

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on 30 November 2022 at 12.35pm in the QIIC Hub, Trust Headquarters, Ulster Hospital, Dundonald

- PRESENT:** Mr J Patton, Chairman (Acting) of Trust Board
- Ms R Coulter, Chief Executive
- Mr N Brady, Non-Executive Director
Dr M Briscoe, Non-Executive Director
Mr C Martyn, Medical Director
Mr M Mawhinney, Non-Executive Director
Mrs H Minford, Non-Executive Director
Mrs H Moore, Director of Planning, Performance & Informatics
Mrs J O'Hagan, Non-Executive Director
Mrs M O'Kane, Director of Adult Services & Prison Healthcare
Ms N Patterson, Deputy Chief Executive, Director of Primary Care, Older People & Executive Director of Nursing
Mrs L Preece, Director of Children's Services & Executive Director of Social Work
Dr D Robinson, Director of Hospital Services
Mrs C Smyth, Interim Director of HR & Corporate Affairs
Ms W Thompson, Director of Finance and Estates
- IN ATTENDANCE:** Ms J Loughrey, Head of Communications
Mrs M McNally, Assistant Director, Risk Management and Governance (Board Secretary) (minutes)
Mr S Martin, Executive Support Services Manager (until Item 7.4)

OPENING REMARKS

The Chairman welcomed everyone in attendance before covering a number of housekeeping matters. **The Chairman** also thanked Members for facilitating today's changed order of business.

1.0 APOLOGIES

There were no apologies received.

2.0 DECLARATION OF INTERESTS

There were no declarations made relating to the business of the meeting.

3.0 CHAIRMAN'S BUSINESS

Members noted **SET/73/2022 Chairman's Report** with **Mr Mawhinney** commending the Head of Communications in relation to media engagement on strategic health matters. **Ms Loughrey** undertook to relay the comments back to her colleagues as it continued to be a whole and ongoing team effort.

Mrs O'Hagan requested an update on a recent meeting between HSC Chief Executives and Board Chairs following a Major Incident being declared. **Ms Coulter** explained there was an on-going review of what led to the Major Incident with a report to be prepared for Chief Executives to consider. **Mrs O'Hagan** replied HSCNI might find itself in similar circumstances again so it would be good to capture any learning when the report becomes available. **Mr Brady** referred to a series of recent media interviews given by a senior health official which had taken a different communication approach than heretofore seen and asked if there had been any feedback. **Ms Coulter** replied that her own reflection was it had been the correct approach given the subject matter. **The Chairman** referred to public concern within the Western HSC Trust area following service changes and highlighted the importance of corporacy in all matters now and going forward.

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Coulter firstly acknowledged the conclusion of an Inquest into the passing of Baby McVey. **Ms Coulter** expressed sincere condolences to Baby McVey's parents and family on their loss. **Ms Coulter** advised the Inquest's findings had been received and were being reviewed in partnership with DoH and SPPG.

The Chairman also recorded sincere condolences on behalf of Trust Board to Baby McVey's parents and family. **The Chairman** stated the death of a baby was always a tragedy. **The Chairman** conveyed staff remained heartbroken and their thoughts also continued to be with Baby McVey's parents and family.

Members noted **SET/74/22 Statutory Independent Public Inquiry into Urology Services in SHSCT Update** with **Ms Coulter** stating updates would be provided as appropriate. **Dr Briscoe** asked if the Trust had any involvement in terms of patients and **Mr Martyn** replied not to his knowledge.

Ms Coulter highlighted a number of recent Staff Achievements including the Dementia Companions Team winning a Best Dementia Team award, the Communications Team's success at the NI Social Media Awards, Ms Mairead McGrath being named Hospital Pharmacist of the Year, the Cancer Prehab Team and the Toward Zero Suicide initiative as finalists at the recent Nursing Times Awards as well as Lindsay House and Drumlough House recently celebrating 30 and 50 years respectively since first opening.

Ms Coulter referred to pending industrial action and advised RCN had formally notified their intention to strike with UNISON and NIPSA to commence Action Short of Strike with Strike Action to follow. **Ms Coulter** outlined current plans to prioritise patient safety during any period of industrial action noting there would inevitably be an impact on services which would need to be managed.

5.0 MINUTES OF THE PREVIOUS MEETING HELD ON 28 SEPTEMBER 2022

The minutes of the meeting held on 28 September 2022, having been previously circulated, were agreed as a true and accurate record.

6.0 MATTERS ARISING

Members noted **SET/75/2022 Matter Arising Sheet** with **the Chairman** advising that of six Matters Arising, three had been closed, one would be closed subject to approval of Agenda Item 7.1 with two others carried forward.

