

## **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

### **Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 26 June 2024 at 2.11pm in the QIIC Share Hall, Ards Community Hospital, Newtownards**

- PRESENT:** Mr J Patton, Chairman of Trust Board
- Ms R Coulter, Chief Executive
- Mrs C-M Dickson, Director of Primary Care & Older People's Services  
Mr K Donaghy, Non-Executive Director  
Mr R Havlin, Non-Executive Director  
Mr C Martyn, Medical Director  
Mr N McKinley, Non-Executive Director  
Mrs H Minford, Non-Executive Director  
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer  
Mrs J O'Hagan, Non-Executive Director  
Mrs L Preece, Director of Children's Services & Executive Director of Social Work  
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics  
Mrs A Quirk, Non-Executive Director  
Mrs C Smyth, Director of People & Organisational Development  
Dr D Robinson, Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Patient Experience  
Ms W Thompson, Deputy Chief Executive, Director of Finance and Estates
- IN ATTENDANCE:** Mrs M McNally, Assistant Director, Risk Management & Governance (Board Secretary)  
Ms J Loughrey, Head of Communications  
Mrs E Hannaway, Assistant Director, Performance & Information Executive Support Manager, Chief Executive's Office (minutes)

#### **OPENING REMARKS**

**The Chairman** welcomed those present and covered a number of house-keeping items. **The Chairman** particularly welcomed Ms Hannaway attending on behalf of Mrs Moore.

**The Chairman** advised the Investors in People presentation scheduled for the commencement of today's meeting had been deferred due to staff illness.

#### **1.0 APOLOGIES**

Apologies were noted for Mrs Gibbs (Director of Adult Services & Healthcare in Prison), Mr Brady (Non-Executive Director) and Mrs Moore (Director of Planning, Performance & Informatics).

#### **2.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS**

There were no declarations of interest made at this juncture or during the meeting.

### 3.0 **CHAIRMAN'S BUSINESS**

**The Chairman** advised that, due to annual leave, he had submitted a late report (SET/51/24) which should now be available for Members.

**The Chairman** stated DoH had recently launched a Public Appointments competition for new HSC Trust Non-Executive Directors (NEDs) which would likely see a total of three new NEDs appointed to Trust Board at the beginning of 2025 given Mrs Minford, Mrs O'Hagan and Mr Brady were due to complete their final terms of office at that time.

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

**Ms Coulter** provided an update on the NHS Confederation Conference held a number of weeks ago at which both she and the Chairman were in attendance. **Ms Coulter** commended the organisers for what she described as one of the best she had attended focused on the key message of addressing inequalities as the most effective way to tackling demand in secondary care with decisions taken to reflect those priorities.

**The Chairman** agreed on the value of this year's Conference noting the work undertaken by the Confederation with all the main political parties in advance of this year's General Election would hopefully inform key initiatives taken forward in the next Parliament.

**Ms Coulter** also congratulated SET staff recognised at the recent RCN NI Annual Awards.

### 5.0 **MINUTES OF THE PREVIOUS MEETING HELD ON 29 MAY 2024**

Members agreed the aforementioned minutes, having both been previously circulated, as a true and accurate record of each meeting.

### 6.0 **MATTERS ARISING**

Members noted **SET/52/24 Matters Arising Sheet** of which there were nine items – all of which had been completed or would be closed during the course of today's meeting.

In respect of one item (GP Encompass interface), **Mrs Dickson** provided an update on the work of the GP Advisory Forum.

### 7.0 **ITEMS FOR DECISION**

#### 7.1 **TERMS OF REFERENCE: TRUST BOARD**

Members received, for decision, **SET/53/24 Trust Board Terms of Reference**.

**The Chairman** explained that, following a review of other HSC Trust Board arrangements, provision had now been included the Head of Communications attending Board meetings (or parts thereof) held in confidential session. **The Chairman** added this would bring SET into line with other HSC Trusts.

Following this discussion, **the Chairman** sought and received approval for the revised Trust Board Terms of Reference as tabled.

## **7.2 TERMS OF REFERENCE: AUDIT COMMITTEE**

Members received, for decision, **SET/40/24 Audit Committee Terms of Reference** and noted this item had been deferred from the previous meeting with the Committee having endorsed the proposed revisions at their meeting held on 9 May 2024.

There being no further amendments, **the Chairman** sought and received approval for the revised Committee Terms of Reference as tabled.

