

# **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 26 September 2018 at 11.00 am in the Recreation Hall, Trust Headquarters, Ulster Hospital**

**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 H Minford, Non-Executive Director  
Ms J O'Hagan, 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  
Mrs M Weir, Director of Human Resources and Corporate Affairs  
Dr M Irvine, Head of Clinical Psychology and Psychological Therapies  
(representing Ms Mongan)  
Ms J Lewis, Assistant Director Child Health (for item 99/18 only)  
Ms R McCollum, Neurodevelopmental Practitioner (for item 99/18  
only)  
Ms C Sibbald, ADHD Advanced Nurse Practitioner (for item 99/18  
only)  
Miss I Low, Assistant Director, Risk Management & Governance &  
Board Secretary  
Miss C Hughes, Personal Assistant

**APOLOGIES:** Ms B Mongan, Director of Adult Services and Prison Healthcare

### **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.

### **99/18 PATIENT/CLIENT STORY**

**Presentation by Julia Lewis, Assistant Director Child Health; Carol Sibbald, ADHD Advanced Nurse Practitioner and Rita McCollum, Neurodevelopmental Practitioner**

**Mr Whittle** introduced Ms Lewis, Ms Sibbald, and Ms McCollum. Ms Lewis advised that services for ASD/ADHD/Autism are under pressure in an area where

referrals are continually rising. This is a significant service challenge and often the Commissioner refers to clients with Autism, then ADHD and ASD but they are all the same children. To date a diagnosis was required in order to receive intervention/assistance. There were lengthy waiting times for diagnosis and there were specific pathways for each diagnosis. The service then changed to a Single Point of Entry approach which should be more satisfactory for all involved in the process. This pilot scheme will be in line with a Health & Social Care Board Regional Strategy which is yet to be formally launched. This approach will allow interventions to begin before a diagnosis is confirmed. This new approach will enable the service to meet NICE Guidelines. It is also planned that the entire client journey will be undertaken by the same Practitioner, when possible, in order to provide continuity for the child and family. **Ms Lewis** outlined the four main pathways and the interventions provided. Many children will have both ASD and ADHD.

**Ms McCallum** advised that she has been involved in the new model and she went through the pathway undertaken with Max. She detailed the family background and how concerns were raised by the school and his Mum. Home and school meetings/observations were carried out and, as these were carried out by the same person, a good relationship was developed and helped to speed the process. A diagnosis of ADHD was made and interventions/assistance were provided to help Max cope with anger issues and for his Mum to manage issues at home. She noted that Max is better able to focus in school and meeting educational milestones; there are better family relationships and his Mum has grown in confidence. Mum is able to contact the service for advice when required.

Ms Sibbald advised that the new service places the child, and their family, at the centre of the process. Services are developed around their needs. A Team of skilled practitioners have been recruited from a range of professional backgrounds and are working together to resolve all challenges/issues. She noted that the new system had to be introduced and developed whilst continuing to operate the original service. This is viewed as a process, rather than an event, and will continue to be developed, including remodelling of the intervention services, in order to reach our goal. She stressed that everyone is very proud of the new service and view it as the right thing to do.

During discussion **Mr Mawhinney** noted that Dr Irvine had given a presentation on Psychological Therapies at Finance Committee the previous day and then this case study today demonstrated the fantastic work being undertaken within the Trust. He wondered how many referrals there are for Autism services and how long contact was maintained with Max. **Ms Lewis** advised that 6000 – 7000 clients are known to the multi-disciplinary team. The pilot study with Max was commenced at the beginning of this calendar year. Whilst it is hoped that timescales will be improved to those previously, it was noted that interventions will be carried out at a speed which is right for the child.

**Dr Briscoe** asked if Advocacy Organisations, eg Autism NI and Education Authority, have been involved during the development of the service. **Ms Lewis** advised that meetings have taken place with these organisations although they are not totally supportive of the multi-diagnosis approach as they tend to fight for their specific areas. Whilst the Strategy has yet to be launched, she believed it has been shared by DoH with other Departments, including Education. This would enable their systems to be updated to enable full implementation.

