

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 29 August 2018 at 11.00 am in the Great Hall, Downshire Estate, Downpatrick

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Mr N Brady, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Minford, 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 and 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
Mrs M Weir, Director of Human Resources and Corporate Affairs
Dr L Crawford, Specialist Clinical Psychologist (for item 78/18 only)
Mr C McGuigan, Deputy Team Leader, Marmion Children's Home
(for item 78/18 only)
Ms S Thompson, Equality Manager, (for item 86/18 only)
Miss I Low, Assistant Director, Risk Management & Governance &
Board Secretary
Miss J Turner, Executive Support Services Manager

APOLOGIES: Dr M Briscoe, Non-Executive Director

OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting. The Patient Client Council was represented by Mrs Joanne McKissick, External Relations & Policy Manager.

78/18 PATIENT/CLIENT STORY

Presentation by Dr Leigh Crawford, Specialist Clinical Psychologist and Colm McGuigan, Deputy Team Leader, Marmion Children's Home

Ms Mongan introduced Dr Leigh Crawford, Specialist Clinical Psychologist and Colm McGuigan, Deputy Team Leader, Marmion Children's Home. Mr McGuigan outlined the different types of residential accommodation for children within the Trust. Dr Crawford outlined the therapeutic services which are provided for both the staff and young people in the residential facilities. Dr Crawford then shared a

genogram, which provided information relating to Katie's family background as well as a brief outline of her journey through the care system. There were a number of adverse childhood experiences in Katie's life and Mr McGuigan shared a number of issues she experienced within residential care. The staff in Marmion worked persistently with Katie, often "going the extra mile". The staff were empathetic; they could see beyond the way in which she presented. Mr McGuigan acknowledged the support Katie received from the CAMHS staff. Although Katie felt unable to attend the Trust Board meeting, she conveyed a message to members, in which she stressed the importance of her relationship with her Key Worker and with the staff in Marmion. Mr McGuigan updated members on the current position with Katie. She was in Marmion for two and a half years; she returned to education and has transitioned into the community. Katie remains in contact with her family and she regularly visits Marmion. Mr McGuigan stated the staff in Marmion value the support and training provided to them by Dr Crawford. Dr Crawford stated the model was under review, which may result in smaller numbers in residential facilities.

Mr Mawhinney enquired about what motivated and frustrated Dr Crawford and Mr McGuigan during the course of their work. Dr Crawford stated the positive outcomes for the young people and the commitment of the staff to the young people motivated her. Mr McGuigan stated he was motivated by the young people and did not highlight one issue of frustration. **Mr Patton** stated he enjoyed his visits to Marmion and the other Children's Homes in the Trust and he admired the passion and resilience of the staff. He stated the therapeutic support provided to the staff was beneficial to them. **Ms O'Neill** enquired if there was anything further which would assist staff in residential settings. In response, Mr McGuigan stated that a reduction of numbers of young people in facilities would be of benefit and that a plan for this was being considered. **Mr Brady** acknowledged the transition from a residential care setting to the community can be difficult for young people and he enquired about this process. In response, Mr McGuigan stated that it is a different experience for each young person. The process may take between 6 and 8 weeks and involved contact with a number of other agencies. It is not seamless and there is usually a step down phase from residential, to prepare the young person for the move back into the community. **Ms O'Hagan** enquired if earlier interventions were beneficial for the young people. In response, Dr Crawford stated they were but this was not always possible. **Mr Whittle** acknowledged the benefit of the support provided by Dr Crawford and her team to the Social Work staff. **Mr McCaughey** thanked Dr Crawford and Mr McGuigan for their presentation, which clearly demonstrated their passion for their work and for the young people in their care. He stated it was heartening to hear of the positive outcomes with the young people and with Katie, in particular. **Mr McCaughey** said it was an example of good teamwork and the value of therapeutic support for staff, who work in situations which can be emotionally draining.

The **Chairman** stated he visits Marmion on a regular basis and has had the opportunity to see the benefits of the work carried out by the staff and the benefits of the therapeutic support provided. The **Chairman** conveyed a message of thank you to Katie, on behalf of Trust Board members, for allowing her story to be shared. The **Chairman** thanked Dr Crawford and Mr McGuigan for their presentation.

79/18 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.

80/18 CHAIRMAN'S BUSINESS

The Chairman informed members that he attended a number of events since the last meeting, including a number of visits to Children's Homes. **The Chairman** informed members that this would be the last meeting attended by Ms Laura O'Neill, Non-Executive Director. **The Chairman** paid tribute to Ms O'Neill's contribution to the Trust Board and wished her well in the future.

