

**Minutes of a Virtual Meeting of the Performance Committee
held on Thursday, 1st June 2023 at 9.30 a.m.**

PRESENT:

Mrs P Leeson, Non-Executive Director (*Chair*)
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director (*up to item 9*)

IN ATTENDANCE:

Dr M O’Kane, Chief Executive (*item 6 onwards*)
Dr S Austin, Medical Director
Ms C Teggart, Director of Finance, Procurement and Estates (*up to item 8*)
Mr C McCafferty, Interim Director of Children and Young People’s Services
/ Executive Director of Social Work
Mrs L Leeman, Interim Director of Performance and Reform
Mrs P Tally, Interim Assistant Director of Performance and Contracts
Mrs H Trouton, Executive Director of Nursing, Midwifery and Allied Health
Professionals
Ms E Wilson, Incoming Director of Performance, Planning and Informatics
Mrs L Gribben, Committee Secretary (*Minutes*)

APOLOGIES:

Ms G Donaghy, Non-Executive Director
Mrs V. Toal, Director of Human Resources and Organisational
Development
Mrs S Judt, Board Assurance Manager

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted the apologies above. She particularly welcomed Ms Elaine Wilson who will be commencing as the new Director of Performance, Planning and Informatics on 19th June 2023, to observe the meeting.

At this point, the Chair advised members on some aspects of virtual meeting etiquette.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflict of interests in relation to items on the agenda. There were none noted.

3. CHAIR'S BUSINESS

The Chair put on record her thanks to Mrs Leeman for her dedication to the Committee since its inception and wished her well on her retirement.

4. MINUTES OF PREVIOUS MEETING HELD ON 2nd MARCH 2023

The Minutes of the meeting held on 2nd March 2023 were approved as an accurate record and will be duly signed by the Chair.

5. MATTERS ARISING

Members noted the progress updates from the relevant Directors.

The Chair requested item 12 be taken at this point

12. INFECTION, PREVENTION AND CONTROL AND ANTIMICROBIAL STEWARDSHIPS REPORT

Dr Austin presented the Infection Prevention & Control (IPC) report for May 2023. The IPC report includes information on SHSCT PFA targets, Monthly Target Monitoring Report, Hand hygiene audit, Commode audit, Independent Hand hygiene audit, Independent Commode audit and COVID 19 data. Dr Austin informed members that he is in the process of appointing a new Assistant Director for IPC.

Dr Austin reported on those areas of improvement. Areas of concern were discussed. Dr Austin advised that the number of C. Difficile cases and Staph aureus bacteraemia rates has increased. He reported that for 22/23 there are 54 C. Difficile cases, 9 MRSA cases with 5 cases being preventable and 60 MSSA cases with 18 of these preventable. For 2023/24, Dr Austin advised that to date, there is 1

MRSA case, which was not preventable, 10 C. Difficile cases and 3 MSSA cases, 1 of which was preventable.

Dr Austin spoke of the age of the current Estate infrastructure, which does not meet the current requirements suggested in the HTM or HBN guidance. The lack of single side room provision, shared sanitary facilities, multi-occupancy bays and lack of ventilation has had a negative impact upon the transmission of COVID 19 and other infections within the hospital setting. Furthermore, Dr Austin noted the challenge of overcrowding in the Emergency Departments, compliance with antibiotic guidance and the issue of antimicrobial prescribing has increased.

In concluding, Dr Austin explained that the teams will be focusing on addressing antimicrobial prescribing.

The Chair reminded members of the importance of completing the mandatory IPC e-learning. Dr Austin advised that work is ongoing to increase training uptake, particularly in clinical areas.

Mrs McCartan referred to page 26 where it outlines that works have progressed to improve the environment using nosocomial funding. She reiterated the importance of seeking the highest possible funding available. Mrs Leeman advised that funding has been secured for the previous 3 years, however it will become more difficult in the coming years. She noted that pre-planning with a good lead in time is key, and the Trust will continue to bid for additional funding where needed.

In response to a question asking by Mr McDonald, Dr Austin explained that the dedicated Covid wards will return to a normal ward when the numbers of Covid cases significantly reduce.

6. SERVICE DELIVERY PLAN REPORT

Mrs Tally presented the Service Delivery Plan (SDP) year-end report from July 2022 to March 2023 for assurance. She commented that there are 14 service delivery plan areas containing 59 individual service metrics/outcomes of which 54 are assessable (awaiting assessment for Biologics and Disease Modifying, Skin Bundle, MUST and Adult Short breaks). Mrs Tally stated that SPPG apply an overall

RAG rating for individual Trusts based on the percentage of metrics recorded as red. The table on page 2 reflects the July 2022 to March 2023 position for the Southern Trust. Mrs Tally guided members through the report and highlighted the 12 areas of improvement as outlined on page 4.

