUTES OF THE CHARITABLE FUNDS COMMITTEE HELD ON 26 FEBRUARY 2021**

Members received, for information, Papers No: SET/22a&b/21, being the Report and Minutes of the Charitable Funds Committee meeting on 26 February 2021, chaired by Mrs Minford, Non-Executive Director. **Mrs Minford** stated there were no issues to raise.

40/21 **REPORT AND MINUTES OF THE GOVERANNCE ASSURANCE COMMITTEE HELD ON 10 MARCH 2021 AND THE REPORT ON THE REVIEW OF THE EFFECTIVENESS OF THE COMMITTEE FOR 2020/21**

Members received, for information, Papers No: SET/23a-c/21, being the Report and Minutes of the Governance Assurance Committee meeting held on 10 March 2021 chaired by Dr Briscoe, Non-Executive Director and the Report of the Review of the Effectiveness of the Committee 2020/21. **Dr Briscoe** stated there were no issues to raise for consideration by Members.

41/21 **GOVERNANCE ASSURANCE COMMITTEE REVISED TERMS OF REFERENCE, PROGRAMME OF WORK FOR 2021/22 AND THE ANNUAL REPORT OF THE COMMITTEE FOR 2020/21**

Members received, for approval, Papers No: SET/24a-c/21, Governance Assurance Committee Revised Terms of Reference, Programme of Work for 2021/22 and the Annual Report for 2020/21. **Dr Briscoe** provided a brief overview of the circulated documents. Following discussion, **the Chairman** sought and Members gave approval to the documents as presented.

42/21 **ANY OTHER BUSINESS**

Chairman's Charity

Members commended the Chairman for having embarked on a month long challenge to raise funds for the Kiwoko Hospital in Uganda. **The Chairman** was delighted to report that as of yesterday evening circa £8,000.00 had been raised and he expressed his thanks for all the contributions and support given.

43/21 **DATE AND VENUE OF NEXT MEETING**

The Chairman thanked everyone for their participation today and confirmed that the next Public Trust Board meeting was scheduled to be held virtually on Wednesday 26 May 2021 at 2.00pm via Zoom hosted from Trust Headquarters, Ulster Hospital, Dundonald.