

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 27 November 2017 at 11.00 am in the Hub, Quality Improvement and Innovation Centre, Ulster Hospital, Dundonald

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Dr M Briscoe, Non-Executive Director
Mr N Brady, 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: Mr D Bradley, Assistant Director, Mental Health Services,
(on behalf of Ms Mongan)
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
Mr J McConway, Consultant Orthopaedic Surgeon (for item 120/17)
Ms K McClure, Business Manager (for item 120/17)
Miss I Low, Board Secretary/Assistant Director, Risk Management
and Governance
Miss J Turner, Executive Support Services Manager

APOLOGIES: Mr M Mawhinney, Non-Executive Director
Ms B Mongan, Director of Adult Services and Prison Healthcare

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.

120/17 PATIENT/CLIENT STORY

Presentation by Mr Jim McConway, Consultant Orthopaedic Surgeon and Ms Kerrie McClure, Business Manager re the Virtual Fracture Clinic

Mr McGoran introduced Mr McConway and Ms McClure. Mr McConway outlined the reasons why the Fracture Clinic was redesigned. Many of the pressures experienced in the Trust Fracture Clinic were similar to those experienced in other units in the UK. Members were informed the Virtual Fracture Clinic originated in Glasgow, which Mr McConway had the opportunity to experience while he studied

for his Fellowship of the Royal College of Surgeons. Mr McConway outlined the way in which the Virtual Fracture Clinic is evidence based; the benefits to both patients and the impact on actual clinics. Ms McClure outlined the way in which the IHI model for improvement was implemented in the project which established the Virtual Fracture Clinic. The aim was to reduce the number of inappropriate appointments by 25% in year 1. The results achieved were summarised and Ms McClure outlined the main benefits for the Service, patients, the Clinicians and the Trust. The Project was submitted and was successful in a number of awards, including the Chairman's Awards and the Safety Forum.

While the initial aim was to achieve a 25% reduction of outpatient appointments, overall a reduction of 35% was achieved, which equated to over 2,700 patients no longer needing to attend a fracture clinic, but instead received senior consultant review and advice regarding their injury via a phone call – with the option to access the service if it was necessary. In addition the new to review ratio reduced as the first appointment is now appropriate to the right sub specialty. Patients have clear access to the service via the hotline number, which helps to reduce ED re-attendances.

A member enquired if the outcomes achieved in the Trust were similar to those achieved in Scotland. Mr McConway stated they were equivalent, although the patient profile in Glasgow was different, due to the local catchment area. In response to an enquiry about the number of adverse incidents, Mr McConway stated there were no complaints received in relation to the Virtual Fracture Clinic.

A member enquired about the seniority of the staff who conduct the Virtual Fracture Clinics. Mr McConway stated all clinics are carried out by a Consultant, currently on Monday, Tuesday, Wednesday and Friday. It is hoped to extend the clinic days in the near future. Every fracture X-Ray in the Emergency Department is reviewed by a Consultant and all patients are "seen" within 48 hours of the injury. Ms McClure stated that Fracture clinics are now more manageable but there has been no reduction in the number of clinics.

A member stated he had personal experience of the Virtual Fracture Clinic and found it to be an efficient service. He enquired if there were any plans to roll the model out to other specialties. Ms McClure stated that consideration was being given to implementation in areas such as general surgery and urology. Enquiries regarding the protocols have been received from two other Trusts.

A member enquired about the feedback received from staff. Mr McConway stated it was positive overall. A short discussion followed on the discharge rate achieved and the percentage of activity which returned to the Emergency Department. Ms McClure stated approximately 1% of patients discharged may re-present at the Emergency Department.

Mr McCaughey stated the presentation was an excellent example of how reform and modernisation is delivered in the Trust, in the front line.

The Chairman thanked Mr McConway and Ms McClure for their informative presentation and he was pleased to hear of the interest of other Trusts in the model.

121/17 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.

122/17 CHAIRMAN'S BUSINESS

The Chairman informed members that he attended a number of events, since the last meeting, including a visit to Marmion Children's Home, the Recovery College Graduation, the Annual Leadership Conference and Chairman's Awards. **Mr McKenna** referred to the high standard of entries for the Chairman's Awards and stated that Miss Low would circulate a list of winners to Board members, for information.

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.

123/17 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey informed members the new In-Patient Ward Block at the Ulster Hospital won a number of prestigious awards. For example, the contractor was awarded two awards in the Construction Excellence Awards, it received a Recognition of Achievement award by the Chartered Institute of Builders and it was shortlisted, by the UK Building Magazine, for Project of the Year. A list of all the awards associated with the design and building of the Ward Block would be circulated to members by Ms Coulter.

