

# SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

## Minutes of a Public meeting of the South Eastern Health and Social Care Trust Board held on Wednesday 30 May 2018 at 11.00 am in the Conference Room, Trinity Conference Centre, Lisburn

**PRESENT:** Mr C McKenna, Chairman  
Mr H McCaughey, Chief Executive  
Mr N Brady, Non-Executive Director  
Dr M Briscoe, Non-Executive Director  
Mr M Mawhinney, Non-Executive Director  
Ms J O'Hagan, Non-Executive Director  
Ms L O'Neill, Non-Executive Director  
Mr J Patton, Non-Executive Director  
Mr N Guckian, Director of Finance & Estates  
Mr C Martyn, Medical Director  
Ms N Patterson, Director of Primary Care, Older People and  
Executive Director of Nursing  
Mr B Whittle, Director of Children's Services & Executive Director of  
Social Work

**IN ATTENDANCE:** Ms R Coulter, Director of Planning, Performance & Informatics  
Mr S McGoran, Director of Hospital Services  
Ms B Mongan, Director of Adult Services and Prison Healthcare  
Dr D Robinson, AD, Women and Child Health (for item (41/18 only)  
Ms J O'Neill, Manager, Early Intervention Implementation Programme,  
Child Health (for item 41/18 only)  
Ms Rachel and baby Lucy Leonard (for item 41/18 only)  
Miss I Low, Board Secretary/Assistant Director, Risk Management &  
Governance  
Miss J Turner, Executive Support Services Manager

**APOLOGIES:** Ms H Minford, Non-Executive Director  
Mrs M Weir, Director of Human Resources and Corporate Affairs

### OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting. An apology was noted from the Patient Client Council representative - Mrs Joanne McKissick, External Relations & Policy Manager.

### 41/18 PATIENT/CLIENT STORY

Presentation by Ms Jackie O'Neill, Manager, Early Intervention Implementation Programme (EIP) Child Health, Rachel and baby Lucy Leonard, service users

**Mr McGoran** introduced Ms Jackie O'Neill, who is responsible for the implementation of the "*Getting Ready for Baby*" programme. Ms O'Neill stated the Programme was transformational; it links traditional care with education. It covers a wide range of issues, such as brain development, pain relief in labour, in a

group-orientated dynamic. The Programme is based on the Solihull approach and ante-natal care has been streamlined in Northern Ireland, with all women receiving the same care. The Programme is funded by the PHA and is, at this time, offered to low risk, first time mothers. The Trust has a target of 64 programmes this year and it has over-achieved in each year of implementation. Ms O'Neill introduced Rachel, who informed members of her experience of the programme. Rachel stated that both she and her partner found the course very informative. They were put at ease and encouraged to ask questions. Rachel informed members that, at 29 weeks, she was diagnosed with gestational diabetes. While this was traumatic for her, Rachel described how much support she received from the Diabetes, Endocrine and Maternity teams. Lucy was born naturally, at just over 37 weeks and is a healthy, contented baby. Rachel stated she gained a wealth of knowledge on the programme and benefitted from, for example, You Tube videos which conveyed how much the baby can hear in the womb. She stated she had very fond memories of participating in the programme and would highly recommend it for everyone.

**Mr Brady** stated he had links with a company in Belfast which develops apps for maternal mental health and he enquired from Rachel if there was any apps/technology which she found useful. Rachel stated she found Wonder Weeks, the Bounty app and Bounty pack useful. She also participated in on-line chats on Facebook. Rachel is now using a freestyle glucose sensor monitor, which means she does not have to carry out finger pricking.

**Mr Brady** enquired if the programme would be extended to post natal care. Ms O'Neill stated a Whats App group is established for parents post birth, which has been successful as a network. **Mrs O'Hagan** enquired if the programme would be extended to women who would be deemed to be higher risk, in the future. Ms O'Neill stated a baseline of low risk mums was identified for the pilot scheme; it would not be her wish to be inequitable and she would be keen to source the necessary assistance to scale the programme up.

**Mr McCaughey** thanked Ms O'Neill and Rachel for their presentation. He stated the "*Getting Ready for Baby*" programme was in line with the outcome in the Programme for Government, aiming for "a better start in life for children". The programme also reflected the importance of outcomes and was in keeping with Outcomes Based Accountability (OBA). **Mr McCaughey** stated it was clear how passionate the staff were about the programme and it illustrated that staff feel they own their service and they can improve it. During her presentation Rachel stated the staff she encountered on the programme were professional but she also felt they were her friends. **Mr McCaughey** stated this was a gold standard and it was not always easy to achieve. The **Chairman** thanked Ms O'Neill and Rachel for their informative presentation.

