SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 28 August 2024 at 2.30pm in the Great Hall, Downshire Estate, Downe Hospital, Downpatrick

PRESENT: Mr J Patton, Chairman of Trust Board

Ms R Coulter, Chief Executive

Mr N Brady, Non-Executive Director
Mrs C-M Dickson, Director of Primary Care & Older People's Services
Mr K Donaghy, Non-Executive Director
Mrs R Gibbs, Director of Adult Services & Healthcare in Prison
Mr C Martyn, Medical Director
Mrs H Moore, Director of Planning, Performance & Informatics
Mrs H Minford, Non-Executive Director
Mr M Neil, Director of Unscheduled Care, Medicine & Cancer
Mrs J O'Hagan, Non-Executive Director
Ms M Parks, Director of Surgery, Elective Care, Maternity & Paediatrics
Mrs A Quirk, Non-Executive Director
Mrs C Smyth, Director of People & Organisational Development
Ms W Thompson, Deputy Chief Executive, Director of Finance & Estates

IN ATTENDANCE: Dr L Armstrong, Consultant Geriatrician, Clinical Lead for Older Adults Living with Frailty (for presentation only)
Mrs M McNally, Assistant Director, Risk Management & Governance (Board Secretary)
Ms R Devlin, Assistant Director, Nursing Workforce, Education & Development
Mr M Largey, Assistant Director, Fostering, Adoption, Permanence, Children's Disability & SETConnects
Ms J Loughrey, Head of Communications
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 Devlin and Mr Largey who were attending today's Trust Board meetings on behalf of their respective Directors.

PRESENTATION: FRAILTY – CORPORATE IMPROVEMENT PRIORTY

Mr Neil welcomed Dr Armstrong to present on the importance of Frailty as one of SET's new Corporate Improvement Priorities. **Dr Armstrong** explained that frailty was a long term distinct health state associated with ageing but not universally present with age where multiple body systems lose reserve capacity resulting in increased vulnerability to poor outcomes when hospitalised. **Dr Armstrong** outlined why it was a demographic imperative that frailty should be a priority and presented two case studies detailing two contrasting patient journeys in the latter months of their lives. **Dr Armstrong** contended that current 'usual care' was leading to increased adverse outcomes, increased dependency, reduced mental well-being and quality of life. **Dr Armstrong** advocated for the 'Comprehensive Geriatric Assessment' (CGA) approach as gold standard being a holistic, multi-

dimensional, multi-disciplinary individual assessment resulting in the formulation of a list of needs and issues to tackle together with an individualised care and support plan tailored to individual needs, wants and prioritises. **Dr Armstrong** then concluded by outlining the strategic context and key next steps to ensure a sustainable approach for the long term can be implemented and developed.

The Chairman thanked Dr Armstrong for an excellent presentation and for sharing her own family experience on the current system where it worked positively. **Mr Brady** asked if Dr Armstrong had a magic wane what would be the first thing that could be done to help make progress in this area. **Dr Armstrong** replied it was encouraging Trust Board had made Frailty a Corporate Improvement Priority adding high quality training would be fundamental to building on the foundations already in place to sustain and scale change across the organisation. **Dr Armstrong** also identified the need to develop community care to shorten length of hospital stay.

Mrs O'Hagan stated it appeared the key difference between the two case studies presented was advocacy and how positive effective representation can make a real difference to outcomes adding it was perhaps an area SET could assist families with. **Dr Armstrong** noted the first case study demonstrated the individual's advocates were able to effectively communicate her wishes but did not have the opportunity to do so until the fourth hospital admission. **Mrs O'Hagan** recognised the preventative elements were vital to good outcomes and asked what more could GP colleagues do to support. **Dr Armstrong** identified the Electronic Frailty Index as an important tool and noted changes in contractual arrangements in England that had resulted in GP surgeries being more proactive in this area. **Dr Armstrong** also detailed the ongoing partnership working being led by the NI Frailty Network of which she is a member. **Mrs Dickson** added one area which could be developed to support this work was within district nursing and explained how the Electronic Frailty Index could be used to provide a baseline score for each patient which could be used if and when they attend ED. **Mrs Dickson** also referred to the new ICS model and the priority being given within that process to frailty as being complimentary to SET's next steps.