**Mr McCaughey** commended the service provided for Max and noted that all presenters strongly demonstrated their passion for patient centred care. This new model clearly demonstrated the transformation being led within Services to help the vulnerable and those in need. He noted the co-production element to the development as the Team are working in conjunction with families in the process.

The **Chairman** thanked Ms Lewis, Ms McCollum and Ms Sibbald for their presentation.

#### **100/18 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.

#### **101/18 CHAIRMAN'S BUSINESS**

The **Chairman** informed members that he attended a number of events since the last meeting, including the final meeting of Friends of Bangor and NI Public Service Chair's Forum when he handed over the role of Chairman. He was unable to attend a NICON meeting and Ms Minford represented him.

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

#### **102/18 CHIEF EXECUTIVE'S BUSINESS**

**Mr McCaughey** advised that on 1 September 2018 Ards & North Down Borough Council conferred the Freedom of the Borough on all Health and Social Care staff to mark the 70<sup>th</sup> birthday of the NHS. He signed the Book of Burgesses of behalf of all staff at the ceremony at Bangor Castle. It was a lovely event and in addition to the formal ceremony there was a drinks reception, meal and music. Gifts were exchanged – the Council gave the Trust trees for our facilities and the Trust gave the Council a framed poem which had been composed by a member of staff. It was agreed that Miss Low would share a copy of the poem with Trust Board members.

#### **103/18 MINUTES OF THE PREVIOUS TRUST BOARD MEETING**

The minutes of the Trust Board meeting held on 29 August 2018, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

#### **104/18 MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the previous minutes.

#### **105/18 FINANCIAL REPORT FOR PERIOD ENDED 31 AUGUST 2018**

Members received, for discussion, Paper No: SET/59/18, Finance Report for the period ended 31 August 2018, which had been circulated with papers for the meeting.

In presenting the paper, **Mr Guckian** advised that the Trust is now projecting a breakeven position at year end. Previously there was a £3.6m deficit but additional income was received together with an instruction to achieve breakeven. This income, together with the application of further service development funding and the inclusion of funding not previously committed will result in a breakeven position. He noted that there is a risk in terms of £750k but achievement of this shortfall is currently the subject of discussion with all Executive Directors. The Trust Delivery Plan forecasts a breakeven position and highlights how that is to be achieved including the challenges. The savings requirements of £9m+ are now reflected in the financial position. **Mr Guckian** noted that a notional amount was attributed to Community and Voluntary Sector but the Executive Management Team agreed not to impose a further freeze or cut to this sector and have absorbed this into the Organisation's position. The Trust relies on the Voluntary and Independent Sector to deliver services and they will receive an uplift on contracts in line with inflation but that is yet to be finalised.

During review of the risks to breakeven detailed in the Finance Report, **Mr Guckian** noted that previous Winter Resilience measures will be first call on demography funding. An amount has been set aside to address identified winter issues. He noted that the forecast is only as good as the information available and it is always possible that unforeseen issues could arise later in the year.

**Mr Guckian** referred to pages 6 and 7 of the Report and noted that Salaries & Wages expenditure had remained steady. There was a reduction in flexible staffing costs and he praised the usage of the Trust's Bank system. Goods & Services expenditure graphs indicated a spike in Domiciliary Care but this had been expected following discussions at Finance Focus Group meetings.

In conclusion **Mr Guckian** noted the capital expenditure has increased and assured members that business cases are completed with appropriate approval and robust procurement carried out.