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.

81/18 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey had no business to raise at this meeting.

82/18 MINUTES OF THE PREVIOUS TRUST BOARD MEETING

The minutes of the Trust Board meeting held on 21 June 2018, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

83/18 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising from the previous minutes.

84/18 FINANCIAL REPORT FOR PERIOD ENDED 31 JULY 2018

Members received, for discussion, Paper No: SET/44/18, Finance Report for the period ended 31 July 2018, which had been circulated with papers for the meeting.

In presenting the paper, **Mr Guckian** reported there was a projected year end deficit position of £3.6m. The cause of the deficit was due to a number of reasons: an expected shortfall in achieving the Regional Savings Plan; additional employers' pension costs relating to auto enrolment and additional pressures due to the growth in independent fostering. The key assumptions/risks were outlined in the paper and details of the main expenditure were provided. In relation to the Capital allocation, members were informed this would be utilised during the year.

In response to an enquiry from **Mr Brady** relating to the impact on the budget of some capital expenditure, **Mr Guckian** stated that funding for capital projects cannot be transferred into the budget. Overall, **Mr Guckian** stated there was nothing of concern between Month 3 and Month 4 position. **The Chairman** enquired if the Trust would achieve the Savings Plan. In response, **Mr Guckian** stated, at this time, there was nothing to indicate this would not be achieved.

The Chairman thanked Mr Guckian for his informative report.

85/18 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/46/18, Corporate Scorecard (July 2018) and Paper No: SET/47/18 Dashboard (July 2018), which had been circulated with papers for the meeting. **In presenting the paper**, Ms Coulter summarised the Performance Management Dashboard and Scorecard for July 2018 as follows:-

- There has been a further increase by 1 week for red flag patients in a number of Specialties, i.e. Dermatology, ENT, General Surgery, Gynae and Maxillo-Facial, due to the gap in demand and capacity.
- Overall attendances and admissions at the Ulster Hospital remained static during July 2018, compared with July 2017.
- Activity in Downe and Lagan Valley Hospitals increased, with more patients attending both hospitals, during the shorter opening hours in the Emergency Departments.
- Length of Stay has risen slightly on average (0.7 days overall) but overall the position remained static. This will be affected by the increase in ambulatory services being delivered.
- Compliance against the 4 hour target, during July 2018, was 73.5%, which was a stable position.
- There were 552 breaches of the 12 hour target in July 2018, which was challenging and continues to be of concern to the Trust.
- The Trust continued to achieve 100% compliance against the 14 day target for Urgent Breast Cancer Referrals.
- There was a strong achievement of the target to receive treatment within 31 days of decision to treat – 96%.
- Compliance against the 62 day cancer target was 57% in July 2018. Waiting List Initiatives continue for both outpatients and investigations for Red Flags.
- There were 352 delayed Complex Discharges in July 2018 at the Ulster Hospital – 76 patients were delayed over 48 hours. The main reason for the delays was a lack of domiciliary care packages.
- There was a slight deterioration in the performance against the target for Psychological Therapies in July 2018 (63%), with 672 on the waiting list. The Trust continues to liaise with the Commissioner on the pressures experienced in this area.
- There was a decrease of 39 Unallocated Cases in July 2018 compared with the previous month. Short term additional resources have been deployed at Gateway to target unallocated cases, particularly the longest waits.
- An overview of Performance Improvement Trajectories was provided, which reflected an accurate position against prediction.

The **Chairman** enquired about staff morale in the Emergency Department at the Ulster Hospital. In response, **Mr McGoran** stated the staff have been extremely resilient during periods of prolonged pressures during the last two years. In order to create increased capacity, a 19 bedded Transition Unit has been opened, for patients awaiting transition to home or a care facility. A recruitment exercise is being undertaken for qualified nurses for the Emergency Department. **Ms O'Hagan** enquired if services, for Psychological Therapies, could be purchased from other sources, during the current period of absenteeism by a number of staff. In response, **Ms Mongan** stated that resources for this specialised service were very limited. **Mr Mawhinney** stated that the Finance Committee were taking the

opportunity to look, in more detail, at a different element of service at their meetings. Accordingly, the relevant Director is invited to attend, as and when required.