Mr Martyn noted currently there were insufficient people trained to carry out the CGA and it was important to consider how SET could implement a model where geriatricians are at the front door when patients arrive at hospital. **Dr Armstrong** agreed stating there was an important evidence base demonstrating better outcomes in terms of function and quality of life with less aggressive and often costly investigative measures. **Mrs Minford** asked what the current prevalence of the CGA was across SET and beyond. **Dr Armstrong** explained it was currently restricted to Care of the Elderly and Rehabilitation wards within SET and its use varied across the UK though there was currently progress being made as part of postgraduate training where all new medical students would be required to spend part of their training in a Care of the Elderly ward. **Mrs O'Hagan** said there was a real need to have conversations with families and the wider community about how to manage frailty and the care of elderly relatives. **Dr Armstrong** added it was her experience that the more information available the more likely patients are to decline aggressive interventions. **Mr Brady** suggested this would be a good topic for a future Trust Board Development session to examine how best Members could support this area moving forward. **Mrs Dickson** provided additional background on the significant work undertaken to date to reach this stage and advised Members of a forthcoming operational Workshop which would focus on bringing key colleagues across Directorates together to identify key actions in support of what is now a Corporate Improvement Priority.

Ms Coulter thanked Dr Armstrong for sharing her expertise and experience with Members. **Ms Coulter** stated creating momentum for changing our approach to frailty was a priority of hers including the need to develop the right model of support to spread at pace and at scale across SET. **The Chairman** concluded the discussion by also thanking Dr Armstrong and requested this topic be brought back to Trust Board with a progress report in due course.

1.0 APOLOGIES

Apologies were noted for Mr Havlin (Non-Executive Director), Mr McKinley (Non-Executive Director), Dr Robinson (Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Patient Experience) and Mrs Preece (Director of Children's Services & Executive Director of Social Work).

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

Members received, for noting, **SET/66/24 Chairman's Report** detailing his activities since the previous meeting. **The Chairman** reminded Members of the forthcoming Chairman's Awards event and advised that the DoH End-Year Accountability meeting had taken place yesterday which he attended together with Ms Coulter.

4.0 CHIEF EXECUTIVE'S BUSINESS

Ms Coulter provided an update in respect of the Renfrew Report which had been submitted to DoH in mid July 2024 and a further update would be tabled at Trust Board once the findings and recommendations have been published.

Ms Coulter recorded thanks to all staff who had supported colleagues impacted by recent civil unrest and particularly commended the work of the Multi-Cultural Forum and the People & Organisational Development team.

Ms Coulter referred to her attendance together with the Chairman at yesterday's DoH End-Year Accountability meeting with the Permanent Secretary. **Ms Coulter** provided a summary of the conversation which had focused on Unscheduled Care, Community Care, Encompass, the ongoing financial challenges facing HSCNI and overall performance activity. **Ms Coulter** stated DoH recognised the tremendous efforts SET made to lead the way with Encompass and in relation to improvements made within Domiciliary Care. **Ms Coulter** added DoH had sought assurances on efforts to reduce NIAS turnaround times, achieve savings targets and improve performance where possible. **The Chairman** stated there was a lot of ground covered during the meeting and he had been pleased DoH acknowledged the improvement journey undertaken over the past twelve months in respect of the internal control environment.

Mrs O'Hagan asked if DoH had provided an indication of the priorities over the next three years. **Ms Coulter** replied DoH understood that it would take a medium term plan to stabilise HSC both financially and in terms of service delivery adding the new Minister had recently published his key strategic priorities and those would be the parameters to which HSC Trusts would be expected to deliver progress. **Mrs O'Hagan** asked if there had been any further information on the proposed forthcoming Bengoa conference in the autumn. **Ms Coulter** advised there had recently been a 'save the date' email issued for early October but no further details had yet emerged. **Mr Brady** asked if there were any details on the Minister's proposed new task force targeting areas of social deprivation. **Ms Coulter** replied there were not as yet though she understood PHA colleagues were considering how best to take this forward.

5.0 MINUTES OF THE PREVIOUS MEETING HELD ON 26 JUNE 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/67/24 Matters Arising Sheet** of which there were five items – all of which had been completed or would be closed during the course of today's meeting.

7.0 ITEMS FOR DECISION

7.1 TRUST BOARD MEETING SCHEDULE 2025

Members received, for decision, **SET/68/24 Trust Board Meeting Schedule 2025. The Chairman** explained he had asked for Board meetings to take place at Trust Headquarters during 2025 in order to reduce operating costs. Following discussion, **the Chairman** sought and received approval for the proposed Meeting Schedule as tabled.