## **7.3 TERMS OF REFERENCE: GOVERNANCE ASSURANCE COMMITTEE**

Members received, for decision, **SET/41/24 Governance Assurance Committee Terms of Reference** and noted this item had been deferred from the previous meeting with the Committee having endorsed the proposed revisions at their meeting held on 10 April 2024.

There being no further amendments, **the Chairman** sought and received approval for the revised Committee Terms of Reference as tabled.

## **7.4 TERMS OF REFERENCE: CHARITABLE FUNDS COMMITTEE**

Members received, for decision, **SET/54/24 Charitable Funds Committee Terms of Reference** and noted that the Committee had endorsed the proposed revisions at their meeting held on 26 June 2024.

There being no further amendments, **the Chairman** sought and received approval for the revised Committee Terms of Reference as tabled.

## **7.5 CORPORATE PLAN 2024/25**

Members received, for decision, **SET/55/24 Corporate Plan 2024/25**.

**Ms Hannaway** referred to Mrs Moore's presentation given at the previous meeting and advised a revised version was now tabled for approval subject to minor amendments being incorporated before publication on the SET website. **Mrs O'Hagan** asked when the Corporate Plan would translate into the Trust Delivery Plan (TDP). **Ms Hannaway** explained the TDP would be informed by the overall Commissioning Plan which had not yet been received. **Ms Coulter** clarified the Corporate Plan was not linked to the TDP.

Following this discussion, **the Chairman** sought and received approval for the revised Corporate Plan for 2024/25 as tabled.

## **7.6 CORPORATE IMPROVEMENT PRIORITIES**

Members received, for decision, **SET/66/24 Corporate Improvement Priorities**

**Mrs Dickson** explained SET launched Quality4All Strategy in 2022 establish a Quality Management approach to planning, delivering and evaluating services. As part of this, three Corporate Improvement Priorities were established **Unscheduled Care, Domiciliary Care and Social Work Unallocated Cases**.

**Mrs Dickson** stated initial work included system design, looking at the wider aspects of services including population need and demand, primary and community care interfaces and exploring partnership opportunities. **Mrs Dickson** commented teams across acute and community services were supported by the Quality Team and corporate services to develop projects which saw improvement methodology applied to service innovation including aims, measurement plans and impact evaluation. **Mrs Dickson** noted regular progress reports had been submitted to EMT and Trust Board highlighting the work on eco-system mapping recognised as exceptional practice by the International Integrated Care Conference.

**Mrs Dickson** commended the legacy of this work helping to facilitate long-term change in complex settings with the foundation of the Quality approach, the Domiciliary Modernisation work and the Community and Hospital Action Flow Action Plan - all of which will continue. **Mrs Dickson** advised it was time to re-evaluate, explore organisational challenges and ensure these align to the Corporate Plan and Directorate-specific priorities.

**Mrs Dickson** explained a Directorate Planning session was conducted in May where all senior teams focused on current services and considered them against population and staff needs. Each Directorate identified three Priorities ranging from reviewing and stabilising services, improving organisational culture and staff support, digitalisation and governance processes. **Mrs Dickson** highlighted three areas for focus arising from the session as being the proposed new Corporate Improvement Priorities namely:

- **People**
- **Frailty**
- **Encompass**

### **People**

**Mrs Dickson** stated one key domain of the Quality Strategy was 'Our People' – a focus amplified by the People Plan. Recognising the significance of staff pressures and the learning from the encompass staff survey, staff wished to focus resource on health and wellbeing. **Mrs Dickson** explained this Corporate Priority would be co-led by the Quality and Organisational Development teams exploring best practice elsewhere.

### **Frailty**

**Mrs Dickson** stated an aging demographic with comorbidities and increased Length of Stay in acute and residential units highlighted the need to focus further resource in this area. The regional ambition for Same Day Emergency Care and exploration of frail elderly pathways in Hospital and Community Flow would be considered in the initial phase of system mapping.

### **encompass**

As encompass stabilisation continues, the focus of this Priority would be to establish team ownership and capability to make data driven service decisions. **Mrs Dickson** explained this would be a collaborative effort with the Quality

Team, Organisational Development and the encompass Professional Leads. The hope is to explore the current practice amongst services and design a Quality Programme to build capability to leverage the potential of encompass in service development.

**Mrs Dickson** concluded that, if approved, each theme would be explored on a system level, understanding the regional and corporate ambition and time spent exploring the Directorate and service settings.