124/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS

The minutes of the Trust Board meeting held on 27 September 2017, the Annual Public Meeting on 27 September 2017 and the Extraordinary Public meeting held on 13 October 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

125/17 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising.

126/17 FINANCIAL REPORT FOR PERIOD ENDED 31 OCTOBER 2017

Members received, for discussion, Paper No: SET/59/17, Finance Report for period ended 31 October 2017, which had been circulated with papers for the meeting. **Mr Guckian** stated the position was similar to that reported at Month 6. A deficit position was recorded although it was anticipated breakeven would be achieved at year end. **Mr Guckian** outlined the key assumptions/risks, but overall the financial position was relatively stable. The Trust will utilise fully the capital funding allocated by year end. In response to an enquiry from a member on the system down-time (regionally), which prevented the allocation of all income to Directorates at Month 7, **Mr Guckian** stated assurances were provided that the system would be fixed by Month 8.

A member enquired about the expenditure on domiciliary care, which appeared to have decreased. **Mr Guckian** stated the expenditure was similar to that in Month

6 and the position was kept under regular review. **Ms Patterson** stated the Trust, like others in the Region, was finding it increasingly challenging to meet demand for domiciliary care. In a small number of instances clients have been placed in residential or nursing homes to maintain their safety until a suitable package becomes available. A number of Domiciliary Care providers recently experienced difficulties recruiting staff and so a number of packages were handed back to the Trust. She explained that the Trust is actively recruiting to increase its “in house” domiciliary care provision to increase resilience but it must do this in a managed way if it is to avoid destabilising the sector as a whole. A member enquired if the rate paid to providers had an impact on their staffing issues. **Ms Patterson** stated that there are a wide range of factors which have an impact of which terms and conditions are one. **Mr Guckian** stated the rate paid by the Trust was at the upper end of the regional domiciliary care rate and it was 10% higher than the most recently tendered rate in Northern Ireland.

Mr McCaughey stated the Adult Social Care Reform Report was awaiting Ministerial attention and it was hoped implementation of the recommendations would, in time, be of benefit to the sector, with a career structure being established and wage levels agreed. In relation to the recruitment campaign by the Trust, a member suggested the Trust might consider engagement with students at Belfast Metropolitan College, in order to attract applications.

The Chairman thanked Mr Guckian for his comprehensive report.

127/17 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/60/17, Corporate Scorecard (October 2017) and Paper No: SET/61/17 Dashboard, which had been circulated with papers for the meeting.

Ms Coulter summarised the performance against targets. **Ms Coulter** shared with members details of the Regional Elective waiting times and the number of patients waiting for Outpatient appointments, Diagnostics and In patient Day Case treatment. There have been significant increases in the numbers waiting over 26 and over 52 weeks in each category. The Trust remains concerned regarding the extremely long waits, which are unacceptable for patients. Additional monies have been received to address long waits, targeting red flag outpatients for Plastic Surgery, General Medicine, Urology, General Surgery, ENT, Gynaecology, Endoscopy and Cystoscopy. Some funding has been used to address long waits in Dermatology through the use of Independent Sector providers.

There was an increase in ENT red flag waits due to an increase in referral numbers. Saturday clinics have been put in place to address this position. A comparison of activity levels in the Ulster Hospital at October 2016 and October 2017 were similar, except for the Emergency Department. The average Length of stay for General Medicine increased by 0.4 days compared with October 2016 and the average length of stay for Care of the Elderly increased by 2.6 days compared with October 2016. Performance against the 4 hour target in the Ulster Hospital was 66%. There were 8227 attendances to the Ulster site, 302 more than September 2017 and 184 more than October 2016. In relation to the 12 hour target, there were 303 breaches in October, 300 in the Ulster and 3 in Downe. Of these patients, 291 (97%) were admitted to hospital. The Trust has had the highest number of breaches in the Region cumulatively to September 2017. This

is due to a combination of insufficient bed capacity in the Ulster Hospital, length of stay, complex discharges and performance against the 4 hour and 12 hour targets.

Performance against the 14 day breast cancer referral target was 92% in October. This was a reflection of the assistance being provided by the Trust to the Southern Trust, with a number of patients transferred to South Eastern lists. Performance against the 31 day cancer target was 92% in October, with 10 breaches recorded. In October, 46% of patients were treated within 62 days with 31 breaches. Breaches were mainly in Urology and Dermatology specialities. In relation to Complex Discharges, a total of 39 patients were delayed 7 days or more from being declared fit in August 2017. Ten were South Eastern Trust of Residence, 29 were Belfast Trust of Residence. As a result, the average number of bed days lost in breach by Belfast Trust patients was 11.8, compared with 3.0 for South Eastern Trust patients. The Trust is continuing to liaise closely with Belfast Trust to address this issue. The position in relation to Psychological Therapies has improved with 71% performance against target. The numbers of patients breaching the waiting time has decreased and this has been achieved by the use of Waiting List Initiative funding. A member acknowledged the significant work undertaken by staff to address the position regarding Psychological Therapies and thanked them for their contribution. She also noted that she had been invited by the Head of Service to attend a conference on this subject matter and had found this very interesting. **Mr Martyn** informed members that a Consultant Paediatrician with a special interest in Epilepsy would take up post in the near future.

