

# **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

## **Minutes of a Public meeting of the South Eastern Health and Social Care Trust Board held on Monday 11 February 2019 at 11.00 am in the Quality Improvement and Innovation Centre, Trust Headquarters, Ulster Hospital, Dundonald**

**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  
Ms B Mongan, Director of Adult Services and Prison Healthcare  
Mrs M Weir, Director of Human Resources and Corporate Affairs  
Miss I Low, Assistant Director, Risk Management & Governance &  
Board Secretary  
Mrs A Anderson, Personal Assistant  
Miss J Turner, Executive Support Services Manager

**APOLOGIES:** None

### **OPENING REMARKS**

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

#### **01/19 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.

#### **02/19 CHAIRMAN'S BUSINESS**

**The Chairman** informed members that he attended a number of events since the last meeting, including an Environmental visit to the Emergency Department in the Downe Hospital and a meeting of the ALB Sponsorship Review Group. **The Chairman** stated he had recently been appointed to the Policing Board and had

met with Mr Pengelly to discuss his departure date and the process for appointing a new Chairman. He advised members that it is likely this would be his last meeting as he may be standing down at the end of February 2019.

This would also be Mr Whittle's last meeting and **the Chairman** thanked him for his contribution and wished him well in his new post. Members were aware that Mr McCaughey, Chief Executive had been appointed to a senior post in NHS Improvement in England. **The Chairman** stated his departure would be a significant loss to the Trust and to the HSC across the region. Members were advised that this would be Miss Turner's last meeting and the Chairman wished her well in her retirement.

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

### **03/19 CHIEF EXECUTIVE'S BUSINESS**

#### **(a) EU Exit**

**Mr McCaughey** invited Mrs Weir to update members on preparedness for EU Exit on 29 March 2019. **Mrs Weir** informed members the Trust has been linking with the Department on issues related to the EU Exit. This included the Contingency Planning, Human Resources and Finance groups. Mrs Buchanan and Miss Low are the named representative on the Continuing Planning Group. Business Impact Assessments have been carried out across all Directorates and no major concerns have been identified at this point in time. Likewise, there are no concerns regarding the impact on the workforce based on information to date. The Trust via the Department has a link at National level regarding Medicines Management and adheres to the Departmental guidance issued in this regard. In relation to stock levels, **Mr Guckian** informed members that PALs routinely holds six weeks of stock. An additional six weeks of stock will be held in the period immediately following EU Exit. Local materials management routinely hold 4-6 weeks stock, so combined with the additional stock being held by PALs, there will be up to 16 weeks' worth of stock items available. Non stock items are being kept under regular review by the Trust.

### **04/19 MINUTES OF THE PREVIOUS TRUST BOARD MEETING**

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

### **05/19 MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the previous minutes.

### **06/19 FINANCIAL REPORT FOR PERIOD ENDED 31 DECEMBER 2018**

Members received, for discussion, Paper No: SET/01/19, Finance Report for the period ended 31 December 2018, which had been circulated with papers for the meeting.

In presenting the paper, **Mr Guckian** advised that the Trust is reporting a deficit of £0.34m and projecting a breakeven position at year end. In relation to the position for 2019-20, the Trust is undertaking a financial planning exercise to identify the 2019-20 opening position. At this stage it is likely that the opening deficit will be in the region of £40m due to a range of emerging issues. This will be discussed in more detail at the next meeting of the Finance Committee.

At Month 9, the Trust is on track to meet its Saving Target in full. The key assumptions were summarised and there was nothing of significance to note. There is an element of risk associated with the forthcoming pay award, to be made in February 2019. Expenditure trends in month 9 remained stable, however, **Mr Guckian** stated it was important the Trust keeps control of costs for the remainder of 2018-19, particularly going into the busy winter period as there will be little or no scope to absorb increases in expenditure. Expenditure on salaries and wages remained steady and there was nothing of concern relating to flexible staffing costs. There was nothing of note in relation to the goods and services spend. It is anticipated the Trust will spend all of the Capital allocation by year end.

**Dr Briscoe** enquired about the distribution of demography monies and if there was a risk of one area being affected negatively in relation to others. In response, **Mr Guckian** stated the Trust reviews equitable distribution of resources and no fundamental shifts from Directorates were anticipated. Demography monies have been allocated to Directorates.

