

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### **Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on 26 January 2022 at 13.35pm Zoom**

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

**IN ATTENDANCE :** Ms N Dunbar, Interim Director of Planning, Performance & Informatics  
Mrs M O'Kane, Director of Adult Services & Prison Healthcare  
Dr D Robinson, Director of Hospital Services  
Ms N McCreanor, Assistant Director of HR and Corporate Affairs (attaining on behalf of Ms C Smyth)  
Ms A Reed, Chief Nursing and Midwifery Information Officer  
Mr M Cadden, Executive Support Services Manager (Acting) (Minutes)  
Ms J English, Trust Board Apprentice  
Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary

**APOLOGIES:** Mrs C Smyth, Interim Director of Human Resources & Corporate Affairs

#### **SET Highlights of 2021**

To open the first Public Board meeting of 2022, the Chairman played a video presentation of SET highlights of 2021 created by the Corporate Communications Team. **Ms Coulter** informed members that it was a privilege to be a part of a Trust that places patients, clients and their families at the heart of our services. **Ms Coulter** and the **Chairman**, on behalf of the NED, thanked the EMT and all the Trust staff and particularly Ms Loughrey and the Corporate Communication Team for all their hard work that made this video possible. **Mr Mawhinney** informed members that the video captured people that are at the heart of our services. **Mr Brady** advised the video was a fitting tribute to the staff and the Executive Management Team and he thanked Ms Loughrey and her team for the Trusts notable increase in online media.

#### **1.0 OPENING REMARKS**

**The Chairman** welcomed everyone to the meeting and outlined a number of housekeeping items and asked that members speak clearly to ensure their points are captured and responded to directly.

#### **ACTION**

## **2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**

There were no declared potential conflicts of interests with any business items on the agenda.

## **3.0 CHAIRMAN'S BUSINESS**

**The Chairman's** Report SET/01/2022 was tabled and noted by members. In addition, **the Chairman** informed members that the Lakewood Christmas Cards had raised £80.00 for Lakewood Children's Home.

## **4.0 CHIEF EXECUTIVE'S BUSINESS**

Members were informed that the modelling for the Covid-19 Omicron variant did not result in as high numbers of inpatient or ICU admissions as predicted. **Ms Coulter** advised members that services continue to be under pressure due to staff absences, winter pressures and the Covid-19 pandemic. Members were informed that the bed occupancy is at capacity in both Hospitals and Community Care Homes and 11% of staff are absent (which equates to approximately 1300 staff) due to Covid-19 and Non-Covid-19. **Ms Coulter** informed members that the Trust has requested assistance from the MOD and the support provided by the workforce appeal is also helping to alleviate some pressure. Members were advised that EMT continue to meet daily to review the situation. She highlighted that good communication is critical to keep staff informed and updated. She thanked everyone for their continued efforts and engagement with the Trust's regular "Keeping Everyone in the Loop" sessions.

## **5.0 MINUTES OF THE PREVIOUS PUBLIC MEETING HELD ON 24 NOVEMBER 2021**

Minutes of the Public Meeting held on 24 November 2021, were agreed and taken as read and approved as a true and accurate record.

## **6.0 MATTERS ARISING FROM THE PREVIOUS MINUTES**

**The Chairman** noted two actions from the matters arising paper, SET/02/2022, which has been actioned and closed.

## **7.0 NEW BUSINESS ITEMS**

### **7.1 Update Covid-19**

#### **Primary Care and Community Care Homes**

**Ms Patterson** informed members that as at 25 January 2022, 56 out of 111 Trust Care Homes are currently in outbreak and from a regional perspective there are 243 out of 467 Care Homes in outbreak. She advised that the acuity of the residents testing positive was less than in previous waves appeared less, outlining that the vaccination programme appeared to be making a difference. Members were informed that the biggest challenge continued to be staff absence regionally and that there has been request for mutual aid from Trusts to support Care Homes. **Ms Patterson** advised that the Trust is supporting homes where it can, but this continues to be challenging given the large number of staff absences within the Trust.

#### **Hospital Services**

Members were informed that as of 25 January 2022 there were 70 Covid-19 inpatients across the Trust, compared to 40 in December 2021 with 2 lab positive cases in ICU, compared to 5-7 cases in December

2021. **Dr Robinson** informed members that staff absence continues to be the biggest challenge. Members were informed that the outbreaks were being managed well with no beds closed currently due to outbreaks and that teams continue to meet weekly.

**Mrs O'Hagan** referred to the changes in Covid-19 isolation period for staff and asked how the Trust is supporting its staff including those staff with on-going symptoms. Members were informed that the Trust has a Covid-19 Helpline as part of the Contact Tracing Programme and staff continue to receive regular Covid-19 updates through the Staff App and Trust Announcements. **Ms McCreanor** informed members that Covid-19 positive staff will only return to work when they are fit and have received two consecutive negative LFT tests after day 5 of their isolation period. Members were informed that the Trust's Occupational Health Team continues to support staff including any staff absent due to long Covid-19.