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

86/18 ANNUAL EQUALITY PROGRESS REPORT 2017/18

Members received, for approval, Paper No: SET/48/18, Annual Equality Progress Report 2017/18, which had been circulated with papers for the meeting. **Mrs Weir** stated the Trust is required to produce an Annual Progress Report (APR), detailing the progress on fulfilling the statutory Equality and Good Relations Duties and implementation of the Equality Scheme and Disability Action Plan. Mrs Weir introduced Mrs Thompson, Equality Manager, who was in attendance to give a short presentation on the paper under review.

Mrs Thompson outlined the context for the production of the Annual Progress Report. Members were informed of the key initiatives during 2017-18, including equality screening for the Cost Savings proposals; over 7,000 face to face and telephone interpreting episodes and training provided to over 2,600 staff. A number of ongoing and new initiatives will be taken forward during 2018-19. Support will be provided on the implementation of the Rural Needs Act 2016; input will be provided to the Trust Action Plan following publication of the COPNI Report on Dunmurry Manor Care Home and work placement opportunities with Ashfield Girls' High School. **Ms O'Hagan** enquired about the ability to provide input, when required, to significant reports. **Ms Thompson** stated that while the team work to a Five Year Plan, they can adapt and respond, as required during the year. In response, **Ms Weir** stated the team use the Business Partner approach to provide support to Directorates. Support is also provided by the HR Business Partners, as and when required. **Mrs Minford** enquired about the partnership with Ashfield Girls' School and the potential for expansion. In response, **Mrs Thompson** stated it was worthwhile and enjoyable. Following evaluation, it was likely to be expanded.

The **Chairman** sought, and received approval of, the Annual Equality Progress Report for 2017/18 which will now be submitted to the Equality Commission and published on the Intranet and Internet. The **Chairman** thanked Mrs Thompson for her presentation.

87/18 TRUST'S ACTIONS TO THE RECOMMENDATIONS IN THE COPNI REPORT "HOME TRUTHS – A REPORT ON THE COMMISSIONER'S INVESTIGATION INTO DUNMURRY MANOR"

Members received, for discussion, Paper No: SET/49/18, Trust Actions in relation to Dunmurry Manor Care Home, which had been circulated with papers for the meeting. In presenting the paper, **Ms Patterson** briefly summarised the background to the publication of the Report, "Home Truths" by the Commissioner for Older People NI (COPNI) on 13 June 2018. **Ms Patterson** reiterated the apology which was provided by the Mr McCaughey at the Trust Board meeting, on 21 June 2018, for any failings attributable to the Trust identified in the Report and she acknowledged there had been difficulties in Dunmurry Manor Care Home. **Ms Patterson** then summarised the context for commissioning care in Dunmurry Manor and the roles and responsibilities of the various agencies in the process. A

chart was compiled which demonstrated the timeline of interventions by each of the relevant agencies between July 2014 and August 2017. Trust actions, during the period covered by the COPNI report, were outlined. Every issue raised was acted upon. Actions taken by the Trust as a result of the learning from Dunmurry Manor and since the publication of the COPNI report were provided to members. The Adult Safeguarding Committee is overseeing the implementation of the Trust's Action Plan and governance arrangements. The Trust is scoping and benchmarking its current resource to support governance, quality monitoring arrangements and the contract review process. The Department of Health has commissioned an independent review into care failings at Dunmurry Manor Care Home, focussing on the actions of the Health and Social Care (HSC) system.

Members were informed of the communications undertaken by the Trust, since publication of the Report. Ms Patterson, Ms Johnston, Assistant Director and the Lisburn Locality Manager visited Dunmurry Manor and met with family members of 15 current residents. All indicated they were happy with the quality of care currently provided to their relatives. In July 2018, the Trust wrote to all next of kin of all residents living in residential or nursing home care to ask people to contact the Trust directly if they have any concerns about the quality of care. To date, there have been no issues raised regarding the quality of care in Dunmurry Manor. The Trust will meet with representatives of Lisburn and Castlereagh Council to discuss the Report, learning and actions taken. Briefings with Trade Unions and other political representatives will take place on 30 August 2018. Following extensive local media coverage and, in particular from the Nolan Show, Mr McCaughey issued a statement to all staff explaining what the Trust had decided to do when challenged to appear on the show and why. Responses have been provided to a number of Freedom of Information requests.

A review into the quality of care at Dunmurry Manor has been commissioned by the Department of Health. This will be undertaken by CPEA Independent Healthcare Consultants. The Terms of Reference for the CPEA Independent Review were published by the Department of Health on 20 August 2018 and the Trust will be co-operating fully with the review process. All of the actions in the Trust's Action Plan will continue to be progressed and overseen by the Adult Safeguarding Committee.