There were 172 unallocated cases over 20 days in Children's Services in October 2017. It has proven difficult to recruit Social Workers and additional hours have been offered to existing staff, to try to alleviate the position.

A member enquired about any action taken by the Trust to address the waiting time of 161 weeks for a Paediatric Routine Outpatient appointment. **Mr McGoran** stated a substantial bid has been submitted to address some of the longest waiting times and a response was awaited. A member enquired about the lead in times for Waiting List Initiatives with the Independent Sector and if this was the only option available to assist with reducing waiting lists and waiting times. **Ms Coulter** stated the South Eastern Trust was the only Trust to have submitted a bid for In House Waiting List Initiative as well as a bid for the Independent Sector.

The Chairman stated the waiting time and waiting lists demonstrated the need for a strategic approach to this issue. He thanked all the staff for their work and efforts in challenging circumstances. **Mr McKenna** thanked Ms Coulter for her informative presentation.

128/17 DRAFT TRUST DELIVERY PLAN (TDP) 2017/18

Members received, for approval, Paper No: SET/62/17, Trust Delivery Plan, which had been circulated with papers for the meeting. In presenting this paper, Ms Coulter said that the final draft of the TDP was approved by the Executive Management Team on 17 October 2017 and was approved for release to the HSCB by Trust Board on 25 October 2017. In response to comments received from the HSC Board, minor amendments were made to the TDP. The HSC Board was scheduled to review and approve the TDP at their Board meeting on 9 November 2017, however, the Trust has been informed this has been deferred

until December 2017 or January 2018. **The Chairman** stated it was very disappointing the TDP has not yet been approved by the Commissioner. A member noted, with concern, the development of a secondary waiting list in Mental Health services and the merger of neurodevelopmental ADHD into Mental Health. This would have a significant impact on waiting times for patients.

The concerns raised were noted by members and while acknowledging these, **the Chairman** sought, and received, Trust Board approval for the Trust Delivery Plan.

129/17 UPDATE REPORT ON THE BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2017/18

Members received, for discussion, Paper No: SET/63/17, Update on Board Assurance Framework and Corporate Risk Register 2017/18, which had been circulated with papers for the meeting. In presenting the paper, **Mrs Weir** stated the report provided an update on the Board Assurance Framework and the Corporate Risk Register for 2017/18 as at 16 November 2017. It also provided a suite of reports on the register detailing progress as at the same date including high level information about risks on the Directorate Risk Register.

Members noted that the Corporate Risk Register for 2017/8 was approved by the Trust Board at its meeting held on 22 June 2017. Regular update reports on the Corporate and Directorate Risk Registers are presented to the Governance Assurance and the Corporate Control Committees respectively on a quarterly basis in respect of this item. **Mrs Weir** highlighted additions/changes to Corporate Risk Register since the last report to the Trust Board (June 2017). These are detailed below:-

- ID2141 (Inability to meet the required manpower requirements at Lakewood Regional Secure Care Centre) was closed as at 30 September 2017;
- Following discussion at the Corporate Control Committee meeting on 19 October 2017, the risk rating after existing control measures for ID 2111 (Inability to provide safe and effective care at the Ulster Hospital) was reviewed and updated (was Major and Possible = High and amended to Major and Likely = High).

A total of 15 items are now on the Corporate Risk Register for 2017/18.

Finally, Mrs Weir advised that a Trust Board workshop is scheduled for Wednesday 13 December 2017 and one of the key items for discussion is a presentation on the methodology and process for development of Corporate and Directorate Risk Registers. **The Chairman** stated it was a very comprehensive Report and he thanked Mrs Weir for her overview of the paper.

130/17 INTERVAL REPORT ON THE DELEGATION OF STATUTORY PERSONAL SOCIAL SERVICES FUNCTIONS AND CC302 CORPORATE PARENTING REPORT

Members received, for approval, Paper No: SET/64/17, Interval Report on the Delegation of Statutory Personal Social Services functions and CC302 Corporate Parenting Report, which had been circulated with papers for the meeting. In presenting the report, **Mr Whittle** informed members the interval report outlined

the discharge of delegated statutory functions in respect of services undertaken by the social work and social care workforce within the Trust during the period 1 April to 30 September 2017. During the reporting period, **Mr Whittle** stated there was significant compliance with delegated statutory functions as well as a number of challenges. The Mental Health directorate is continuing to provide Approved Social Work (ASW) duties as necessary; however, these are being delivered within the context of a reduced workforce. This workforce issue is being addressed through the development of an ASW workforce strategy. Within Disability Services, significant work is ongoing to address the delayed discharge of 12 people from Muckamore Abbey Hospital. Within Older Peoples' services a key challenge relates to the continued increase in the number of complex discharges from hospital.