#### **42/18 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA**

No conflict of interest with any business item on the agenda was declared.

#### **43/18 CHAIRMAN'S BUSINESS**

**The Chairman** informed members that he attended a recognition event for carers, the NICON Conference and meetings of the NI Public Sector Chairs Forum.

The **Chairman** advised members of the public that the Trust Board had met immediately prior to this meeting to discuss some items of confidential business.

#### **44/18 CHIEF EXECUTIVE'S BUSINESS**

**Mr McCaughey** informed members the Trust recently received two national awards:-

**CHKS Top 40 Safety Award** – for outstanding performance in providing a safe hospital environment for patients;

**Ms Mongan** informed members **National Burdett Mental Health Nursing Award** was won by the Mental Health Psychological Therapies Implementation Team. **Ms Patterson** stated the award was timely as there is a review of mental health nursing being carried out and this will feed into the work of mental health nurses across the Region.

**Dr Briscoe** enquired about planned external communications on the receipt of the awards. In response, **Mr McCaughey** stated there was much activity on social media immediately upon the announcements being made. A communication will be issued to the Department and public PR will be carried out. **The Chairman** stated he would like congratulations from Trust Board to be conveyed to the respective groups of staff by the relevant Directors.

#### **45/18 MINUTES OF THE PREVIOUS TRUST BOARD MEETING**

The minutes of the Trust Board meeting held on 28 March 2018, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

#### **46/18 MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the previous minutes.

#### **47/18 PERFORMANCE MANAGEMENT REPORT**

Members received, for discussion, Paper No: SET/21/18, Corporate Scorecard (April 2018) and Paper No: SET/22/18 Trust Board Performance Report 2017/18, which had been circulated with papers for the meeting. In presenting the paper, Ms Coulter summarised the Performance Management Dashboard and Scorecard for 2017/18. The Trust delivered against the targets set, with the overall position being similar to that of the previous two years. Ms Coulter summarised the factors which influenced performance:-

- Demand continues to increase across all areas of outpatient activity whilst capacity has remained largely unchanged;
- Increase in demand:
  - Red flag referrals
  - ED attendances
  - Hospital admissions;
- New and Unplanned ED attendances increased (Ulster Hospital) by 2.2% – 2017;

- Increase of 482 non-elective adult admissions on 2016/17;
- Increased pressure on many community services;
- Capping of elective admissions continued as part of escalation measures to cope with pressure in unscheduled care;
- Workforce issues, recruitment of staff; and
- Non recurrent funding obtained to support a range of non-acute services via Waiting list initiative which supported core service delivery.

Waiting Lists and waiting times remained very long and unacceptable. At March 2018, there were 19,000 patients waiting 52 weeks for a routine out-patient appointment. Referral rates increased during the year by approximately 18%. Referrals continue to increase with no subsequent increase in capacity and therefore Red Flag and urgents are prioritised as clinical need, which results in the wait for routine referrals increasing in length. There was a strong performance in a number of areas of the Trust, including AHPs, which was the best in the Region. In relation to the Red Flag position, overall there was a good performance. Five specialties showed an improved position and all others were similar to the position for last year. The improved position was achieved as a result of Waiting List Initiatives in all areas: demand continues to outweigh the capacity in all areas.

During the year, there was a slight increase in attendance at ED and Emergency admissions. There was a small decrease in elective admissions. Attendances at the Emergency Departments in Lagan Valley and the Downe Hospitals increased.

The Trust achieved the best 4 hour performance in the Region cumulative position to March 2018, jointly with the Western Trust. In contrast, the Trust reported the poorest position in the Region against the 12 hour ED target. The average length of stay remained stable during the period.

Performance against the 48 hour hip fracture target was not achieved. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. It is difficult to predict performance. However, the Trust trajectory predicts an average of 68% for 2018/19. Good performance for the Trust is between 65 and 70%. Performance against the breast cancer 14 day target was strong during the year, with 100% being achieved on a number of occasions. Similarly, performance against the 31 day cancer target was strong during the year. In relation to the 62 day target, the rate of referrals continues to increase. Two specialties, Urology and Dermatology, are under significant pressure. The Trust has been commissioning services from the Independent Sector and a request has been made to the HSC Board for this to be allowed to continue.