**Mrs Minford** referred to staff engagement and how this might be achieved. **Mrs Dickson** explained staff would input into their team Action Plans which would contain measurable actions attributed to each issue thereby building team and individual ownership of the Action Plan. **Mrs Smyth** explained there had not been a Trust-wide Staff Survey for a number of years but her team had garnered important information from the recent IIP exercise – a summary of which had been due to be presented at today's meeting. **Mrs Smyth** advised a team-based approach would be developed to implement actions needed to create positive change.

**Mrs Minford** stated such an effort would require significant resource before being in a position to deliver. **Mrs Smyth** replied there was a clear role for the People & Culture Committee to monitor what would be a whole system approach to understanding what tangible outcomes would look like and how it would be shown a positive difference was being achieved.

**Mr McKinley** commended the focus on frailty but asked should SET be challenging itself in respect of its work with young people with a focus on their vulnerability. **Mrs Preece** provided a comprehensive overview of the Quality Improvement work taking place across Children's Services with a focus on timely access to children on the edge of care so as to reduce the number of young people coming into the system. **Mrs Preece** explained early intervention efforts allow for resource and support to be redirected towards other vulnerable families such as those on an ASD pathway providing them with a wraparound emotional wellbeing service so those families are supported in some way while they wait to be progressed through the system.

**Mr McKinley** asked why the SDP metrics had not been highlighted within this piece of work in order to make a broader connection between overall performance and the Corporate Improvement Priorities. **Mrs Dickson** replied the three proposed new Priorities were those that all teams had agreed as central to what they need to take forward collectively while most SDP metrics were Directorate specific. **Mr Neil** commented that Cancer Performance would be an example of that with 90% of the metric performance sitting within his Directorate so was not cross-directorate in nature while the Corporate Improvement Priorities would be applicable across SET. **Mrs Dickson** added the encompass journey was also in its infancy with so much more data now available to assist in maximising better patient outcomes.

**Ms Coulter** welcomed the discussion as Quality Improvement had always been a consistent thread within SET's culture. **Ms Coulter** stated every member of staff has their role to play and this extended to NED colleagues who may wish to become involved.

**Mrs O'Hagan** asked what would now happen to the previously agreed Corporate Improvement Priorities and what would be brought forward to ensure progress is sustained. **Mrs O'Hagan** also asked if the three new proposed Priorities would involve eco-mapping. **Mrs Dickson** provided a summary of where each of the current Priorities now sat and how these would be taken forward referring back to the tabled paper noting other methodology may be used specific to each Priority.

**The Chairman** stated it was important to record how much had been achieved to date and he was greatly encouraged by the choice of the three proposed Priorities going forward. **The Chairman** added today's discussion had been lengthy but worthwhile in order to understand where SET goes from here in terms of Quality Improvement and he would echo Ms Coulter's comments that NEDs were very welcome to attend any of the forthcoming Quality Team courses or events.

**Mrs O'Hagan** stated there appeared to be a lack of reference to service user engagement, insufficient mention of Independent Sector involvement in respect of Frailty and the potential impact of the new ICS model. **Mrs Dickson** replied both the Independent Sector and server users through the SET Service User Forum had been and would be central to achieving best outcomes. **Ms Coulter** provided a brief update in respect of ICS and **Mr Donaghy** commented it was vital the new ICS Programme take key lessons from the previous LCG model.

**Mr McKinley** commended the inclusion of Appendix 3 - Encompass 3 Months Learning Survey Report as a fantastic piece of work. **Mrs Dickson** stated staff would very much come to the fore and making decisions with Management based on their experience of our systems. **Mrs Quirk** referred to a recent event organised by 'Social Change' in respect of a 'Wellbeing Future Generations Act' and suggested she could feedback useful information to SET on a number of common themes relating to health and social care. **Ms Coulter** welcomed this suggestion noting that the health service was believed to be responsible for approximately 20% of wider health determinants.

**Mrs Minford** asked what difference was hoped for with respect to a new ICS approach. **Ms Coulter** replied the system was well developed in England and had demonstrated important benefits. **Ms Coulter** proposed and Members agreed that a presentation be brought to the next meeting.

Following this discussion, **the Chairman** sought and received approval for the proposed Corporate Improvement Priorities as presented.

## **8.0** **ITEMS FOR DISCUSSION**

### **8.1** **FINANCIAL REPORT – MONTH 2 2024/25**

Members received, for discussion, **SET/56/24 Financial Report – Month 2 2024/24**.

