

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public meeting of the South Eastern Health and Social Care Trust Board held on Wednesday 30 August 2017 at 11.00am in the Conference Room, Trinity Conference Centre, Lisburn

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 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 J McAteer, Clinical Lead for Organ Donation (for item 78/17)
Ms Heather Savage, Specialist Nurse, Organ Donation (for item 78/17)
Ms Kerry McInerney (mother of donor) (for item 78/17)
Mr Luke Ogonda, Consultant Orthopaedic Surgeon (for item 78/17)
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss J Turner, Executive Support Services Manager

APOLOGIES: Dr M Briscoe, Non-Executive Director
Ms J O'Hagan, Non-Executive Director

OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting.

78/17 PATIENT/CLIENT STORY

Dr John McAteer, Clinical Lead for Organ Donation, Ms Heather Savage, Specialist Nurse, Organ Donation, Ms Kerry McInerney (mother of Abbie – donor) and Mr Luke Ogonda, Recipient of an organ transplant, were in attendance

Mr Martyn introduced Dr John McAteer, Clinical Lead for Organ Donation and Consultant Anaesthetist and Ms Heather Savage, Specialist Nurse, Organ Donation. Dr McAteer delivered a presentation on Organ Donation, outlining the position in Northern Ireland, nationally and within the Trust. In Northern Ireland, 31% of the population have signed the NHS Organ Donor Register. However,

within the Trust area, 45% have signed the Register. Nationally there has been an increase of almost 50% in organ transplants and this may be a reflection of the better end of life care offered to patients and families. Members were informed that Northern Ireland has the highest rate of kidney transplants in the world, with many altruistic donors. Dr McAteer outlined the structures of Donor Services teams and the four types of donation in Northern Ireland. There is, on average, one donor per week in Northern Ireland and there are very satisfactory survival rates from transplants of, for example, liver, heart, lungs and kidneys. Members were shown examples of marketing materials used to encourage families to consider organ donation and Dr McAteer demonstrated the story board which has been compiled and displayed in the Ulster Hospital. Currently the South Eastern Trust is leading the corneal donation programme across the Region. This is a Nurse led initiative and has been increasingly successful in the numbers of transplants which have been carried out. Dr McAteer stated the Trust is very supportive of the promotion of organ and tissue donation and much support is given to families in the cases where organ donation is possible.

Mr Martyn introduced Kerry, who is the mother of an organ donor. Kerry informed members that her 15 year old daughter, Abbie, died in January 2016. Abbie was initially admitted via the Emergency Department, in a critical condition. Following scans and tests, Abbie's family were informed how serious her condition was and that she would not survive. The conversation about possible organ donation was commenced with the family members by the Organ Donation team. Consent was given by the family and the process of organ retrieval was commenced. Kerry described the grief of losing Abbie but also the comfort of being able to pass on the "gift of life" to others, via her organ donation. Kerry has since received two letters, from recipients of Abbie's organs. One in particular was very detailed, from a lady who received a kidney and a pancreas. The recipient described her life "before and after" organ transplant and how she was eventually able to visit family members in Canada and enjoy horse riding in the Rockies. Kerry described how she found it difficult to respond to the letters but she acknowledged that it confirmed for her that donating Abbie's organs was the "right thing to do" as it gave the recipients the "gift of life". As a result of their experience, Kerry, her family members and many of Abbie's friends have now signed on to the Organ Donor Register.

Mr Martyn thanked Kerry for her very powerful and brave presentation and he introduced Mr Luke Ogonda, Consultant Orthopaedic Surgeon, an organ transplant recipient. Luke thanked Kerry, her family and other families for their generosity, from which he has benefitted. He described how, during Spring 2015, he lost weight and became increasingly fatigued. Blood tests revealed that his liver function was abnormal. Medication did not improve the function and Luke was informed he would need a liver transplant. Luke described how he continued working during the day but no longer on the On Call rota. He described how he went on a family holiday to Florida in July 2015, but that he was not able to fully participate with his family, as his condition continued to deteriorate. Following consultation with the team in Kings College Hospital, London, who perform liver transplants for Northern Ireland, he was initially placed on the waiting list for an organ transplant. As his condition deteriorated, he was placed on the Urgent Waiting List and it was anticipated he would be offered an organ within 6 months to 1 year. Luke informed members that between 20-30% of those on this waiting list do not receive a call, however, he tried to remain optimistic about his place on the Urgent Waiting List. During November 2015 Luke had to give up work