7.0 ITEMS FOR APPROVAL

7.1 2023 TRUST BOARD MEETING SCHEDULE

Members received, for approval, **SET/76/22 Trust Board Meeting Schedule**. **Dr Briscoe** stated the April Development Day may clash with a possible Governance Assurance Committee meeting and noted a typing error. **Mrs McNally** agreed to review and to correct the error. On that basis, **the Chairman** sought and obtained approval for the Schedule.

7.2 TRUST BOARD TERMS OF REFERENCE

Members received, for approval, **SET/77/22 Trust Board Terms of Reference** with **Mrs Smyth** stating that, following the annual Terms of Reference review, both a clean and tracked version had been tabled. **Mrs Smyth** explained the revisions which had taken account of Member feedback, updated NIAO Board Effectiveness Good Practice Guidance and the need to ensure consistency in Board and Committee terminology.

Mr Mawhinney remarked it was a much improved document with clarity on the role of Non-Executive Director as well as voting and non-voting Directors. **Mr Mawhinney** proposed Section 9.3 reflect involvement in grievance panels which was agreed. On that basis, **the Chairman** sought and obtained approval for the Terms of Reference.

7.3 GOVERNANCE ASSURANCE COMMITTEE TERMS OF REFERENCE

Members received, for approval, **SET/78/22 Governance Assurance Committee Terms of Reference**. **Dr Briscoe** proposed approval highlighting significant revisions reflecting new integrated governance processes and explained Member feedback had led to clear definitions of the Committee's remit and those of relevant Sub-Committees. Following discussion, **the Chairman** sought and obtained approval.

7.4 INTERIM REPORT ON THE DISCHARGE OF DELEGATED STATUTORY FUNCTIONS (1 APRIL 2022 to 30 SEPTEMBER 2022)

Members received, for approval, **SET/79/22 Interim Report on the Discharge of Delegated Statutory Functions** with **Mrs Preece** advising the Report provided assurance and analysis of the provision of delegated directed statutory functions across Children's Services with the Trust confirming it is satisfied delegated directed statutory function requirements had achieved reasonable compliance across all service areas. **Mrs**

Preece stated workforce issues continue to impact services and remains a risk on the Corporate Risk Register. **Mrs Preece** confirmed EMT recently approved the Report for submission to SPPG pending Board approval.

Mrs O'Hagan stated how impressed she had been with efforts to tackle Unallocated Cases outlined at the recent Quality4All event and asked what plans were there to roll out further. **Mrs Preece** replied planning was at an advanced stage. **Ms Patterson** added there was transferrable learning which EMT were keen to develop. **Dr Briscoe** asked for an update on workforce pressures. **Mrs Moore** highlighted specific challenges facing Children's Services and work underway to promote social care roles.

Following discussion, **the Chairman** sought and obtained approval.

8.0 ITEMS FOR DISCUSSION

8.1 UNSCHEDULED CARE PRESSURES & RELIEF MEASURES

Members received a verbal briefing from **Dr Robinson** and **Ms Patterson** on **Unscheduled Care Pressures and Relief Measures**. **Ms Patterson** highlighted how a cross-directorate multi-disciplinary approach was proving a strong foundation upon which current pressures were being responded to. **Ms Patterson** explained how innovative use of technology and partnership working with the independent sector had assisted discharge efforts. **Dr Robinson** explained the elective response, current ED challenges and emphasised staff were working at full capacity.

Mr Brady asked there were any commonalities to describe those currently waiting on corridor beds. **Dr Robinson** replied the majority were being admitted to medical wards. **Mr Brady** asked how the new discharge lounge might assist. **Ms Patterson** advised delays occur where medically fit patients are unable to vacate their bed so the discharge lounge was an important development to free up capacity where a patient is due to go home or transfer elsewhere. **Mr Mawhinney** stated he took comfort in the efforts to date but noted a number of proposed actions were not within the Trust's ability to implement. **Mr Mawhinney** asked what increased investment had there been in workforce and culture. **Ms Patterson** replied teams were consistently building on what they had already been doing while constructively challenging themselves to achieve the best outcomes possible. **Dr Briscoe** stated the recent World Quality Day had showcased a positive quality improvement culture across the Trust. **Mr Mawhinney** replied there was always a need to be mindful of perception over reality. **Mrs Minford** stated 'hearts and minds' were crucial and Non-Executive Directors had a role in reinforcing key messages of support for staff especially over the coming months.

Mrs O'Hagan agreed Non-Executive Director visibility was very important and welcomed the opportunity to engage with staff. **Mrs O'Hagan** asked

what efforts were there to develop nurse led discharges and upskill staff. **Dr Robinson** replied the NHS was funded on a Monday to Friday model so historically there is less staff cover at weekends. **Dr Robinson** outlined a number of developments to expand capacity including increasing the number of Deputy Ward Managers available. **Ms Patterson** added there was more work to do to develop nurse-led discharge. **Dr Briscoe** sought assurance in terms of safety and current ED pressures with **Dr Robinson** replying he was confident staff were doing their best to balance pressures and prioritise patient safety. **Ms Coulter** added elevating hospital pressures remained a major focus and she had been encouraged by the dedication of staff in what has been a Trust wide effort.