**Mr Brady** noted recent announcements regarding increased energy costs and asked how these would affect the Trust. **Mr Guckian** advised that DoH and HSCB colleagues have been made aware of this increased pressure. A non-recurrent additional £1.1m had been set aside for these costs but should form part of the roll-forward in 2019/20. Energy costs will continue to be very closely monitored. He also noted that the Trust is leading the way on energy reduction measures, eg LED lights, biomass boilers, solar panels, etc. Whilst there are further energy saving devices available, these would require capital investment and the DoH have ceased the "Invest to Save" funding. During the past five years the Trust's energy costs had been reducing but this position changed with the opening of the Inpatient Ward Block. **Mr Guckian** took this opportunity to commend the work of the Estates Department, particularly the Energy Team, in this regard.

**Ms O'Hagan** enquired about the Winter Resilience funding. **Mr Guckian** noted that there were two elements to winter pressure funding – (a) elements of last year's winter plans which were not stood down and these have now been addressed via demography funding and (b) additional plans for the final 4 – 5 months of the year. **Mr McGoran** noted the Hospital based provisions and **Ms Patterson** outlined intermediate care services which will be increased.

**Dr Briscoe** asked about progress on the model change for Domiciliary Care and

**Ms Patterson** advised that there has been a considerable recruitment process during 2018 which was planned in a manner not to de-stabilise the Independent Sector. Services are targeted on clients with complex needs in intermediate care and their own homes.

The **Chairman** thanked Mr Guckian for his informative report.

## **106/18 PERFORMANCE MANAGEMENT REPORT**

Members received, for discussion, Paper No: SET/60/18, Corporate Scorecard (August 2018) and Paper No: SET/61/18 Dashboard (August 2018), which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** summarised the Performance Management Dashboard and Scorecard for August 2018 as follows:-

- There have been over two week waits in Dermatology, ENT, General Surgery, Gynaecology and Maxillo-Facial Surgery for Red Flags due to increased demand.
- There continues to be a demand and capacity issue within Urology and Dermatology, ie the Trust is only commissioned for half of the demand for services, and this issue will be escalated with HSCB at a meeting scheduled for tomorrow.
- There were 8178 attendances at the Ulster Hospital ED in June 2018 and this was the highest in the region.
- Lagan Valley and Downe Hospitals showed strong performance against the 4 hour target whilst having a growth in attendances.
- Overall length of stay has increased by two days from August 2017 to August 2018. Belfast Trust residents remain 0.96 days longer than South Eastern Trust residents.
- Breast and 31 day Cancer Pathways have been removed from the report as they have delivered 100% for a number of months.
- Waiting List initiative funding has been used to assist Urology and Dermatology and without this the position would be significantly worse. Staff have been very flexible to assist with additional clinics to improve this position.
- To put the bed days lost breaches in context, there were 369 complex discharge patients and 73 delayed for 48 more than hours. The vast majority are discharged within 48 hours.
- The Psychological Therapies position had been detailed at the Finance & Performance Committee on 25 September 2018. This is an improving position.
- There has been a strong performance in Unallocated Cases with a steady decrease in numbers.
- Overall there is contentment with the trajectories position. The Radiology position is amber currently but this is not significant at this stage.

**Ms Coulter** noted that operationally Performance Management has now transferred from HSCB to DoH. **Mr Patton** highlighted the improvement within Unallocated Cases. In response, **Mr Whittle** advised that there are many factors that contribute to the improvement. These factors include the restructuring of the service, the volume of referrals, the additional resources deployed but above all he commended the work of the Senior Manager for the Gateway Services and the team. The position will continued to be tracked to ensure that it is sustained. **Mr Brady** enquired about the dip in performance at Lagan Valley Hospital. In

response, **Mr McGoran** advised that this is a disproportional impact of annual leave on a small team. He undertook to provide Mr Brady with the detail of this position outside of the meeting.

In response to a query from **Mrs O'Hagan** regarding winter pressures and communications with GPs/community staff to avoid hospital attendances, **Mr McGoran** outlined the pathways available to reduce ED attendances eg Ambulatory Pathway, Respiratory Services, GI Ambulatory Plan, etc. There is communication with GPs on these services and how to access these alternative pathways. **Ms Patterson** also noted the work within the community, eg Domiciliary Care Intermediate Care model and the Enhanced Care at Home model, which has avoided admissions to hospital. This model continues to expand and is now dealing with more complex patients. She also noted that challenges within the GP Out of Hours Service will continue to be carefully monitored to ensure no impact upon ED attendances.