completely as his condition further deteriorated. He was then placed on the Super Urgent Waiting List, which meant his name was put on a list for possible organ donations from Europe and he would be offered the next available organ. He was flown by air ambulance to London, in preparation for the operation. He described the events of the next three weeks following his transfer to London, but informed members that he had no personal recollection of this and that he relied on his wife for her description of his journey. He was critically ill in the Intensive Care Unit and the first organ which became available was not a suitable match. The next organ was a match and the transplant operation was performed on 25 November 2015. Although he was still very ill following the surgery, Luke was transferred to Belfast just before Christmas and he was finally discharged on 1 January 2016.

Luke described this as a life changing experience, how he gradually built his strength and how his family recovered from a very traumatic experience. He described how, when he was fit enough, he wrote a letter to the donor family. In his letter, Luke acknowledged the difficult circumstances in which they found themselves consenting to donation but he emphasised the importance of their decision and how he had benefitted from it. Luke paid tribute to the Organ Donation team and their efficiency. Despite the negative publicity about the NHS on occasions, Luke paid tribute to it and stated that it should not be taken for granted. **Mr Martyn** informed members that Luke's colleagues in the Orthopaedic team covered his work throughout his illness and sick leave and they did not seek any additional assistance or recompense for doing so.

A member thanked all those who presented for sharing their experiences. The different perspectives were emotional, powerful and very thought provoking. **Mr McCaughey** thanked Dr McAteer and Ms Savage for their presentation on the work of the Organ Donation team and their approach to the subject. The testimonies of Kerry and Luke vividly reflected the "gift of life" and the impact of organ transplant donation. The **Chairman** thanked everyone for their contributions. At a time when the HSC system is facing significant challenges, it was important to hear from the professionals and the patients, to illustrate the excellent work which is carried out and the high quality service provided.

The **Chairman** thanked Dr McAteer, Ms Savage, Kerry and Luke for attending the meeting and for their positive and enlightening presentations.

79/17 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.

80/17 CHAIRMAN'S BUSINESS

The Chairman informed members that he attended a number of events, since the last meeting, including visits to Ward 1A in Lagan Valley Hospital, Lindsay House and Glenmore. **Mr McKenna** chaired a meeting of the Chairs' Forum and he attended a meeting of the Board of Trustees of the NHS Confederation.

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.

81/17 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey informed members the Trust would be hosting a meeting of the Health Improvement Alliance Europe (HIAE) on 4 and 5 September 2017. Approximately 100 attendees, from the US, Europe and the UK, have registered to attend and so they will be using hotel rooms, restaurants, taxis etc. **Mr McKenna** stated this was a major accolade for local health and social care.

82/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS

The minutes of the Trust Board meeting held on 22 June 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record. The minutes of the Extraordinary meeting held on 24 August 2017, were still in draft form and would be circulated with the papers for the next meeting.

83/17 MATTERS ARISING FROM THE PREVIOUS MINUTES

(a) Update – 2017/18 Savings Plan and public consultation proposals

Mr McCaughey stated that following the Extraordinary meeting on 24 August 2017, the Trust will continue to engage with internal and external stakeholders. The offer of additional meetings with individuals or interested groups, during the consultation period, has been taken up by a number of political parties. **Ms Coulter** briefly outlined the process for the consultation exercise and evaluation. The timescales for processing the outcome of the consultation exercises by all Trusts were not identified and Trusts would liaise with the HSC Board and Department on this issue. A member enquired if any requests for additional public meetings had been received. **Ms Coulter** stated, to date, no such requests had been received.

84/17 FINANCIAL REPORT FOR PERIOD ENDED 31 JULY 2017

Members received, for discussion, Paper No: SET/38/17, Finance Report for period ended 31 July 2017, which had been circulated with papers for the meeting.