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

## **07/19 PERFORMANCE MANAGEMENT REPORT**

Members received, for discussion, Paper No: SET/02/19, Corporate Scorecard (October 2018) and Paper No: SET/03/19 Dashboard (December 2018), which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** summarised the Performance Management Dashboard and Scorecard for December 2018 as follows:-

- There was no change in the elective waiting list position and the Trust remains concerned regarding some extremely long waiting times, which continue to be unacceptable.
- There was a slight improvement in the Red Flag position at December 2018, which was a reflection of the additional funding received to assist with this.
- There were 8,216 attendances at the Ulster Hospital ED in December 2018, which was a 4% increase on the position at the same time the previous year. The number of attendances was the highest in the region and was 91 higher than the nearest neighbouring site, the Royal Victoria Hospital.
- There continues to be growth in attendances at the Emergency Department at Lagan Valley Hospital.
- The average length of stay across specialties remained static, with an average of 6.1 days in December 2018.
- In relation to the 4 hour target, there were 8216 attendances to the Ulster site, 60 more than the previous month and 346 more than December 2017, equating to 265 per day. Attendances at Lagan Valley Hospital, during December 2018 were 91 per day compared with 90 per day in December 2017.

This represented 77.1% compliance against the 4 hour target. This performance was within the context of the opening hours of 5 days per week, based on average over 5 days (based on 21 weekdays in December 2018). Attendances at the Downe Hospital, during December 2018 were 56 per day compared with 59 per day in December 2017. This represented 90% compliance against the 4 hour target.

There were 1585 attendances at the Minor Injuries units, which are not included in the figures for the Emergency Departments, representing an average of 75 per day (based on 21 weekdays in December 2018). This equates to 100% compliance against the 4 hour target. GP Out of Hours service received 9409 calls in December 2018, an increase of 2791 from the previous month.

- There were 621 breaches against the 12 hour ED target during December, with 610 of these at the Ulster Hospital.
- There was a slight improvement in compliance against the 62 day cancer target, however, significant challenges remain in a number of specialties.
- There were 362 complex discharges during December 2018, with 82 being delayed over 48 hours. By Trust of Residence, the main reason, for both Belfast and South Eastern Trusts was the lack of a domiciliary care package being available. South Eastern Trust assisted Belfast Trust discharges by facilitating discharge into SET intermediary care beds in Domnall. The Trust hopes to assist further with a domiciliary care run in East Belfast by Trust staff commencing at the end of February 2019.
- The performance against the target for Psychological Therapies remained stable, at 58%, during December. This was a slight improvement on the previous month, which reflected the use of funding acquired from Transformation monies for this service provision.
- There were 136 Unallocated Cases in December 2018, which was reduced to 95 at 31 January 2019. All of the unallocated cases were triaged and were monitored by social workers on duty. The work carried out by Mr Whittle and his team, to achieve this improved position, was commended to Trust Board members.
- A summary of the Performance Improvement Trajectories was provided to members, which included the actual position at December 2018. The waiting times in Audiology were a challenge. Community paediatric patients were transferred to the acute service, which helped alleviate waiting times for those patients.

A general discussion took place. **Mr Brady** enquired if it would be possible to provide figures for breaches, of 4 and 12 hour targets, in Lagan Valley and Downe Hospitals alongside those provided for the Ulster, in future Dashboards. **Ms Coulter** undertook to have this included in future reports.

**Ms O'Hagan** stated there did not appear to be the same level of pressures in the system as at the same time last year. In response, **Mr McGoran** stated that, overall, all Trusts reported a slightly better position this year compared with the previous year. In addition, there was not the same level of interest in pressures in the media, which may have contributed to the perception of decreased demand on the system. In the Ulster Hospital, more patients were admitted during the winter so far, than last year. This was possible with the development of the 26 bed Transition Ward. The escalation beds are still in place and there are still high numbers waiting for admission on a significant number of days. **Ms Patterson**

and **Mr Martyn** concurred with Mr McGoran on the significant challenges still faced by staff in the Trust. The Transition ward and ambulatory care services were welcomed, but staff were not complacent about the continued pressures in the system.

**Mr Patton** sought clarification around the figures reported on Infection. In response, **Ms Patterson** stated the increase in C. Difficile and MRSA reported was not unique to South Eastern Trust and may be indicative of increasing levels of these infections in the community.. With regard to MRSA of the 11 cases to end of December 2018, 7 were identified within 48hrs of admission indicating that they were **not** hospital acquired.

