

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on 30 March 2022 at 14.15pm 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 B Campbell, Director of Children's Services & Executive Director of Social Work
 - Mrs H Minford, Non-Executive Director
 - Mr C Martyn, Medical Director
 - Mr M Mawhinney, Non-Executive Director
 - Mrs J O'Hagan, Non-Executive Director
 - Ms N Patterson, Deputy Chief Executive, 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
 - Ms J English, Trust Board Apprentice
 - Professor S Kirk, , Associate Medicate Director – Governance & Service Review (*Left at 15:00*)
 - Mr B Magill, Head Office of the Medical Director - Medical and Dental Workforce, Medical and Dental Workforce (*Left at 15:00*)
 - Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary
 - Mrs M O'Kane, Director of Adult Services & Prison Healthcare
 - Mrs C Smyth, Interim Director of Human Resources & Corporate Affairs
- APOLOGIES:**
- Dr D Robinson, Director of Hospital Services
 - Mr M Cadden, Executive Support Services Manager (Acting)

1.0 OPENING REMARKS

The Chairman welcomed everyone to the meeting including Profession Kirk and Mr Magill and also covered the relevant housekeeping issues.

Joint Presentation: Annual Report on Medical Appraisal and Revalidation

Members received a Presentation from Profession Kirk and Mr Magill on Medical Appraisal and Revalidation. Members were informed that the presentation provides details for appraisal's from the period 2019-2020 and that due to the Covid-19 pandemic, the GMC briefly deferred the appraisal process.

Dr Briscoe asked for clarification regarding the interface between NHS and private practice, including Locums employed by the Trust, for Medial appraisals. Members were informed that the Trust adopts a "whole practice" appraisal approach and that that the Trust requests a letter of good standing from all organisations as part of the appraisal and revalidation process. Members were advised that any Locums with a contract of three months or longer, will be appraised by the Trust and that the Trust insists that all Locums coming from

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other agencies have a relevant and update appraisal.

Mr Mawhinney asked whether staff perceived the appraisal process is beneficial or a stressful exercise. **Mr Martyn** advised that initially appraisals were perceived as stressful, however he outlined that they have now become engrained and accepted and that they are a legal requirement set out by the GMC. Members were informed that appraisals are a reflection opportunity for staff and that they offer assurance to the Trust regarding professional standards. Members were advised that there are some challenges around recruitment of Appraisers. **Mrs Minford** asked if there was any way to get support for the administrative burden. Members were informed that the Trust is working to support Appraisers and the Medical Director's office with administrative duties. **Mr Martyn** informed members that EMT have reviewed the Medical Structure and consideration is being given to have protected time being built into job plans, which could help address some of these challenges.

Mrs O'Hagan asked for assurances around the patient feedback process. Members were informed that patient and colleague feedback is captured every 5 years anonymously through the HSC Leadership Centre and that Revalidation cannot occur without it. A standardised pro-forma agreed by the GMC with a minimum requirement of 44 patient and 16 colleague feedback is used and that the process is monitored. **Mrs O'Hagan** asked if there are any on-going discussions with the GMC to discuss any specific issues with NI Medical Appraisal and Revalidation. **Mr Martyn** informed members that the Trust meets with the GMC every two months and that there is an Employee Liaison Officer.

The Chairman on behalf of Trust Board thanked Professor Kirk and Mr Magill, for their presentation.

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

Dr Briscoe informed members that she was a part of the Learning Disability Programme when she worked in the DoH. There were no other declared potential conflicts of interests with any business items on the agenda.

3.0 CHAIRMAN'S BUSINESS

The Chairman's Report was tabled and noted by members.

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Coulter informed members that as of 01st April 2022 that the Trust had received notification that the HSCB will close and will be replaced by the Strategic Performance and Planning Group (SPPG).

Ms Coulter advised members that she wished to share her appreciation and pride on behalf of the Trust Board for the efforts of our staff in response to the Ukraine Appeal. Members were informed that the Trust is looking at how our services can support refugees from Ukraine.

Ms Coulter informed members that the Lisburn and Castlereagh City Council will be awarding the Freedom of City to the NI Health & Social Care System on the 21st May 2022. Members were informed that the SET has been asked to accept the award on behalf of all Trusts.

Ms Coulter informed members that the Quality Improvement Team have

completed a Covid-19 Learning Evaluation. Members were informed that the Trust is reviewing the evaluation to identify any lessons learnt in order to assist with shaping and rebuilding services for the future. **Ms Coulter** encouraged everyone to read the report and she acknowledged the support of the Trust Board over the past challenging year.