During the period of reporting there was a decrease in the number of children in need and a reduced number of children on the child protection register, which was encouraging. This may be attributed to the emphasis on early intervention approaches adopted in the Trust. The process for the tracking of placement moves for children in care is now more robust. The management of unallocated cases continues to be a challenge within children's safeguarding services. Compared with other Trusts, the number of young carers is relatively low, however, the reason for this is unclear. This issue will be discussed with the HSC Board. Numbers of children on the Child Protection Register were included in the Report. The reasons for 36 re-registrations were examined – they related to issues of domestic violence, alcohol misuse or deterioration in the mental health of a parent. They were not related to issues of neglect. While there was a reduction in the number of Looked After Children, the numbers were still relatively high and they were mainly in non-kinship foster care. Within the Region, the availability of foster placements continues to create placement challenges to meet the care needs of all children and young people.

Data on children who go missing is collated weekly. Of the 77 children who left care at 18 years of age, 62 availed of the offer of a Personal Advisor to support them through the transition from care.

A member enquired about the inspections which RQIA were unable to carry out, leading to a knock on delay in the reports being received in the Trust. **Mr Whittle** stated if this position continued in the longer term he would raise it as a matter of concern; there was no undue concern at this time around the issue. In response to an enquiry, **Mr Whittle** stated the subjects of the Audits undertaken were determined by the Social Work Leads. Data was examined, in the context of the statutory obligations and subject areas for audit were agreed. A member enquired if the level of attendance at Case Conferences had been resolved. **Mr Whittle** stated that historically this issue had proven to be difficult to resolve, across the Region. The Trust is conducting a pilot in Bangor, using the Quality Improvement approach. It will be evaluated and reported on at the Safeguarding Board (SBNI).

The Chairman sought, and received, Trust Board approval for the Report. It would be submitted to the HSC Board. The Action Plan will be kept under review. **Mr McKenna** thanked Mr Whittle and his team for the comprehensive Report.

131/17 CORPORATE TRUST MANAGEMENT PLAN

Members received, for information and noting, Paper No: SET/65/17, Corporate

Trust Management Plan, which had been circulated with papers for the meeting. Members noted the contents of the Plan.

132/17 REPORT ON CHARITABLE TRUST FUNDS MEETING HELD ON 27 SEPTEMBER 2017

Members received, for information and noting, Paper No: SET/66/17, Report and Minutes of the Charitable Trust Funds meeting held on 27 September 2017, which had been circulated with papers for the meeting. **Mrs Minford**, Chair of the Charitable Funds Committee, stated there was nothing of concern raised at the meeting. However, she did highlight item 3.1 in terms of the establishment of a corporate charitable fund, draft strategy and information booklet. Members are awaiting the outcome of work by the Belfast HSC Trust in this matter and will then determine how to proceed in this regard for this Trust.

133/17 REPORT ON AUDIT COMMITTEE MEETING HELD ON 12 OCTOBER 2017

Members received, for information, Paper No: SET/67/17, Report on the Audit Committee held on 4 May and 12 October 2017, which had been circulated with papers for the meeting. In presenting the paper, **Mr Brady**, Chair of the Committee, stated all reports received from Internal Audit were reviewed and discussed in detail at the meeting. Prior to the meeting, a presentation on Procurement Issues was given to members by Mr Peter Wilson, Assistant Director, Procurement & Logistics, PALS. It was noted that this subject would be of interest to all Board members and it had been suggested that this topic area is included at a future Trust Board workshop in 2018. Finally, Mr Brady noted that Mr Mulholland, HSC Sponsorship Branch had attended the meeting as an observer (a representative attends one Audit Committee meeting on an annual basis).

134/17 REPORT ON FINANCE COMMITTEE MEETING HELD ON 23 OCTOBER 2017

Members received, for information, Paper No: SET/68/17, Report on Finance Committee meeting held on 23 October 2017, which had been circulated with papers for the meeting. Members noted the contents of the report.

135/17 ANY OTHER BUSINESS

There was no business under this item.

136/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed the next Trust Board will take place on **Wednesday 31 January 2018 at 11.00am in the Conference Room, Trinity Conference Centre, Lisburn**

Date: _____

Mr Colm McKenna
Chairman

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