With regard to CDif, there is an Action Plan in place and work is being carried out in relation to anti-microbial antibiotic prescribing. An antimicrobial prescribing practice dashboard is being used to provide detailed information right down to clinician level. **Dr Briscoe** enquired about the 31 cases which were identified post 72 hours of admission and enquired if this indicated it was acquired within the hospital environment. **Mr Martyn** stated a number of those patients may be asymptomatic carriers and the cases may not be attributable to antibiotic prescribing.

**Dr Briscoe** enquired about the increase in pressure ulcers. **Ms Patterson** stated that compliance against the skin bundle remained satisfactory, however, since the implementation of a new bed contract for the Trust there had been an increase in pressure ulcer prevalence. This is being investigated and discussions are ongoing with the contractor. Trust Board members will be kept updated on this issue.

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

## **08/19 UPDATE ON TRANSFORMATION WORK**

Members received, for discussion, Paper No: SET/04/19, Update on Transformation Work, which had been circulated with papers for the meeting. In presenting the paper, **Ms Coulter** summarised the Trust oversight arrangements continue via an internal Trust Transformation Implementation Group (T-TIG) chaired by the Director of Planning - representatives include HR, Finance and Planning to coordinate and support transformation on behalf of the Executive Management Team (EMT). EMT receive weekly Transformation briefing papers. In relation to recruitment, 190 posts are in place or have a start date to commence.

Members were informed of a number of valuable projects which have been implemented, including the Down Multi-Disciplinary Team, the Elective Care and Treatment Centres for Cataracts and Varicose Veins and being appointed Lead Trust for the Encompass programme.

In relation to the 2018/19 spend, regional project owners are responsible for the delivery of projects, and for providing a robust assessment of what level of spend will be achieved by 31 March 2019. Allocations for transformation funding were made for 1 year only, 2018/19, with no financial commitments made beyond that point given the uncertain political and strategic context. Final confirmation of funding for 2019/20 is awaited.

**The Chairman** stated that transformation has been carried out in the Trust since its formation in 2007. **Dr Briscoe** acknowledged the significant work carried out by staff in relation to transformation and she noted some of the work which has already been embedded, such as the Interagency work with the PSNI on Mental Health services. **The Chairman** stated it would be beneficial to discuss Transformation at a forthcoming Trust Board Workshop.

**09/19 DRAFT BOARD ASSURANCE FRAMEWORK AND RISK MANAGEMENT STRATEGIES 2018/2021**

Members received, for approval, Paper No: SET/05/19, Draft Board Assurance Framework and Risk Management Strategies 2018/2021, which had been circulated with papers for the meeting. In presenting the paper, **Mrs Weir** informed members the Board Assurance Framework was presented to, and approved by, the Governance Assurance Committee at its meeting on 19 December 2018; the Risk Management Strategy was presented to, and approved by, the Corporate Control Committee at its meeting on 16 January 2019. The Board Assurance Framework is the fourth version produced by the Trust. It follows the principles of the previous frameworks. It is also based on the Department's Assurance Framework (issued on 1 April 2009). It is intended to help the Trust improve its systems of internal control. It does this by showing how the evidence for adequate control can be marshalled, tested and strengthened within an Assurance Framework. The Framework work sits alongside the Corporate Risk Register system and the Organisational Controls Assurance process, which underpins all aspects of the business of Health & Social Care (HSC) – clinical and social care, corporate governance and financial – and which supports the Trust's governance arrangements.

With regard to the Risk Management Strategy 2018/21, this document helps Trust staff to understand what might prevent us from achieving our objectives (the risk) and then working out our response. This means trying to reduce the chance of each risk happening, or reducing the consequences if it does occur. The Trust is fully committed to the effective management of risks in all areas. The Strategy provides the tools to make our risk management systems robust and systematic. **Mrs Weir** commended the Draft Board Assurance Framework and Risk Management Strategy to members and thanked Miss Low and her team for the significant amount of work in the preparation of both.

A general discussion ensued. **Dr Briscoe** sought clarification on the pathway for the Organisational Controls Assurance Group within the Governance infrastructure. In response, Miss Low clarified the reporting lines for this group and the rationale for same. In addition, Miss Low outlined the reasons for the cessation of the former AS/NZ Risk Management standard and the impact of this and the new programme for Organisational Controls Assurance had on both strategies.