5.0 MINUTES OF THE PREVIOUS PUBLIC MEETING HELD ON 23 FEBRUARY 2022

Minutes of the Public Meeting held on 23rd February 2022, 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 one action from the matters arising paper, which has been closed.

7.0 NEW BUSINESS ITEMS

7.1 Update Covid-19

Primary Care and Community Care Homes

Ms Patterson informed members that the Trust has the highest numbers of Care Homes in outbreak regionally with 52 out of 111 Care Homes. She advised members that she hoped the commencement of the Spring Booster Vaccination will help to reduce numbers. Members were informed that services remains under pressure.

Hospital Services

Mr Martyn informed members that there is an estimated 90+ Covid-19 inpatients across the Trust. Members were advised that services remain under pressure and that there are challenges around staff absences and that the Trust is remaining vigilant and continuing to test patients when they are admitted to hospital for Covid-19.

7.2 Financial Report Month 9 for period ending 31st January 2022

Members were informed that the Trust is continuing to report an in-year and a forecast break-even position. **Ms Thompson** advised members that the 2022/23 Financial Plan has been delayed due to on-going work with the HSCB (which will be replaced by the Strategic Planning and Performance group (SPPG) on 01st April 2022) to agree forecasting planning assumptions in the absence of an agreed budget. Members were informed that the Trust is projecting a significant roll forward deficit and that the Trust is seeking clarity from the SPPG around assumptions particularly in relation to predicted future Covid-19 expenditure. **Ms Thompson** advised members that the Trust is anticipating a spike in Goods and Services spending as the financial year closes. Members were informed that the capital allocation remains stable and that the Trust's focus is ensuring spending are receipted. **Ms Thompson** brought Prompt Payment to the Boards attention highlighting that the Trust has fallen below the 95% target for this month for the first time in the financial year. Members were informed that the Trust continues to focus on this target.

Mr Mawhinney applauded Ms Thompson in relation to Capital Resource

Limit noting that despite the challenges it was encouraging to see the number of stakeholders involved in working towards the delivery. He expressed his concern regarding the ongoing pressures and challenges for the Trust's ability to achieve recurrent break even position.

Mr Mawhinney asked for clarification regarding the outcome from the Trust engaging with the newly formed SPPG. **Ms Thompson** informed members that there is a possibility of some funding for demography but cautioned that the Trust cannot commit to any new expenditure. She expressed a concern that if funds are confirmed, that this may occur late in the financial year which creates challenges in managing this. **Mr Mawhinney** asked if this lack of budget was impacting the additional capital projects planned for the next two years. **Ms Thompson** advised members that the Trust will receive general capital equal to the capital the Trust received at the opening of last year and that the Trust can assume that any completing projects from 2021/22 will be funded. Members were informed that predicting funding for any new projects will be challenging.

Mrs O'Hagan asked if there was a downwards trend in relation to Agency and Locum spend. **Ms Thompson** informed members that the issue relates to the level of Agency spend and its impact in relation to substantive posts and she advised that the Trust monitors spend closely with Directorates. Members were informed that there has been a lot of work in relation to Nursing workforce and investment in Nursing Work Placement. **Ms Patterson** advised that the Trust's use of Agency staff compares favourably with other Trusts. Members were informed that there would be an appetite for an increased level of payment for Bank staff to encourage more Bank Agency use across the system in general. **Mrs O'Hagan** asked if there was a downwards trend in relation to Medical Agency and Locum spend. **Mr Martyn** informed members that overall the trend would appear to be down.

Mr Brady asked for clarification around the SPPG and was advised that this is the new name for the former HSCB, which is now part of the DoH from 01st April 2022.

7.3 Performance Management Reports

Members received the Corporate Scorecard and a verbal update from **Ms Dunbar** on the Performance Management Report. **Mr Mawhinney** asked for clarification in relation to the reference to £19.4 Million of non-recurrent investment provided to the Trust to assist with reducing the waiting lists. **Ms Dunbar** informed members that if the non-recurrent funding was not continued, this would impact on waiting lists.