8.2 FINANCIAL REPORT AS OF 31 OCTOBER 2022 (MONTH 7)

Members received, for discussion, **SET/80/2022 Financial Report at of 31 October 2022** with **Ms Thompson** advising there had been a significant improvement in the core deficit position primarily due to securing non-recurrent funds to address a number of inescapable pressures reducing the deficit from £34m to £7.8m. **Ms Thompson** added a pause on all minor capital works other than for health and safety and the release of some amounts held for staff regrading appeals following a change in spend profile had assisted.

Ms Thompson stated the financial position remained under pressure given ongoing acute inpatient bed over-occupancy and non-pay inflationary increases with a number of costs attributed to COVID around additional workforce proving challenging to step down with a number now incorporated into the core position with a regular review process in place. **Ms Thompson** confirmed that total CRL expenditure sits at £5.9m against funding of £28.04m with DoH having been advised of a £1m slip on the UHD Phase B project together with a potential associated slip though full spend is still expected to be achieved by year end against other allocations.

Mr Brady asked if the additional non-recurrent funding was received as part of last week's 2022/23 budget announcement as it related to the current forecast HSCNI deficit. **Ms Thompson** confirmed the announcement provided the necessary budgetary authority for 2022/23.

8.3 INTEGRATED PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, **SET/81/22 Integrated Performance Management Report (October 2022)** with **Mrs Moore** highlighting:

- The number of metrics increased to 52 from last month with performance against trajectories amounting to 18 on target, 30 outside target and 4 where data not yet available.
- Within **Hospital Services, Cancer Performance** achieved 98% for 14 days (against 100% target up from 80% last month), 95% for 31 days (against 98% up from 93%) and 34% for 62 days (against 95%

- up from 28%). **Mrs Moore** explained pathology reporting delays had impacted some figures and highlighted Gynae and ENT pressures.
- **Unscheduled Care (USC)** achieved 60.2% treated and discharged home or admitted within the 4-hour target (against 95% down from 61.8%) with UHD the top performing ED service in terms of patient assessment though inpatient bed delays continue to impact the management of new attendances.
 - **Adult Non-Elective Length of Stay** average was 8.1 days (against 7.5 day target) and **Outpatient Review Activity** saw 14,094 contacts (against 13,377 target).
 - **Community Dental** had 214 new contacts (against 181 up from 159) and 822 reviews (against 932).
 - **Complex Discharges** achieved 50% of discharges within less than two days (against 90% up from 47%) and discharges less than seven days at 80% (against 100% up from 77%).
 - **District Nursing** had 23,795 contacts (against 29,265 target) with **Mrs Moore** noting there are no service waiting lists as caseload is fluid and subject to regional referral criteria adding they faced increased case complexity and Early Intervention work.
 - **Dementia Services** had 137 new contacts (against 181 or 76% of target) and 828 review contacts (against 725 or 114% of target). **Mrs Moore** stated non-attendance remained higher than expected and work had commenced with Volunteer Services to help redress what might be a consequence of the pandemic.
 - **Adult Mental Health** had 310 patients wait more than nine weeks for assessment and 72.6% access treatment within nine weeks.
 - **Children's Services** completed 92 initial Family Assessments (80% of target up from 55%).
 - **Unallocated Cases** stood at 382 (down from 398 with those over 20 days totalled 284 down 29) with each service area implementing Action Plans but sustaining a downward trend remains dependant on staff availability so could be impacted by further workforce pressures.
 - **Child Protection** saw 83% of initial case conference assessments held within fifteen days (99% of target), 87% of review assessments within three months (102% of target) and 88% of subsequent assessments within six months (99% of target).

Mrs O'Hagan asked for an update on the current elective position and stated she was keen to review the extent of independent sector provision. **Dr Robinson** responded highlighting the benefit of fortnightly multi-disciplinary meetings to consider sustainability and DoH/SPPG scrutiny of elective activity regionally. **Mrs Minford** asked about the use of volunteers in supporting Dementia services and **Mrs Moore** provided additional information. **Dr Briscoe** proposed the front pages of the report revert to what had used previously. **Mrs Moore** agreed to action accordingly.

Mr Brady sought clarification on those areas with the longest waiting times. **Dr Robinson** replied highlighting a number of areas and advised priority remained with the red flag list. **Ms Coulter** stated further detail on those areas with the longest waiting times could be incorporated adding EMT remained focused on tackling challenging facing services experiencing unprecedented demand such as Mental Health.