**The Chairman** sought, and received approval for, the Draft Board Assurance Framework and Risk Management Strategy 2018/2021.

**10/19 ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION - 2018**

Members received, for discussion, Paper No: SET/06/19, Annual Report on Medical Appraisal and Revalidation, which had been circulated with papers for the meeting. In presenting the paper, **Mr Martyn** stated the purpose of the Report is to provide assurance to the Trust Board that the arrangements for Medical Appraisal and Revalidation have been operating effectively during the past calendar year (2018). The report forms part of the Medical Director's duties as a Responsible Officer (RO).

Medical Revalidation was launched in 2012 to strengthen the way doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system. Trusts have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that Trusts will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations;
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- Confirming that feedback is sought from patients periodically, so that their views can inform the appraisal and revalidation process for their doctors;
- Ensuring that appropriate pre-employment checks (including pre-engagement of locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate for the work performed.

**Mr Martyn** outlined the process of Revalidation, whereby each doctor with a licence to practice is required to revalidate with the General Medical Council (GMC) once every 5 years. Members were informed of the Trust internal process for complying with the Revalidation process. There are currently 51 appraisers in the Trust and this number will increase in the future. Overall the rate of appraisal achieved in the Trust is high and it is above the national and regional rate.

In response to an enquiry from Mr Brady, **Mr Martyn** confirmed that all appraisers were doctors and that Consultants and non-Consultant grades were appraised by them. Trainee grades are not appraised by Trust appraisers; their appraisal is carried out by the N I Medical and Dental Training Agency (NIMDTA).

**Mr Brady** enquired if there was a correlation between "failed" appraisals and deferred appraisals. **Mr Martyn** stated there is not a category of "failed" appraisal: if certain standards are not met, appraisal may be deferred. If there was an issue concerning a doctor's performance, Mr Martyn would be made aware of it as it occurred, rather than waiting for the appraisal to take place. There is a process of continuous improvement in place, whereby performance is monitored on an ongoing basis.

**Ms O'Hagan** welcomed the development of the QA system, which would give more objectivity in the process. **Ms O'Hagan** enquired about the relationship between appraiser and appraisee. In response, **Mr Martyn** stated that generally appraisers were Clinical Leaders, usually within their own specialty area. An appraiser would usually carry out appraisals with the same doctors for five years,

before rotating to other staff. **Mr Martyn** stated that, overall, doctors in the Trust are engaging in the appraisal process. **Mrs Minford** commended the Report and enquired about the training for the appraisers. **Mr Martyn** stated the training was provided by the Leadership Centre. Training is usually updated every 3-5 years.

**Dr Briscoe** welcomed the development of the Medical Directorate team and the regional IT based appraisal system and she enquired if it would collate data on a regional basis and drill down re the CPD element. **Mr Martyn** stated the detail of the capability of the IT system was not fully known, but confidentiality issues would be taken into account around data collection.

#### 11/19 PAPER ON THE REPLACEMENT MODEL FOR THE FORMER CONTROLS ASSURANCE STANDARDS

Members received, for discussion, Paper No: SET/07/19, Paper on the replacement model for the former Controls Assurance Standards, which had been circulated with papers for the meeting. In presenting the paper, **Mrs Weir** outlined the background to the development of the paper. On 30 March 2018, the Permanent Secretary, Mr Pengelly, wrote to HSC Trusts in respect of the review of Controls Assurance Standards. He reminded Trusts that he had written to all organisations in August 2017 setting out the rationale for ceasing Controls Assurance Standards wef 1 April 2018 with a view to providing a more comprehensive and proportionate assurance to the Department. In the interim period, Departmental Policy Leads have been engaging with their counterparts in the Arm's Length Bodies (ALBs) to ensure that suitable and proportionate assurance arrangements are in place for each of the standards from 1 April 2018. Where applicable, assurance will be provided in mid-year assurance/governance statements. The formal accountability process remains the vehicle for highlighting any exception issues.

**Mrs Weir** then outlined the transition arrangements which have been put in place. The former Controls Assurance Project Team met on 6 September 2018 and it was agreed to keep the project operational. However, it was agreed the name would be changed to the Organisational Controls Assurance Group (OCAG). The Group agreed to use the principles/processes formerly used by the Controls Assurance Project Team as they were considered robust and a summary of these was submitted with the papers. The main change is in the provision of a documented Assurance Statement which will provide more robust assurances by Directors to inform the Chief Executive's signing of the Governance Statement.