In relation to trajectories, **Dr Briscoe** asked if at future meetings more detail could be provided on regional context, ie the last slide. The **Chairman** advised that this issue could be covered at a future Trust Board Workshop. **Mr Brady** asked if the graphs could be presented in a format which would be easily understood and each page relate to the same information for ease of reference. The **Chairman** advised that this request would be taken on board by Ms Coulter and amended accordingly. Both the **Chairman** and **Dr Briscoe** noted the work of Psychological Therapies and enquired about future improvements. In response, **Dr Irvine** advised that there is a workforce shortfall within this area and therefore spending any investment would be challenging.

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

#### **107/18 TRUST DELIVERY PLAN 2018/19**

Members received, for approval, Paper No: SET/62/18, Trust Delivery Plan, which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** advised that the Trust Delivery Plan had been prepared in respect to the Commissioning Plan Direction and Commissioning Plan, issued by the HSCB, for services across the region. Details are provided against each area and, as previously mentioned, there is an outline financial section. She noted that there were 68 targets – 35 Green; 20 Amber; 10 Red and 3 Not Applicable. If approved the Trust Delivery Plan will be forwarded to HSCB today.

In response to a query from **Mrs O'Hagan** regarding how population need is translated into targets to be achieved, **Ms Coulter** advised that HSCB and Public Health Agency staff put in measures to deliver against target. Discussions have resulted in changes within some areas and work will continue in relation to other capacity areas. Following a short discussion, the **Chairman** sought and received approval for the Trust Delivery Plan 2018/19.

#### **108/18 TRANSFORMATION UPDATE**

Members received, for discussion, Paper No: SET/63/18, Transformation Update, which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** advised that monthly updates will be provided on the Transformation Programme. She noted that proposals were submitted some months ago – 75

different service proposal initiatives or developments. To date 36 Investment Proposal Templates, with Business Cases, have been submitted and another 20 are expected. **Ms Coulter** noted that the main challenge will be workforce availability, ie recruiting staff to these posts without de-stabilising existing core services. She noted that the Trust is expecting to receive £11.5m of transformation funding. There will be regular monitoring of Transformation by Planning, Workforce and Finance staff. During discussion, **Dr Briscoe** asked if transformation funding could be slipped past planned two years. In response, **Ms Coulter** advised that whilst there may be some slippage, it has been made clear that transformation funding can only be utilised for transformation proposals. **Mr McCaughey** noted that Transformation is time limited and non-recurrent.

**Mr Brady** asked if the monthly report could be updated to show a monthly forecast of expenditure against the total and how this could affect the Trust's overall budget and this was duly agreed. **Mr McCaughey** outlined the recruitment difficulties associated with Transformation proposals but agreed that likely slippage and forecasting could be included. **Mr Guckian** advised that any slippage will have no impact upon the Trust budget as Transformation funding can only be used for transformation proposals. Any slippage must be returned to the DoH.

#### **109/18 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE HELD ON 19 SEPTEMBER 2018**

Members received, for information, Paper No: SET/64/18, minutes of the Governance Assurance Committee on 19 September 2018, which had been circulated with papers for the meeting. **Dr Briscoe** noted that the minutes were presented for information and are self-explanatory.

#### **110/18 ANY OTHER BUSINESS**

##### **(a) Terms of Reference for Finance & Performance Committee**

**Mr Guckian** advised that at the Finance & Performance Committee on 25 September 2018, the Terms of Reference were updated to reflect the inclusion of Performance Management Reports at this meeting. This will increase accountability in this area. The **Chairman** sought, and received approval for, the updated Terms of Reference for the Finance & Performance Committee.

#### **111/18 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 28 November 2018 in the Conference Room, Trinity Conference Centre, Lisburn.**

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

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