In relation to the Psychological Therapies target, the numbers of patients on the waiting list was reduced. This was achieved by the use of Waiting List funding and unfortunately, if the funding is discontinued, the waiting list will increase again.

There was a slight improvement in the bed days lost in breach, by Trust of Residence (TOR), however, there continues to be pressure caused by breaches by Belfast TOR. The number of referrals to Children's Services is the second highest in the Region. The Trust is continuing to work with the Region to share learning and review the model. The examples of trajectories used during the year showed nothing significant to note.

**Mr McCaughey** stated the Performance Management Reports reflected the importance of the transformation work, which is being undertaken. Members are aware of the capacity issues in the Trust and that, on average, there is a shortage of 50 beds. This figure increases during periods of increased pressures. The elective position is a key priority for 2018/19. As a result of the volume of urgent and red flag referrals, routine patients are not being seen in a timely fashion. The model of delivery needs to be transformed. A recent report highlighted the NHS, as a whole, needs 4% increased investment every year to keep pace with demand; the NHS in Northern Ireland is behind that position and is approximately £0.5-0.75 bn short.

**Mrs O'Hagan** enquired if finance or workforce issues were the greatest barriers to improvement, in, for example, elective services. In response, **Mr McGoran** stated it was a combination of both factors. Until more capacity is commissioned, demand will continue to outstrip capacity. **Mrs O'Hagan** also enquired if the Domiciliary care position was improving. In reply, **Ms Patterson** stated that there were improvements, at times during the year, but they were frequently challenged. The Trust has continued to try to recruit an in-house team for East Belfast. Another provider handed back a number of packages recently and this continues to prove challenging for the Trust. Work continues on trying to improve and reform the model, particularly in intermediate care provision.

**Mr Brady** highlighted discrepancies in figures in the Scorecard, relating to patients waiting over 52+ weeks; it was agreed that this information would be corrected in the master document accordingly. **Mr Brady** drew attention to the 12 fold increase in patients waiting 12 hours. In response, **Mr McGoran** agreed this was very concerning and reflected the major pressures between demand and capacity.

**Mr Mawhinney** noted the numbers of Children at Risk and Children in Need and enquired about action being taken to address this. In response, **Mr Whittle** assured members that this has been highlighted by Trusts with the HSC Board.

**Dr Briscoe** enquired if there was any flexibility around the use of the £30 million funding provided for elective care because she was very concerned about the 175 weeks wait for a first out-patient appointment in Paediatrics. She was also concerned regarding the growing waiting times for diagnostics. **Mr McGoran** stated £24m has already been accounted for, mainly in red flag cancer services. There has been some funding allocated for diagnostics, mainly imaging. Those patients waiting over 26 weeks at the end of March 2018 have been given a timely appointment. The Department will discuss the allocation of the remaining £6m with the Commissioner and Trusts. **Mr McGoran** stated that urgent referrals in Paediatrics are seen in a timely fashion. Unfortunately, routine referrals have to wait for longer times. **Mr McCaughey** also stated it might be helpful to discuss this issue, and examine the figures in more detail, at a Trust Board Workshop.

**The Chairman** stated that demand continues to grow and transformation is needed. **The Chairman** thanked all of the staff for their performance, in the context of limited resources and he thanked Ms Coulter for her informative presentation.

## 48/18 ANNUAL REPORT ON DISCHARGE OF DELEGATED STATUTORY FUNCTIONS AND CORPORATE PARENTING 2017/18

Members received, for approval, Papers No: SET/23/18, Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting 2017/18, which had been circulated with papers for the meeting. In presenting the report, **Mr Whittle** briefly summarised the key points in the Report. There is a Performance Management system in place and **Mr Whittle** stated the statutory duty was discharged satisfactorily across all areas. However, there were a number of issues to which he drew members' attention.

As reported in 2016/17, Lakewood Regional Secure facility was operating under continuity planning measures to stabilise the staffing complement and progress the opening of a third home. The Trust worked closely with the HSC Board, the Department of Health and other Trusts to enhance the stability of the service. The business continuity arrangements were stood down by the Trust in conjunction with the HSCB on 16 March 2018 as Lakewood had returned to routine operating arrangements.