The Project Team recognise that year one is a transitional year and intend to keep the model under regular review and will update as and when required. The first feedback is likely to be from Internal Audit post January 2019 (as part of the 2018/19 Internal Audit programme).

A short discussion ensued. **Mr Brady** enquired if this approach was being adopted across the region and if there were costs associated with the system. In response, **Mrs Weir** indicated that, to date, not all Trusts had taken the same approach as this Trust. No additional costs have been incurred with regard to the replacement programme. **Mr McCaughey** stated the replacement programme was consistent with the Trust's SQE programme and good corporate governance. Miss Low responded to a number of general queries raised by members with regard to the



scoring mechanisms and the assurance statement. Members noted that the assurance statement per standard will be signed off by the relevant Director/s.

**Dr Briscoe** enquired how the standards would be maintained and evidence based for future years. In response, Miss Low stated that this is a matter for the regional groups who developed the new standards to take on board. A scoring and/or RAG rating is used for the current evidence lists and action plans are developed, as appropriate. **Dr Briscoe** enquired about horizon scanning for the 22 Standards and Miss Low responded to this query. **Mrs Weir** stated the Policy Leads in the Department are still in place for the majority of standards and the Trust (and other HSC Trusts) continues to work closely with them on a wide range of issues.

Following discussion, **the Chairman** thanked Mrs Weir for the very informative update.

#### **12/19 REPORT AND MINUTES OF THE FINANCE COMMITTEE HELD ON 26 NOVEMBER 2018**

Members received, for information, Paper No: SET/08/19, minutes of the Finance Committee on 26 November 2018, which had been circulated with papers for the meeting. **Mr Mawhinney** noted that the minutes were presented for information and were self-explanatory. In relation to Dermatology and better liaison with GPs, **Ms O'Hagan** enquired if there was a formal mechanism for communicating with GPs re referrals. In response, **Ms Coulter** stated arrangements were put in place by the PHA and the HSC Board. The Trust continues to work with the PHA and HSC Board to look at different pathways and thresholding. Members were informed of a number of ways in which the Trust tries to engage with GPs, for example, through the Integrated Care Partnerships (ICPs), the GP Federation and the Trust has a Clinical Director for GPs.

**Mr McCaughey** stated that engagement with GPs occurs at a number of different forums, but they were not a homogenous group and so there was a challenge around achieving a common view on issues. **Ms Mongan** stated there was an opportunity for this to take place, for example, with the GPs who are employed in Prison Healthcare, of whom a number work part-time in the community.

#### **13/19 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE HELD ON 19 DECEMBER 2018**

Members received, for information, Paper No: SET/09/19, minutes of the Governance Assurance Committee held on 19 December 2018, which had been circulated with papers for the meeting. **Dr Briscoe** noted that the minutes were presented for information and were self-explanatory. It was noted that the Short Life Group to review and assess the effectiveness of the Trust's governance arrangements for services commissioned from the Independent Sector Governance Review, had now been stood down. **Ms O'Hagan** enquired if it would have been beneficial for the group to become a permanent arrangement. In response, **Mr McCaughey** stated that the group was a short life task and finish time limited group, to make recommendations on what needs to be taken forward. **Mr Whittle** stated the 11 recommendations made by the short life group, were discussed at EMT and assigned to relevant Directors, for processing. These will

be reported on at a future EMT and subsequently to the Governance Assurance Committee on 13 March 2019.

**14/19 ANY OTHER BUSINESS**

**(a) Tribute to the Chairman**

As this was likely to be the Chairman's last meeting, **Mr McCaughey** paid tribute to his leadership of the Board. He stated that Mr McKenna provided an invaluable contribution to the function of Trust Board as a single team, while managing the balance of providing a challenge, where necessary. Under Mr McKenna's chairmanship, there was stability and a highly functioning Board. **The Chairman** thanked Mr McCaughey and the Executive Management Team for their leadership and contribution to the Trust Board. He stated he enjoyed his term as Chair of a public body and he paid tribute to all of the Non-Executive Directors with whom he worked. He wished the incoming Chairman good wishes.

**15/19 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 20 March 2019 in the Conference Room, Trinity Conference Centre, Lisburn.**

\_\_\_\_\_  
**Mr Deep Sagar**  
**Chairman**

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

Public\_TBMin\_11 February 2019