7.2 ANNUAL REPORT: COMPLAINTS & COMPLIMENTS 2023/24

Members received, for decision, **SET/69/24 Complaints & Compliments Annual Report 2023/24** and noted the Report had been approved by the Governance Assurance Committee on 21 August 2024. Following discussion, **the Chairman** sought and received approval for the Annual Report as tabled.

7.3 ANNUAL REPORT: EQUALITY PROGRESS REPORT 2023/24

Members received, for decision, **SET/70/24 Equality Progress Annual Report 2023/24** and noted the Report had been approved by the People & Culture Committee on 24 July 2024.

Following discussion, **the Chairman** sought and received approval for the Annual Report as tabled noting that it would now be submitted to ECNI.

7.4 REVISED EQUALITY SCHEME & FIVE YEAR REVIEW OF THE EFFECTIVENESS OF THE EQUALITY SCEHEME

Members received, for decision, **SET/71/24 Revised Equality Scheme & Five Year Review of Effectiveness** and noted the documents had been approved by the People & Culture Committee on 24 July 2024.

Following discussion, **the Chairman** sought and received approval for the revised Equality Scheme and Five Year Review of Effectiveness noting both would now be submitted to ECNI.

7.5 TERMS OF REFERENCE: FINANCE & PERFORMANCE COMMITTEE

Members received, for decision, **SET/72/24 Finance & Performance Committee Terms of Reference** and noted said Committee had endorsed the proposed revisions on 26 June 2024. Following discussion, **the Chairman**

sought and received approval for the revised Terms of Reference subject to a number of presentational/formatting amendments to ensure consistency with other Board Committees. Members agreed a re-formatted version would be tabled for noting at the next meeting.

7.6 TERMS OF REFERENCE: PEOPLE & CULTURE COMMITTEE

Members received, for decision, **SET/73/24 People & Culture Committee Terms of Reference** and noted said Committee had endorsed the proposed revisions on 24 July 2024. Following discussion, **the Chairman** sought and received approval for the revised Terms of Reference as tabled.

8.0 ITEMS FOR DISCUSSION

8.1 FINANCIAL REPORT – MONTH 2 2024/25

Members received, for discussion, **SET/74/24 Financial Report – Month 4 2024/25.**

Ms Thompson advised that for the period ending July 2024, SET was reporting a YTD deficit of £1.2m and a full year deficit of £3.7m subject to in-year achievement of £26.8m of low/medium impact savings – as detailed at Page 8 thereof. **Ms Thompson** explained SET had been notified of non-recurrent deficit funding totalling £30.8m and this had reduced the deficit significantly from the £34.5m reporting in Month 2. **Ms Thompson** stated work continues in partnership with SPPG/DoH to attempt to collectively resolve the remaining deficit with the expectation currently SET will have to develop further savings plans to reach a break-even position equating to total savings of £30.5m – a level which has not been achievable in one financial year in recent history. **Ms Thompson** advised this represented a significant risk and would require close management for the remainder of this financial year. **Ms Thompson** also provided an update in respect of CRL as outlined at Page 5 thereof.

Mrs Minford asked how SET could engage in a recovery plan when staff and financial resources were already so stretched. **Ms Thompson** replied this next stage should facilitate a regional approach on long term matters such as the agency framework for medical locums which when in place would generate savings across HSCNI.

Mrs O'Hagan asked if there had been any progress towards a multi-year budget settlement. **Ms Thompson** replied HSCNI would likely remain subject to one year allocations for the foreseeable future and a recovery plan would assist with underpinning medium term planning in the absence of such a budget settlement. **Ms Coulter** updated Members on recent engagement of two DoH appointed 'critical friends' and the outcome of recent GRIFT team reviews focused on improving productivity and efficiency across the system

Mrs Quirk asked for further detail on how savings were being made as in where low and medium measures currently being implemented impacting capacity or was the impact being shifted elsewhere within the organisational or externally. **Ms Thompson** used the example of recent off-contract agency changes which had

delivered financial savings but had proven challenging in terms of service delivery especially given the existing level of staff vacancies.

Mrs O'Hagan asked what progress had been made in relation to overall medical locum spend. **Ms Thompson** explained this was being taken forward in a managed way particularly where expenditure has been incurred to provide service capacity not currently commissioned and to avoid any regional impact that might occur which could destabilise the workforce. **Mr Martyn** added investing in new medical posts were often critical decisions to ensure service sustainability and consultants will ultimately make personal choices as to where they wish to work.

Mrs O'Hagan asked if there was more work to do regionally in this space. **Mr Martyn** replied opportunities to create more service capacity was always balanced against long term sustainability and overall regional impact. **Mrs O'Hagan** remarked it was a shame to lose good colleagues working as locums where the investment cannot be found to create permanent roles.