In physical disability services there remains a lack of designated living and respite options for service users under 65 with a physical, sensory or neurological condition. In this reporting year the Trust opened a facility with 13 supported living apartments, in partnership with Cedar and Triangle Housing Associations. The risks of dysphagia for service users with speech and language recommendations continue to present as an area of concern. The Trust has led a quality improvement initiative to address this concern and will continue to actively ensure a high standard of safe practice in this area. In adult learning disability services the context of an ageing population continues to set a challenging context for service delivery. The Trust has reduced delayed discharges from Muckamore Abbey Hospital by 50%. Presently 6 people with a learning disability who are fit for discharge from Muckamore Hospital are delayed given the complexity of meeting their needs within a community setting.

The mental health directorate has experienced considerable difficulties in ensuring the provision of a seamless Approved Social Work (ASW) service. Regional acute bed pressures have impacted on the ASW's ability to convey patients in a timely way for admission to hospital under the Mental Health Order.

**Mr Mawhinney** enquired about the clients who may previously have received services from Prospects. In response, **Mr Whittle** stated that some clients in Adult Services have a physical and learning disability and they are provided for well within the Directorate.

**Dr Briscoe** commended the report. She noted the issue concerning Social Work supervision, accountability and the issues surrounding the ASWs and the Mental Health Order. **Mr Whittle** stated the ASW workforce has been reviewed and assistance was sought from the Primary Care and Older People's Directorate. **Ms O'Hagan** also commended the report and, in particular, the work carried out in Lakewood. Finally, Mr Whittle reminded members that the workshop planned for post Trust Board meeting on the 29 August 2018 would cover an update on Safeguarding issues, the Corporate Parenting Report and the issue of the Circular OSS01/2018 – Responsibilities of HSC Board/HSC Trusts for Children in Need of Protection and Looked After Children (agenda item 52/18 below).

*Mr Patton left the meeting at this juncture.*

**The Chairman** then sought and received approval of the Report, which would be submitted to the HSC Board.

#### **49/18 UPDATE – HSC TRANSFORMATION PROCESS**

Members received, for discussion, Paper No: SET/24/18, Update – HSC Transformation Process, which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** briefly updated members on the HSC Transformation process. The Transformation Funding available is currently set at £200m, spread across years 2018/19 and 2019/20. There is no recurring revenue funding stream identified.

Approvals for some projects and associated funding have started to filter through:-

- Waiting List Initiatives (£30m);
- Implementation of the Diabetes Strategic Framework (£2.642m); and
- Paediatric Palliative and End of Life Care Strategy (£1.915m in 18/19).

The overarching priorities are stabilisation, reconfiguration and transformation. There is a focus on regional services.

In the context of the funding being non-recurrent, **Mr Brady** enquired about the staff who would be recruited during the transformation process. In response, **Ms Coulter** stated the staff will be recruited on a permanent basis. It would not be feasible to recruit professional/front line staff on a temporary basis. This will be a significant challenge, which has been raised with the Department. **Dr Briscoe** stated that it appeared there was no funding being made available for Mental Health services. In response, **Ms Coulter** stated this was not the case; that hospital, community and mental health services proposals will all be taken forward together.

**The Chairman** thanked Ms Coulter for her informative update.

#### **50/18 REPORT ON CONTROLS ASSURANCE 2017/18**

Members received, for discussion, Paper No: SET/25/18, Report on Controls Assurance 2017/18, which had been circulated with papers for the meeting. In presenting the paper, **Miss Low** stated there are 22 extant controls assurance standards. For 2017/18, 22 out of 22 standards were required to achieve substantive compliance. For this period, the Trust achieved the required level of compliance for 21/22 standards; Medical Devices achieved moderate compliance. The Department of Health mandated 4 standards required independent verification during 2016/17:-

- Financial Management (core standard);
- Governance (core standard);
- Risk Management (core standard); and
- Fire Safety.

The remaining 18 standards achieved substantive compliance but were not independently verified by Internal Audit. Medical Devices achieved moderate compliance.

With regard to the replacement assurance arrangements for Controls Assurance Standards, Miss Low reminded members that in August 2017, the Permanent Secretary/Chief Executive HSC wrote to all HSC Trusts setting out the rationale for ceasing the Controls Assurance Standards with effect from 1 April 2018 with a view to providing more comprehensive assurance to the Department.

Departmental Policy Leads have been engaging with their counterparts in the ALBs to ensure that suitable and proportionate assurance arrangements are in place for each of the standards wef April 2018. Where a slight delay is anticipated, appropriate contingency arrangements have been put in place. In future, proportionate assurance will be provided by ALBs to relevant policy leads in the Department. Where applicable, assurance will be provided in mid-year assurance/governance statements. The formal accountability process remains the vehicle for highlighting any exception reports. This approach does not preclude the Chief Executive, as Accounting Officer, putting in place whatever arrangements he deems necessary within the organisation to provide assurance.