**Mr Brady** asked for the percentage of Covid-19 Delta and Omicron inpatients within the Trust. Members were informed that the Trust did not hold this information. **Mr Martyn** informed members that all patients in the ICU are tested to identify the Covid-19 variant. **Ms Minford** asked regarding the total number of staff unvaccinated within the Trust. **Ms Coulter** informed members that it is estimated that 20% of staff are unvaccinated across all Trusts. Members were advised that the Trust did not hold the exact figures and Ms McCreanor advised that HR would hope to have more details for the next Public Trust Board meeting. **Dr Briscoe** asked if the 20% included the Care Home Sector. **Ms Patterson** informed members that the figure did not include the Care Home Sector. Members were informed that the uptake rates within the Care Homes in the Trust's locality were as follows:

- **Residents:**
- Dose 1: 98.05%
- Dose 2: 97.33%
- Booster: 94.27%
- **Staff:**
- Dose 1: 84.5%
- Dose 2: 82.36%
- Booster: 66.25%

**Mrs O'Hagan** asked for clarification on the Trusts Visiting Policy for Maternity in relation to the current Covid-19 guidance. Members were informed that the CNO at the DoH has provided regional guidance and that visiting is based on the each Trust's Dynamic Risk Assessment. **Ms Patterson** informed member that the Trust has been able to continue to facilitate visiting due to the large number of single rooms in the ASB. In relation to maternity visiting policy, **Dr Robinson** informed members that the overarching principle is to facilitate visiting as much as reasonably possible. Members were informed due to the Covid-19 Surge and staff absence, the Trust had to scale back visiting to protect staff, clients and patients.

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## **7.2 Financial Report for period ending 30 November 2021**

Members were informed that the Trust is reporting an in-year deficit of £9.2 million and a forecast deficit of £14.2 million. **Ms Thompson** advised members that this was an improvement from Month 7 report but was prior to the notification of £13.3 million non-recurrent deficit funding. Members were advised that the Trust was on track to achieve the in-year break-even target. Members were informed that some residual risks remained around outstanding Covid-19 support, future pressure on energy costs and a small number of regional technical accounting issues. **Ms Thompson** informed members that the Trust continues to work through these residual risks with the HSCB and DoH. **Ms Thompson** informed members that Covid-19 expenditure continues to be challenging to predict. Members were informed that the Trust has a robust system for monitoring of expenditure trends and forecasting funding requirements in order to maintain a degree of accuracy to inform regional bids for the appropriate level of support to achieve in-year Break-even. Members were informed that the Trust's ability to achieve recurrent break-even position remains challenging. **Ms Thompson** informed members that the draft budget remains challenging and that the proposed additional funding remains insufficient to cover current levels of spend during 21/22. Members were informed that work has commenced with HSCB to identify the roll forward position when the non-recurrent funding made available to the Trust is removed, and no recurrent source is indicated.

**Mr Mawhinney** thanked Ms Thompson for her update and commended her on all her hard work since taken up the post of Director of Finance and Estates. **Mr Mawhinney** asked, with regards to savings to be identified by the Trust, if this process was becoming more challenging. **Ms Thompson** informed members that the process of identifying savings in the same areas will inevitably become increasingly challenging. Members were informed that the Trust was currently working on a number of options for in-year savings, which would be a gradual process that will require some time. **Ms Patterson** informed members that the Trust's expenditure on agency nurses was favourable compared to other Trusts and that the Trust was constantly looking at ways to improve efficiency.

**Dr Briscoe** enquired if there is anything that the Trust can do to mitigate the increase in energy cost. Members were informed that the Trust is continually exploring options to optimise energy efficiency and that the Trust has a dual boiler system, that can switch between oil and gas in order to maximise efficiency and savings. Members were advised that there is a regional procurement of energy agreement in place and that the Trust purchases its estimated energy usage in advance, in order to reduce costs associated with inflation. **Ms Thompson** informed members that the inflation cost and consumption has exceeded what

was forecasted. **Mrs O'Hagan** asked for clarification around costings for staff providing assistances to the Independent Sector. Members were informed that costs in respect of work being done regionally were covered by the HSCB and Trusts do recharge each other for staff who move across Trust boundaries. **Ms Thompson** informed members that there is a small number of staff covering shifts in Care Homes and the costing for these will be captured in the Covid-19 expenditure.