Mr Mawhinney asked for clarification in relation to the Trust's ability to achieve Cancer waiting time targets and he asked if the Trust is communicating with those who are not seen within 62 days. **Ms Dunbar** informed members that Covid-19 has impacted on waiting times and that

the Trust continues to work with the SPPG and utilise the Independent Sector to reduce waiting lists. **Ms Coulter** informed members that regionally Trusts continue to struggle to meet the 62 day waiting time target and she advised that the SET performs favourably compared to other Trusts. Members were informed that the 31 day target is an important benchmark and that the Trust has consistently performed well in achieving this target and will continue to monitor performance against waiting list targets. **Ms Coulter** informed member's that the Minister has endorsed the five year Elective Care Framework which will bring dedicated funding and assist with addressing waiting times targets in NI.

Dr Briscoe asked in respect of Elective Care Funding if there will be recognition for the need for some flexibility in spending at a local level. **Ms Coulter** advised members that she felt that the new SPPG will commission on basis of volumes and the Trust will decide on how this will be delivered. **Dr Briscoe** asked, in respect of ongoing Neurology Review, if the Trust will voice its concerns regarding waiting lists for Neurology and other areas. **Mr Martyn** informed members that the Trust intends to highlight the waiting times and that he felt neurology would require investment to address training and recruitment needs.

Dr Briscoe noted the Trust increasingly relies on diagnostic imaging within the Independent Sector and asked what assurance is given in relation to the quality of the service provided. **Mr Martyn** advised members that the Trust has assurances through contracts and standards of agreements in place for all Independent Sector work outsourced by the Trust.

Dr Briscoe raised concern regarding Adult Speech and Language Services. **Ms Patterson** informed members that there had been some recruitment issues which are now beginning to resolve and agreed to follow up off line with Dr Briscoe in relation to the outcomes for Care Bundles.

**Ms
Patterson**

7.4 Annual Report on Medical Appraisal and Revalidation

The Chairman sought and obtained approval for the Annual Report on Medical Appraisal and Revalidation.

FOR NOTING

7.5 Schedule of Delegated Authority

Members received and noted briefing paper SET/22/2022, Schedule of Delegated Authority.

7.6 RQIA Review of Vulnerable People detained in NI Prisons

Members received and noted briefing paper SET/23/2022 RQIA Review of Vulnerable People detained in NI Prison.

7.7 Review into Operation of Care & Supervision Units (CSU)in the NI Prison Service

Members received and noted briefing paper SET/24/2022 Review into Operation of CSU in NI Prison.

7.8 Muckamore Abbey Hospital Public Inquiry

Members received and noted briefing paper SET/25/2022 Muckamore Abbey Hospital Public Inquiry.

7.9 Approved Minutes of the Governance Assurance Committee (GAC) Meeting held on 15 December 2021

Members received the approved minutes of the GAC Meeting held on 15 December 2021, which was noted by members. **Dr Briscoe** advised members that the RQIA Review of Vulnerable People detained in NI Prisons and the Review into Operation of CSU Prison Service in NI Prison was discussed in detail at the recent GAC meeting. **Mr Mawhinney** recorded his concern regarding the 400% increase in referrals for Prison Addiction Service.

8.0 ANY OTHER BUSINESS

The Chairman informed members that the Northern Ireland Healthcare Awards are coming up. Members were informed that there are 25 individuals from within the Trust who have been nominated as finalists. **The Chairman**, on behalf of the Board, congratulated the nominees and wished them well.

9.0 DATE AND VENUE OF NEXT MEETING

Wednesday 01st June 2022 at 14:15pm via Zoom hosted from the Board Room, Trust Headquarter, Dundonald.

Glossary of Terms:

ASB- Acute Services Block

BHSCT- Belfast Health and Social Care Trust

BGSAT – Board Governance Self-Assessment Tool

BSO- Business Services Organisation

CE- Chief Executive

CNO- Chief Nursing Officer

CRR- Corporate Risk Register

CSU Care & Supervision Units

DCE- Deputy Chief Executive

DoH- Department of Health

DSF- Delegated Statutory Functions

ED- Emergency Department

EMT- Executive Management Team

GAC- Governance Assurance Committee

GMC – General Medical Council

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)

MLU- Midwifery Led Unit

MOD- Ministry of Defence

NI- Northern Ireland

NED- Non-Executive Directors

NHSCT- Northern Health and Social Care Trust

NIAS- Northern Ireland Ambulance Service

OBC- Outline Business Case

OST- Opioid Substitution Therapy

PICU- Psychiatric Intensive Care

RMB- Rebuilding Management Board

RPOG- Regional Prioritising Oversight Group

RQIA- Regulation & Quality Improvement Authority.

SAI –Serious Adverse Incident

SET South Eastern Trust

SPPG: Strategic Performance and Planning Group (SPPG)

UH- Ulster Hospital