A discussion ensued. **Mrs O'Neill** enquired about the Fire Safety Score and the issues raised by Internal Audit. In response, **Miss Low** stated this issue was discussed in detail at the Audit Committee meeting held on 3 May 2018 and members were satisfied with the management responses contained in the Internal Audit Report. In addition, **Mr Guckian** stated the Controls Assurance score reflects the Internal Audit report scores. **The Chairman** stated the scores achieved were satisfactory and congratulated all those involved in achieving the levels of assurance reported.

#### **51/18 ANNUAL REPORT ON PERSONAL AND PUBLIC INVOLVEMENT**

Members received, for information, Paper No: SET/26/18, Annual Report on Personal and Public Involvement (PPI), which had been circulated with papers for the meeting. Members noted the content. **Ms Mongan** informed members that the "Its People Not Prisoners" project team in Prison Healthcare won the Patient Client Council Excellence in Co-production Award. This reflected very well how PPI is integrated into clinical practice. **Mrs O'Hagan** requested that PPI in the context of how to change outcomes is discussed at a future Trust Board Workshop and Ms Coulter confirmed that it had already been listed for the October 2018 workshop.

#### **52/18 CIRCULAR OSS 01/2018 RESPONSIBILITIES OF HSC BOARD/HSC TRUSTS FOR CHILDREN IN NEED OF PROTECTION AND LOOKED AFTER CHILDREN**

Members received, for information, Paper No: SET/27/18, Circular OSS 01/2018 Responsibilities of HSC Board/HSC Trusts for Children in Need of Protection and Looked After Children, which had been circulated with papers for the meeting. **Mr Whittle** stated the Circular outlined the collective responsibilities of Trust Board members, for the children looked after by the Trust. Members noted that the circular would be discussed further at the Trust Board Workshop to be held post the Trust Board meetings on 29 August 2018.



**53/18 ANNUAL REPORT ON RISK MANAGEMENT 2017/18**

Members received, for information, Paper No: SET/28/18, Annual Report on Risk Management 2017/18, which had been circulated with papers for the meeting. Members noted that the paper detailed a report on the Trust's Risk Management System from the 1 April 2017 to 31 March 2018. It was based on the criteria within the Risk Management Controls Assurance Standard.

**54/18 SQE REPORT – APRIL 2017-MARCH 2018**

Members received, for information, Paper No: SET/29/18, SQE Report April 2017 – March 2018, which had been circulated with papers for the meeting. Members noted the content. **Dr Briscoe** enquired about the increased numbers of incidents of C. Diff which were reported on during the period. In response, **Ms Patterson** stated the pattern is reflected across the Region and stated it may be due to an increase in flu prevalence and the associated increase in antibiotic prescribing. Work is ongoing on antimicrobial prescribing.

**55/18 REPORT OF THE FINANCE COMMITTEE MEETING HELD ON 26 MARCH 2018**

Members received, for information, Paper No: SET/30/18, Report of the Finance Committee meeting held on 26 March 2018, which had been circulated with papers for the meeting. Members noted the content and there was nothing of concern.

**56/18 REPORT ON THE AUDIT COMMITTEE MEETING HELD ON 4 MAY 2018; REVIEW OF AUDIT COMMITTEE'S TERMS OF REFERENCE AND PROGRAMME OF WORK; REPORT ON THE EFFECTIVENESS OF THE AUDIT COMMITTEE**

Members received, for information, Paper No: SET/31/18, Report on the Audit Committee meeting held on 4 May 2018; for approval Paper No: SET/32a and 32b/18, Review of the Audit Committee's Terms of Reference and Programme of Work and, for information, Paper No: SET/33/18, Report on the Effectiveness of the Audit Committee, which were circulated with papers for the meeting. Mr Brady highlighted the key points from the meeting and stated that the Audit Committee operated well; the targets set for KPIs were generally achieved and were closely monitored by the Committee. Following a short discussion, members approved the revised Terms of Reference and Programme of Work for the Audit Committee.

**57/18 ANY OTHER BUSINESS**

There was no business raised under this item.

**58/18 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed the next Trust Board will take place on **Thursday 21 June 2018 in the Quality Improvement and Innovation Centre, Trust Headquarters, Ulster Hospital, Dundonald**

Date: \_\_\_\_\_

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**Mr Colm McKenna**  
**Chairman**

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