In relation to Imaging Diagnostics – CT, Mrs Tally reported that the Trust delivered activity above the expected out turn by +3,881 patients (+15%) from July 2022 to March 2023. The opening of the twin scanning suite and the focus on supporting inpatient flow has contributed to the increase in CT activity.

Mrs Tally drew members' attention to the areas of concern and reported that Elderly Daycare is operating at 67% (33% below expected levels). She advised that there are a number of constraints impacting on the uptake of activity/places and services continue to engage with service users/families re same. Mrs Leeman felt that there is hesitancy for service users to return to Daycare centres following Covid-19. The Director of Adult Community Services is currently developing a paper with recommendations re future utilisations/options. Mrs Tally continued to highlight those areas that did not meet the expected outturn as outlined in pages 5 – 8.

The Chief Executive joined the meeting at this point

The Chair thanked Mrs Tally for the overview and acknowledged the challenges that those areas of concern present.

Mrs McCartan noted the challenge in recruiting nurses into theatres and welcomed the quality improvement efficiency project to improve theatre utilisation. Mrs Tally added that recruitment is underway for International Nurses into theatres. Mrs Trouton advised that it is a 12 week programme and then they apply for the NMC register. Mrs Trouton added that a short life working group has been established to address the gynae theatre waiting times. Dr Austin advised that an Oncology Clinical Director has been appointed.

Length of Stay was discussed. Mrs Tally reported that the average length of stay in CAH is approx. 8 days and 7.5 days for DHH. She advised that Dr Gormley has taken forward work to identify

contributing factors. Members asked that the outcome be presented to a future committee.

Action: Dr Austin

Mr McDonald welcomed the exceeded expected activity of 17% for elective care – endoscopy. He advised that he undertook a walk with Mrs C Reid within the endoscopy team and welcomed the newly trained nurse endoscopist. Mrs Tally advised that a Consultant has recently left their post and it is likely that this will impact the targets for future months until a new Consultant is appointed.

In responding to a question by Mr Wilkinson, Mrs Tally explained that it is important that the Quality Improvement team are not seen as a stand-alone team as they are embedded across all operational teams to assist teams to support change and provide a wraparound service. Mrs Leeman added that scaling and spreading QI projects across relevant divisions is key.

Mr Beattie joined the meeting at this point

7. PERFORMANCE REPORT

Mrs Leeman presented the Performance Report for approval. The following papers were included with the report: Non-Recurrent Funding 2022/2023, Elective 'Waiting List Initiative' additionality and Appendix 1 Access Times, ending March 2023. She reminded members the HSC Planning arrangements are subject to significant change with introduction of the new Integrated Care (ICS) model. The Southern area has been identified as the test ICS site for pilot Area Integrated Partnership Boards and work has commenced with DoH/SPPG in April 2023 to mobilise this.

Mrs Leeman guided members through the report and advised on the diagnostic assessment by Greater Manchester Health Innovation was undertaken on 28th March 2023- 'Why Not Home, Why Not Today'. The external provider is providing the Trust with ongoing coaching to identify enablers and barriers to flow and discharge.

Regarding Inpatient Capacity and Flow, Mrs Leeman explained that the Trust continues to utilise approx. 50 un-commissioned / unfunded hospital beds to meet the demand for inpatient stays alongside non-

hospital capacity in Acute Care at Home, however she reported that this level of provision is not sustainable from a workforce or financial perspective.

Mrs Leeman referred to page 8 of the report and noted the ability to source sufficient volumes of consultant medical staffing across both hospital sites continues to present challenges and a continued reliance on Medical locum staff, particularly in out of hour's periods. Medical staffing issues in DHH continues to provide challenges with temporary contingency arrangements in place to support the management of Gastro and acute stroke presentations. The Chief Executive advised that work continues to address the staffing challenges at DHH.

Mrs Leeman reported that as at 23rd of March 2023, the longest wait within cancer services was in Lower GI at 494 days (approx. 70 weeks). The highest volumes of those waiting is within Lower GI Cancer tumour site with 1172 patients. She provided background to the reasoning for the longest wait and explained that the patient has now been subsequently closed off from 62 day pathway as per IEAP guidelines.

Elective Services was discussed. Mrs Leeman reported that dermatology is the longest wait for new outpatients (8.7 years) and the longest wait for inpatient and day case is urology (8.5 years). The longest wait for diagnostics (imaging) is Fluoroscopy (2.6 years). Mrs Leeman informed members of the recent publication by the SPPG "My Waiting Times NI" webpage. It provides GPs, healthcare professionals and patients in Northern Ireland access to the current average waiting times for outpatient assessments for elective care services within each Trust. Members requested that the link be shared, to which Mrs Leeman agreed to circulate.