**Ms Thompson** advised that for the period ending May 2024, SET was reporting a YTD deficit of £5.7m and a full year deficit of £34.5m subject to in-year achievement of £26.8m of low/medium impact savings – as detailed at Page 8

thereof. **Ms Thompson** explained that at this early part of the new financial year, expenditure trends were showing small increases against those in prior year, over and above funded tariff increases in the social sector but this would continue to be monitored closely. **Ms Thompson** also provided an update in respect of CRL proposed in respect of the forthcoming year as outlined at Page 5 thereof.

**Mrs O'Hagan** asked what actions were being taken to achieve significant savings in terms of medical locum spend in the context of the low/medium impact measures being implemented. **Ms Thompson** replied there was an ongoing targeted review of high-cost locum spends and work focused on achieving sustainable exit strategies without material impact on service delivery. **Ms Thompson** also highlighted the need to standardise rates of pay regionally. **Ms Thompson** referred to a planned regional workshop later this month which would examine both junior and middle grades adding that a number of issues had recently been raised with the Permanent Secretary recently on a number of issues on which DoH could provide clear direction on to improve the overall position.

**Mr McKinley** referred to Page 3 and asked if the Finance Team had any sense as yet in terms of current run rates, costs and activity. **Ms Thompson** replied it was still early days in terms of the 2024/25 financial reporting period but their sense was current spending was running at least in line with Q4 2023/24.

## 8.2 INTEGRATED PERFORMANCE MONITORING REPORT – MAY 2024

Members received, for discussion, **SET/57/24 Integrated Performance Monitoring Report – May 2024**

**Ms Hannaway** advised that the 2024/25 metrics for monitoring were released by SPPG on 10 June 2024 with most targets remaining the same as 2023/24. **Ms Hannaway** explained a small number had been revised as follows:

- 10% reduction in unmet need hours (full and partial packages) across all POCs by March 2025
- 5% increase in Direct Payments in effect by March 2025
- Endoscopy 19/20 baseline plus 6,000 scopes per year
- Average Non-Elective Length of Stay reduced by 1 day.

**Ms Hannaway** stated Performance against Trajectories sat as follows:

- 12% of SDP trajectories – status against trajectory greater than 5%
- 4% between 0% and 5%
- 6% between -5% and -1%
- 78% less than -5%

**Ms Hannaway** provided an update in respect to a number of key areas including cancer performance (Slides 16 & 17) advising SET were consistently hitting the 39 day target (97% against 98%) but the challenge remained with meeting the 14 day initial appointment target (6% against 100%) largely due to diagnostic delays. With respect to Unscheduled Care (Slide 18), **Ms Hannaway** stated 53% of all patients within EDs were seen within the 4 hour target (42% UHD, 77% LVH and 97% Downe UCC) – a slightly improved figure on last month despite 6% higher

attendance vs April 2024. **Ms Hannaway** highlighted NIAS handover times (Slide 20) at UHD continued to improve thanks to the ongoing QI work in this area.

**Ms Hannaway** explained Complex Discharges (Slide 32) stood at 42% completed within 48 hours against a 90% target with performance having been impacted by significant workflow issues. In respect of Unallocated Cases (Slide 47), there were 173 unallocated over 20 days excluding cases for Gateway and Children's Disability Services with a total of 883 unallocated cases with 805 of these waiting over 20 days and 768 waiting over 30 (inclusive of all unallocated cases).

**Mrs Preece** advised she had presented to the Finance & Performance Committee on Monday 24 June 2024 on Unallocated Cases noting her team had actively working on improving case management and the Collaborative Unallocated Process (CUP) model had been successfully implemented across Safeguarding Child and Family Teams and Children's Disability fieldwork teams. **Mrs Preece** highlighted that, despite efforts to recruit and retain social work staff, there remains significant vacancies across her services. **Mrs Preece** also referred to an issue relating to a significant number of young people who remain within Children's Services despite turning 18 and that she was working with Mrs Gibbs' team to rectify this hopefully in time for the next meeting. **Mrs Minford** commented the Finance & Performance Committee meeting had been very informative in helping to define what constituted an Unallocated Case.