### **7.3 Performance Management Reports**

Members received the Monthly Performance Report and Corporate Scorecard. **Mr Brady** asked in relation to Children's Services unallocated Breakdown, how the Trust manages and prioritises the 96 unallocated Cases. **Ms Campbell** informed members that the unallocated Cases are monitored closely and kept under review. Members were also informed that any identified high risk cases are not left unallocated. **Dr Briscoe** commented it would be helpful if the corporate scorecard could include the breakdown of length of waits by speciality. **Ms Dunbar** thanked Dr Briscoe for her feedback and informed members that she would take this action forward. **Dr Briscoe** expressed concern regarding patient's health and wellbeing in respect to the 9% increase in the number of Falls, the Trust failure to meet Hip Fracture targets and the lengthy waiting times for treatment. Members were informed that falls incidents within the Trust have increased by 9% and FallSafe compliance had reduced in December 2021. **Ms Patterson** informed members that improvement work in this area is on-going and that the number of moderate or severe falls incidents remain low. **Dr Robinson** provided assurances that teams meet daily to review electives and waiting times and that these are also prioritised and discussed weekly at the Regional Prioritising Oversight Group (RPOG).

ND

**Dr Briscoe** noted a slight increase in the number of HCAI. **Ms Patterson** informed members that the Trust is monitoring the situation closely. Members were informed the Trust Steering Group discusses HCAI and that the acuity of the patients may be an impact. **Mr Martyn** informed members that patients who are very sick may have a reduced immune system and therefore can acquire other infections and may require a lot of treatment including broad spectrum antibiotics. **Ms Minford** asked for an update on Domiciliary Care Packages. **Ms Patterson** informed members that movement on Domiciliary Care Packages continues to be challenging. Members were informed that the demand continue to outstrip the supply and that the impact of staff absences and Covid-19 pressures remains a challenge.

### **7.4 RQIA Ward 27 Acute Mental Health**

Members received a verbal update from in relation to the RQIA Ward 27 Acute Mental Health Improvement Notice. Members were informed that, with exception of some work around asbestos, the work required from

the improvement notice had now been completed. **Ms O’Kane** informed members that there had been significant progress made with establishing a new PICU. **Mr Brady** asked if there was any risks to staff or patients with regards to the asbestos and was informed that there had been assurances that there was no risk of harm to patients, clients or staff.

#### **7.5 Trust Board Apprentice: The Story So Far**

Members received Trust Board Apprentice: The Story So Far Paper, SET/06/2022, which was noted by members. **The Chairman** informed members that a further Boardroom Apprentice Host Board Application had been received by the Trust and that he would be bringing this to the attention of Board Members for their consideration.

JP

#### **7.6 Approved Minutes of the Governance Assurance Committee Meeting held on 15 September 2021**

Members received approved minutes of the Governance Assurance Committee held on 15 September 2021, which was noted by members.

#### **7.7 Approved Minutes of the Audit Committee Meeting held on 07 October 2021**

Members received approved minutes of the Audit Committee meeting held on 07 October 2021, which was noted by members. **Mr Brady** informed members that Encompass provided a presentation at the Audit Committee Meeting held on 07 October 2021 and Mr Brady outlined that it would be beneficial if Encompass could provide an update to the Board. **Ms Coulter** informed members that there had been a decision to postpone the Encompass Clinical Patient facing element for seven weeks due to the current Covid-19 surge. Members were informed that the Encompass timescale was currently been reviewed and that an update to Board members would be scheduled once the review had been completed.

MC

#### **7.8 Approved Minutes of the Charitable Funds Committee Meeting held on 16 June 2021**

Members received approved minutes of the Charitable Funds Committee meeting held on 16 June 2021, which was noted by members.

#### **8.0 ANY OTHER BUSINESS**

**The Chairman** informed members of the revised Schedule of Trust Board meetings and the Board Development Days for 2022, which were noted by members.

#### **9.0 DATE AND VENUE OF NEXT MEETING**

**Glossary of Terms:**

**ASB-** Acute Services Block

**BSO-** Business Services Organisation

**CNO-** Chief Nursing Officer

**DCE-** Deputy Chief Executive

**DoH-** Department of Health

**ED-** Emergency Department

**EMT-** Executive Management Team

**GP-** General Practitioner

**HCAI-** Healthcare Associated Infections

**HR-** Human Resources

**HSCB-** Health & Social Care Board

**ICU-** Intensive Care Unit

**LFT-** Lateral Flow Tests

**LVH-** Lagan Valley Hospital

**MAPA-** Management of Actual and Potential Aggression

**MLA-** Members of the Legislative Assembly (MLA)

**MOD-** Ministry of Defence

**NED-** Non-Executive Directors

**OBC-** Outline Business Case

**PICU-** Psychiatric Intensive Care

**RMB-** Rebuilding Management Board

**RPOG-** Regional Prioritising Oversight Group

**RQIA-** Regulation & Quality Improvement Authority.

**SET** South Eastern Trust

**UH-** Ulster Hospital