Action: Mrs Leeman

Mrs Leeman referred to page 18 where it outlines the Mental Health regional bed pressures. She reported on the inability to source bespoke packages of care for individuals with both mental illness, dementia and intellectual disability which impacts on the ability to discharge from inpatient beds when medically fit. Furthermore,

regional challenges have seen the availability of admissions to inpatient learning disability beds severely limited both in Belfast Trust – Muckamore Abbey Hospital (providing also for South Eastern and Northern Trusts) and in the Western Trust. The Southern Trust continues to admit patients for assessment and treatment however continues to face difficulties with efficient discharge and sourcing suitable placements for service users with high need.

In responding to a question asked by the Chief Executive, Mr Beattie explained that the a Carers Checklist has been implemented across all teams, which enables the Key Worker to record all support offered to carers over and above the completion of the CCW/NISAT. Mr McDonald spoke of the importance in undertaking carers assessments. He asked if funding obtained to reduce waiting lists can be used to undertake carers assessments. Mrs Leeman explained that this particular funding has been ring fenced specifically to address red flag referrals. She added that work continues to consider different options to increase carers assessments.

Mrs McCartan welcomed the detailed report and asked what else can be done to reduce waiting lists. Mrs Leeman commented that the Trust has exhausted all avenues within its remit, however teams will continue to validate waiting lists, ensure that theatre efficiency is as productive as it can be and ensure that the health and wellbeing of staff is prioritised to improve staff sickness.

Members approved the Performance Report

8. CORPORATE PERFORMANCE SCORECARD

Mrs Leeman advised that the Performance Report covered the detail of the Corporate Performance Scorecard (March 2023 performance).

Members approved the Corporate Performance Scorecard

Ms Teggart left the meeting at this point

9. PERFORMANCE REPORTING - INTERNAL ASSURANCE

i. Integrated Performance Report: *Adult Community Services – performance issues and actions to include Executive Director Professional issues.*

The Chair welcomed Mr Brian Beattie, Director of Adult Community Services, Ms Claire McNally, Interim Assistant Director for Primary Care and Mrs Monica McAlister, Assistant Director for Older People to the meeting to present an overview on Adult Community Services.

Ms McNally set the context for this item and detailed the four main areas of focus: Allied Health Professionals (AHPs), District Nursing, Domiciliary Care and Carers. Ms McNally presented information on AHPs and reported that 71% of patients waiting for an AHP service are adults. The number of patients waiting for an AHP service has increased by 81% and the longest wait is within Occupational Therapy with a 3.9 year wait. She stated that it is recognised regionally that there needs to be a targeted approach to AHP. Ms McNally stated that despite the pressures, the Trust achieved AHP expected output by SPPG in 2022/23, only 1 of 2 Trusts that achieved this. In concluding the AHP section, Ms McNally outlined the challenges and actions to address these.

District Nursing was discussed. Ms McNally reported that given the significant pressures, the District Nursing team continue to deliver a consistent service. She noted that the team are operating at approximately 20% deficit in workforce, not 30% as outlined in the presentation.

Mrs McAlister presented an overview on Domiciliary Care. She reported that the total domiciliary care hours has increased by 11% from April to March 2021/22 vs 2022/23 and the Trust is providing a greater level of domiciliary care than commissioned and this unmet need would cost approx. £7.9m. She advised that the demand for domiciliary care has resulted in unallocated packages with 691 service users waiting to have their care needs met. Mrs McAlister explained that there is a trend of the Independent Sector taking on larger care packages, therefore the smaller care packages are difficult to assign. She stated that 72% of outstanding domiciliary care packages are less than 10 hours, with 12% over 20 hours. Mrs McAlister reported on the challenges within domiciliary care, in

particular recruitment challenges and the number of package handbacks due to the lack of capacity in the Independent Sector. Mrs McAlister drew members' attention to the actions to address these concerns. She highlighted the commencement of the 'Big Red Bus' initiative in June 2023, which is a mobile pop up recruitment venue that visits rural areas to attract staff within their own community.

Mr Beattie presented an update on carers and support. He reported that the number of carers on the Trust register has increased by 28% from 2020/21. Mr Beattie advised that due to competing pressures staff capacity has reduced for carers reviews. This need is being responded to with cash grants for short breaks.

Direct Payments/Cash Grants were discussed. Mr Beattie reported that the number of carers receiving direct payments has increased by 34% from April 2019 to April 2023. In concluding the presentation, Mr Beattie drew members' attention to two slides on 'What matters to you and what would make a difference' which were key messages received from carers. A shared live initiative example was also included in the presentation.

Mrs McCartan referred to District Nursing and noted that the team see on average 16,000 patient contacts per month which highlights the significant pressure on the service and staff.