**Mr McKinley** asked how he might interpret the summary on Slide 5. **Ms Hannaway** explained Performance against Trajectories for SDP metrics were reported monthly and tabled at quarterly Performance & Transformation Executive Board (PTEB) meetings where performance levels are reviewed and narrative required to explain where the metric is less than -5% variance against trajectory. **Ms Hannaway** stated 49 metrics were monitored and reported upon for these purposes with those derived from Encompass subject to ongoing review to increase data accuracy as set out on Slide 6.

**Mrs O'Hagan** referred to the KPIs detailed on Slides 10 to 15 noting many had a measure but no listed target. **Mrs O'Hagan** asked why that was and how then those without a target were measured. **Ms Hannaway** replied data such as ED attendances do not have a target but their inclusion provided context. **Ms Hannaway** stated some 140 metrics were monitored by her team and the 49 SDP metrics formed the Report's summary table adding where a trend develops elsewhere this would be escalated. **Mrs O'Hagan** replied it seemed Members were dependant on SET staff to identify trends to alert the Board for oversight purposes. **Mrs Dickson** highlighted the usefulness of the icons against each KPI which identified such trends.

**Mrs Minford** stated she had been uncertain as to the use of the 'grey' icon and asked for an update in respect of Maternity Services KPI performance (Slide 14). **Ms Parks** provided an update highlighting a 48% C-section rate being contrasted against a regional average of 38% - a figure based on 2022 data – and the work being undertaken to review why that might be. **Ms Parks** added there was no updated regional information to make comparisons. **Mrs Minford** stated further progress was needed in this area with **Mr Martyn** adding figures presented in isolation did not always provide the context required to understand the multiple factors impacting performance in any given area.

**The Chairman** referred to **NIAS turnaround times** (Slide 20) and commended the teams involved for achieving such a positive outcome. **Mr Neil** referred to the paper tabled under Agenda Item 7.6 as providing a comprehensive briefing on how this had been achieved. **Mrs O'Hagan** asked if the new UHD ED facility had assisted in this effort. **Mr Neil** replied its opening had contributed positively to the overall effort towards improved co-ordination.

## **9.0**      **ITEMS FOR NOTING**

### **9.1**      **ANNUAL REPORT: CELEBRATION OF NURSING & MIDWIFERY**

Members noted the aforementioned Annual Report (**SET/45/24**).

**Mrs O'Hagan** commended the Report as demonstrating how much staff go above and beyond in what they do in patient care. **Dr Robinson** stated the Report had been shared with AS and A-Level students to give them an understanding of Nursing & Midwifery with **Mrs O'Hagan** adding she hoped it would prove useful in terms of future recruitment.

### **9.2**      **ANNUAL REPORT: INVOLVEMENT AND EXPERIENCE**

Members noted the aforementioned Annual Report (**SET/58/24**).

### **9.3**      **DoH PUBLICATION: REVIEW OF GENERAL SURGERY**

Members noted the aforementioned DoH Publication (**SET/60/24**).

### **9.4**      **DoH PUBLICATION: ELECTIVE CARE FRAMEWORK**

Members noted the aforementioned DoH Publication (**SET/61/24**).

### **9.5**      **DoH SEHSCT PARTNERSHIP AGREEMENT**

Members noted the final version of the aforementioned Agreement (**SET/62/24**).

### **9.6**      **SCHEME OF DELEGATED AUTHORITY**

Members noted the revised version of the aforementioned SoDA (**SET/63/24**).

## **10.0**      **COMMITTEE BUSINESS**

### **10.1**      **APPROVED MINUTES: AUDIT COMMITTEE – 11 APRIL 2024**

Members noted the aforementioned minutes (**SET/63/24**) with no items of escalation.

### **10.2**      **APPROVED MINUTES: CHARITABLE FUNDS COMMITTEE – 31 JANUARY 2024**

Members noted the aforementioned minutes (**SET/64/24**) with no items for escalation.

**10.3 APPROVED MINUTES: FINANCE & PERFORMANCE COMMITTEE – 29 APRIL 2024**

Members noted the aforementioned minutes (**SET/65/24**) with no items for escalation.

**11.0 ANY OTHER BUSINESS**

**The Chairman** referred to Mrs McNally's previous request for any final input from Members into the draft BGSAT and asked for any final comments to be submitted no later than 28 June 2024.

**12.0 DATE AND VENUE OF NEXT MEETING**

**The Chairman** advised the next Public Board meeting was to be held on Wednesday 28 August 2024 at 2.30pm in the Great Hall, Downe Hospital, Downpatrick.

**The Chairman** then closed the meeting at 3.45pm.