8.4 MUCKAMORE ABBEY HOSPITAL: PUBLIC CONSULTATION LAUNCH

Members received, for discussion, **SET/82/22 Muckamore Abbey Hospital: Public Consultation Launch** with **Mrs O’Kane** stating Minister Swann had recently launched a public consultation on closing Muckamore Abbey Hospital as a specialist Learning Disability hospital.

Mrs O’Kane advised the document outlined service development over many years, detailed a proposal to close and the process by which resettlement would occur. **Mrs O’Kane** stated the consultation will close on 24 January 2023 and DoH will then produce a response report. **Mrs O’Hagan** asked if there would be an opportunity for feedback. **Mrs O’Kane** stated the consultation was open to the public and next steps would be outlined by DoH in their response report. **Dr Briscoe** asked about plans for patients in residence. **Mrs O’Kane** explained the proposed process and advised proactive engagement with families continues to be a priority.

8.5 ENCOMPASS UPDATE

Members received a verbal update from **Mrs Moore** on the **Encompass Programme**. **Mrs Moore** confirmed preparations continue highlighting that in respect of systems readiness, Trust ‘Super Users’ were currently being actively identified and advised regional governance arrangements were being refined with feedback expected shortly. **Mrs Moore** also confirmed Encompass had been added to the Trust’s Corporate Risk Register.

8.6 QUALITY4ALL UPDATE

Members received a verbal update from **Mrs Moore** on the Corporate Improvement Priorities. **Mrs Moore** referred to previous discussion in respect of Unscheduled Care and managing patient discharge as well as a process mapping exercise within Domiciliary Care together with other current projects. **Mrs Moore** provided additional information on the Action Plans to reduce Unallocated Cases and concluded by referencing the recent Quality4All events as having been positively received.

9.0 ITEMS FOR NOTING

9.1 REVISED CODE OF CONDUCT & CODE OF ACCOUNTABILITY FOR ALB BOARD CHAIRS & MEMBERS

Members noted **SET/83/22 Revised Code of Conduct & Code of Accountability for ALB Board Chairs & Members** with the Chairman advising Members to make themselves familiar with the new guidance.

9.2 LAGAN VALLEY HOSPITAL: ENDOSCOPY EXTENSION REVENUE BUSINESS CASE

Members noted **SET/84/22 LVH: Endoscopy Extension Revenue Business Case** with **Ms Thompson** advising the documents had been approved in accordance with Standing Financial Instructions.

Mr Mawhinney asked for clarification on what was meant by the term 'for noting' in respect of both Items 9.2 and 9.3. **The Chairman** advised that matters tabled for noting provide visibility for Members but are not considered in need of wider discussion in this forum otherwise they would be tabled under a different section of the meeting for deliberation.

9.3 LAGAN VALLEY HOSPITAL: DAY PROCEDURE REVENUE BUSINESS CASE

Members noted **SET/85/22 LVH: Day Procedure Revenue Business Case** with **Ms Thompson** advising the documents had been approved in accordance with Standing Financial Instructions.

10.0 COMMITTEE BUSINESS

10.1 APPROVED MINUTES OF CHARITABLE FUNDS COMMITTEE HELD ON 27 JUNE 2022

Members noted the **approved minutes of Charitable Funds Committee held on 27 June 2022** with **Mrs Minford** confirming, as Committee Chair, there were no matters arising or for escalation.

10.2 APPROVED MINUTES OF AUDIT COMMITTEE HELD ON 15 JUNE 2022

Members noted the **approved minutes of Audit Committee held on 15 June 2022** with **Mr Brady** confirming, as Committee Chair, there were no matters arising or for escalation.

10.3 APPROVED MINUTES OF GOVERNANCE ASSURANCE COMMITTEE HELD ON 15 JUNE 2022

Members noted the **approved minutes of Governance Assurance Committee held on 15 June 2022** with **Dr Briscoe** confirming, as Committee Chair, there were no matters arising or for escalation.

10.4 APPROVED MINUTES OF FINANCE & PERFORMANCE COMMITTEE HELD ON 14 SEPTEMBER 2022

Members noted the **approved minutes of Finance & Performance Committee held on 14 September 2022** with **Mr Mawhinney** confirming, as Committee Chair, there were no matters arising or for escalation.

11.0 ANY OTHER BUSINESS

There were no additional matters raised.

12.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next Public Board meeting would be on Wednesday 25 January 2023 at 2.30pm at Trust Headquarters, Ulster Hospital, Dundonald.

The Chairman recorded best wishes to all Trust staff and Board colleagues for an enjoyable and safe Christmas period. **The Chairman** concluded by thanking everyone for their participation and declared the meeting closed at 2.40pm.