Dr Austin noted that the top 3 clinical need for District Nursing totals 46% and asked if these conditions can be treated by other staff. Mr Beattie explained that the District Nurse is supported by a Health Care Assistant which helps to develop their skill mix. Ms McNally added that the Phlebotomy Hubs has helped reduce the house calls from District Nurses. Mrs Trouton welcomed the informative slide on District Nursing. She commended the teams out in the community making a difference and stated that they are a highly skilled cohort of staff.

Mr McCafferty highlighted the need for focusing on training needs, retention of staff and service development within domiciliary care. Mr McDonald welcomed the Big Red Bus initiative to secure staff in rural areas.

Mr Wilkinson left the meeting at this point

Ms McNally and Mrs McAlister left the meeting at this point

The Chair requested that item 13 be taken at this point

13. EXTERNAL ASSURANCE – DOMICILIARY CARE SERVICES FOR ADULTS IN NORTHERN IRELAND

Mr Beattie presented the above named report. He explained that the Department of Health published “Domiciliary Care Services for Adults in Northern Ireland (2022)” which is based on the domiciliary care week 4th – 10th September 2022. The report summarises information collected from health and social care trusts on adults receiving domiciliary care services from the statutory and independent sectors. It details information on the numbers of clients receiving domiciliary care, visits, contact hours and intensive domiciliary care provision.

Members noted the report.

Mr Beattie left the meeting at this point

10. UNALLOCATED CHILDCARE CASES REPORT

Mr McCafferty presented the above named report and noted that as at 30th April 2023, there were in total 233 unallocated cases, which is a decrease from 289 in the previous quarter. There are no unallocated Child Protection or Looked After Children (LAC) cases.

Mr McCafferty reported there continues to be a high number of child care referrals to the Trust’s Gateway and Family Intervention Services. As a consequence of significant social work vacancies, priority is having to be afforded to child protection investigations, and looked after child referrals made to the service. As a consequence, this is resulting in a reduction in the service’s ability to allocate Children in Need/family support cases resulting in an ongoing high numbers of unallocated cases. Mr McCafferty reported that there has been an increase in the number of autism presentations resulting in increasing numbers of unallocated cases in the Children with Disability social work teams.

As a consequences of existing social work vacancies, Mr McCafferty advised that there are presently 17 additional Social Work Assistants (SWA) working in the service.

The Chair welcomed the funding that has been reallocated to recruit Domestic Abuse Workers within Service and it is anticipated staff will be in post by end of summer 2023. The focus of work will be within Gateway aimed at cases not requiring statutory intervention. This will ensure timely intervention for children and families in need of support due to domestic abuse and reduce cases pending allocation with FIT teams.

The Chair reminded members that the report by Professor Ray Jones is due to be published in June 2023.

11. DIRECTORATE OF NURSING, MIDWIFERY AND AHPs REPORT

Mrs Trouton presented the Executive Director of Nursing, Midwifery and AHPs report which provides assurance on the standards of professional practice of Nurses, Midwives and Allied Health Professionals (AHPs) working in the Trust. It outlines the performance across nursing, midwifery and AHP workforce, education, training and professional quality and safety metrics across all programmes of care.

Mrs Trouton drew members' attention to the cover sheet and noted the areas of improvement: the number of Band 5 Nursing vacancies continues to reduce in the Acute Directorate and Adult Community Services In patient wards since the last report. Work continues to stabilise the workforce through the continued recruitment of International Nurses. She reported that the Trust have the highest number of staff undertaking the Open University Pre registered nursing programme. Furthermore, Mrs Trouton advised that the NQI and supervision compliance has improved. She advised that International Nurses Day was held on 12th May 2023 and she informed members that the Chief Nursing Officer was impressed with the Trust model and has adopted this for roll out across other areas.

Mrs Trouton informed members that there is a focus on improving the uptake of appraisal conversations for nurses and midwives. She advised that the Dysphagia Oversight Group continue to highlight the importance of preventing choking.

Regarding areas of concern, Mrs Trouton was disappointed to report that due to Funding constraints across all of Health and Social Care, 300 pre-registration nursing places have been cut for 2023/24 academic year intake and for AHP's pre-registration places have been reduced to previous levels. She advised that this will have ramifications for the future workforce across these professions.

The Chair welcomed the detailed report and the improved rates for supervision. Mrs McCartan stated that the report highlights the importance of retaining and valuing staff. Mrs McCartan was disappointed with the reduction in pre-registration places and felt that this will impact the stabilization of the workforce and increase spend of agency staff.

In response to a question asked by Mr McDonald regarding the reduction of 300 pre-registration cases, the Chief Executive highlighted the need to 'grow our own' within the local population to ensure that nursing and midwifery staff remain in their own community. Mrs Trouton added that the Chief Nursing Officer is reviewing other avenues to fill the reduction of those 300 places e.g. apprenticeships.

14. **ANY OTHER BUSINESS**

None noted.

The meeting concluded at 12.15 p.m.

Signed _____ **Dated** _____