8.2 INTEGRATED PERFORMANCE MONITORING REPORT – JULY 2024

Members received, for discussion, **SET/75/24 Integrated Performance Monitoring Report – July 2024** and **SET/83/24 NME Assurance Report Q1 2024/25**.

Mrs Moore provided a detailed briefing highlighting an improved position in July 2024 with a third of metrics achieved or over-delivered noting Performance against Trajectories sat as follows:

- 29% of SDP trajectories – status against trajectory greater than 5%
- 4% between 0% and 5%
- 13% between -5% and -1%
- 54% less than -5%

Mrs Moore provided an update on a number of key areas including cancer performance (Slide 9-18) noting that whilst the 14 day performance was showing an improving trajectory this remained challenging with the service seeing the most patients in a month since encompass Go-Live in July 2024 notwithstanding the bank holiday. **Mrs Moore** also highlighted the improvement in longest wait from 84 days to 23 days. **Mrs Moore** also explained ED 12 hour performance, NIAS handover times and UHD length of stay remained areas of considerable challenge despite improvements.

Mrs Moore stated there had been improvements in AHP review services (Slide 27) though challenges in terms of staff vacancy rate, maternity leave and a change in reporting post Go-Live had impacted Occupational Therapy (Slide 36). **Mrs Moore** concluded by highlighting Dementia performance (Slides 36 & 37) and Unallocated Cases (Slide 44) with the team prioritising higher risk cases.

8.3 PROGRESS REPORT: ENCOMPASS PROGRAMME

Members received, for discussion, **SET/76/24 Encompass Programme Progress Report.**

Mrs Moore advised Task and Finish Groups continued to work through their Action Plans and highlighted a number of key developments since the previous update as detailed within the Report. **Mrs Moore** reported that inpatient and day case activity was broadly back to baseline by week commencing 29 January 2024 (12 weeks post Go-Live) and outpatients for July 2024 hit 125%. **Mrs Moore** also advised Post Go-Live Visit 3 is to be arranged for September 2024 to independently assess progress to stabilisation.

The Chairman advised a member of the public had tabled three written questions in relation to the Encompass programme and asked Mrs Moore to respond in respect to each:

1. **How many encompass related incidents has SET logged on its Datix system from 1 January 2024 to 20 August 2024?**

   There has been 358 incidents recorded on Datix as encompass related.

2. **In relation to Question 1, how many of those Datix incidents required a Serious Adverse Incident (SAI) report?**

   There are two SAIs.

3. **In relation to Questions 1 and 2, how many of those incidents needed to be escalated to the Department of Health (DoH)?**

   There were 8 notified to DoH – 2 were SAIs and 6 were Early Alerts.

Mrs O'Hagan asked for an update on the Patient Portal and **Mrs Moore** advised HSC Communication colleagues were collaborating on a public awareness/ messaging campaign to launch in the autumn.

9.0 ITEMS FOR NOTING

9.1 DoH PUBLICATION: MINISTERIAL KEY STRATEGIC PRIORITIES

Members noted the aforementioned DoH Publication (**SET/78/24).**

9.2 PROVISION OF URGENT & EMERGENCY CARE SERVICES IN ARDS & NORTH DOWN: PHASE 1 INTERIM EVALUATION

Members noted the aforementioned Report (**SET/77/24).**

10.0 COMMITTEE BUSINESS

10.1 APPROVED MINUTES: AUDIT COMMITTEE – 9 MAY 2024

Members noted said minutes (**SET/79/24)** with no items of escalation.

10.2 APPROVED MINUTES: GOVERNANCE ASSURANCE COMMITTEE – 17 APRIL 2024

Members noted said minutes (**SET/80/24)** with no items for escalation.

10.3 ANNUAL REPORT: GOVERNANCE ASSURANCE COMMITTEE 2023/24

Members noted said Annual Report (**SET/81/24)**.

10.4 ANNUAL REPORT: CHARITABLE FUNDS COMMITTEE 2023/24

Members noted said Annual Report (**SET/82/24**).

11.0 ANY OTHER BUSINESS

There was no additional business.

12.0 DATE AND VENUE OF NEXT MEETING

The Chairman advised the next Public Board meeting was to be held on Wednesday 25 September 2024 at 2.30pm in the Recreation Hall, Trust Headquarters, Ulster Hospital, Dundonald.

The Chairman then closed the meeting at 4.05pm.