Mr Brady stated the negative media attention was difficult for the staff involved and he congratulated them on how it was handled. **Ms O'Hagan** stated the response to the issues raised would not come from the Trust alone and she enquired if there was any discussion regarding the policy on provision of care in this sector. In response, **Ms Patterson** said that Trusts will not be providing individual responses to COPNI; the Department will provide a response on behalf of the HSC system. Learning will be taken from the issues raised in the COPNI report, on the delivery and commissioning of care.

Mr McCaughey reiterated what was discussed and there will be learning from both the COPNI and CPEA reports. Strategically, the commissioning and provision of services will be reviewed. The demand for domiciliary care will increase in the forthcoming years and this will need to be addressed, combined with how the staff in the sector are valued.

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

88/18 SCHEDULE OF DATES FOR TRUST BOARD MEETINGS – 2019

Members received, for information, Paper No: SET/50/18, Schedule of Dates for Trust Board meetings 2019, which had been circulated with papers for the meeting. Members were asked to note the dates in their calendars and Miss Low will formally issue post today's meeting and also make available on the Trust's website.

89/18 ANNUAL ADOPTION REPORT – 2017/18

Members received, for information, Paper No: SET/51/18, Annual Adoption Report – 2017/18, which had been circulated with papers for the meeting. Members noted the contents and **Mr Whittle** acknowledged the significant contribution of Non-Executive Directors in the work of the Adoption Panels.

90/18 UPDATE ON THE MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

Members received, for information, Paper No: SET/52/18, Update on the Management Statement/Financial Memorandum, which had been circulated with papers for the meeting. Members noted that the documents were revised by the DOH in conjunction with the Trust during 2017 and formally issued to the Trust on 11 January 2018. A paper detailing the changes to the documents was previously presented for information to the Trust Board at its meeting on 28 February 2018.

91/18 ANNUAL REPORT ON COMPLAINTS 2017/18

Members received, for information, Paper No: SET/53/18, Annual Report on Complaints 2017/18, which had been circulated with papers for the meeting. In presenting the paper, **Mrs Weir** said that during the period 1 April 2017 – 31 March 2018, the Trust received a total of 765 formal complaints, which was similar to the previous year. The top three subjects of complaints for the reporting period are quality of treatment and care, communication and staff attitudes. This is similar across all HSC Trusts. During 2017/2018, 50% of complaints were responded to within the 20 working days target. This is an improvement from the previous year (46%). During the same period, 3,680 compliments were received.

92/18 TRANSFORMATION UPDATE

Members received, for information, Paper No: SET/54/18, Transformation Update, which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** stated transformation is now a key regional priority, and the Executive Management Team (EMT) will continue to promote the objectives of transformation and oversee implementation over the next two years.

93/18 ANNUAL INFECTION PREVENTION AND CONTROL REPORT 2017/18

Members received, for information, Paper No: SET/55/18, Annual Infection Prevention and Control Report 2017/18, which had been circulated with papers for the meeting. This Report was noted by members.

94/18 REPORT AND MINUTES OF THE CHARITABLE FUNDS MEETING HELD ON 6 JUNE 2018

Members received, for information, Paper No: SET/56/18, Report and minutes of the Charitable Funds meeting held on 6 June 2018, which had been circulated with papers for the meeting. **Mrs Minford** informed members that work continued on the alignment of funds

95/18 REPORT AND MINUTES OF THE AUDIT COMMITTEE MEETINGS HELD ON 3 MAY AND 6 JUNE 2018

Members received, for information, Paper No: SET/57/18, Report and Minutes of the Audit Committee meetings held on 3 May and 6 June 2018, which had been circulated with papers for the meeting. **Mr Brady** stated there was nothing of concern to report to members.

96/18 REPORT AND MINUTES OF THE FINANCE COMMITTEE MEETINGS HELD ON 26 MARCH AND 23 JULY 2018

Members received, for information, Paper No: SET/58/18, Report and Minutes of the Finance Committee meetings held on 26 March and 23 July 2018, which had been circulated with papers for the meeting. Members noted the contents of the report and minutes.

97/18 ANY OTHER BUSINESS

There was no business under this item.

98/18 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 26 September 2018 in the Recreation Hall, Trust Headquarters, Dundonald.**

Date: _____

Mr Colm McKenna
Chairman

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