In presenting the paper, **Mr Guckian** stated the Trust received an opening allocation together with the confirmed Savings Target of £12.354m. The year to date deficit is £3.6m and the projected year end deficit is £7m. The two main contributory factors to the year-end deficit are: a shortfall in allocation against the 2016/17 pressures of £6.2m and a new pressure of additional superannuation charges of approximately £850k. **Mr Guckian** summarised the key assumptions and risks associated with the projected figures. One of the key assumptions is that the Trust will achieve the Savings target in full, which will be very challenging. The level of savings the Trust will have to achieve, in order to achieve breakeven, is significantly higher than that required in previous years. The savings target will not be achieved without impacting on services. Summaries of the Salaries and Wages spend, flexible staffing costs and spend on Goods and Services were included in the Report.

Mr Guckian paid tribute to the Operational Directorates and the staff in the Bank Office for the work carried out in maintaining a strong performance in utilising bank staff. A summary of the Capital Expenditure position at Month 4 was provided in

the Report. **Mr Guckian** commended the report to Trust Board. The **Chairman** stated he attended a recent meeting of the Finance Committee and he thanked the Executive Directors for the work carried out in relation to the proposals required for the Savings Plan.

85/17 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/39/17, Corporate Scorecard (July 2017) and Paper No: SET/40/17 Dashboard, which had been circulated with papers for the meeting.

In presenting the reports, **Ms Coulter** summarised the performance against targets. Overall, activity in July 2017 was similar to that in June 2017. The average Length of Stay for General Medicine decreased by 0.7 days compared with the position in July 2016. The average Length of Stay for Care of the Elderly increased by 2.7 days compared with July 2016. Overall average Length of Stay decreased by 0.1 days from July 2016 to July 2017. This is within the context of an additional 111 emergency admissions in the same month during the previous year.

In relation to the 4 hour target in ED, the performance at the Ulster Hospital is much lower at 75.2% but the performance at Lagan Valley and Downe Hospitals (at over 92%) increases the compliance against target. The figures are a reflection of the levels of demand at the various hospital sites. In relation to the 12 hour target, there were 110 breaches in July 2017, 108 in the Ulster and 2 in Downe. 106 of these patients (98.1%) were admitted to hospital. Members were informed the South Eastern Trust is the only Trust reducing breaches compared with the position in the previous year.

Compliance against the Fracture target was 48% in July. There were 134 fracture admissions in total, of which 44 were neck of femur admissions with 21 treated in less than 48 hrs. 100% of patients were treated within 7 days. The decline in the compliance rate was due to a high number of fractures in theatre in July (151) combined with a backlog during June 2017.

Performance against the 14 day breast cancer target was 96% during July 2017. There continues to be pressure across the Region in this area and the Trust recently received a request from another Trust for assistance. In relation to the 31 day cancer target, performance was 96% compliance with 1 breach. Performance against the 62 day cancer target was 52%, with 30 breaches. Delays in Urology and Dermatology pathways impact significantly on performance against this target.

In relation to the complex discharge target, 35 patients were delayed by 7 or more days from being declared fit for discharge, during July 2017. Of these, 12 were South Eastern Trust of Residence and 23 were Belfast Trust of Residence patients. The number of bed days lost from point of breach to discharge were as follows:-

- Bed days lost to 37 Belfast Trust patients – 246
 - Bed days lost to 39 South Eastern Trust patients – 96
- The main reason, in both Trust areas, for the delays was that there was no domiciliary care package available.

Performance against the 13 week target for Psychological Therapies improved to 64% in July 2017. The total number of patients waiting is 772, a decrease of 55 on June 2017. **Ms Coulter** stated the performance was due to Waiting List Initiative funding which was used to deliver service against the Recovery Plan. However, as this was non-recurrent funding, the position will not be sustained.

A member enquired about the process to monitor those patients who breached target. **Ms Coulter** stated that every patient in breach of target is monitored and the reason for the breach is ascertained. There is a process in place whereby the Trust holds itself to account regarding when the patient is seen and by doing this, Clinical teams satisfy themselves regarding adverse outcomes.

A member enquired about the 62 day target, where patients may be urgently referred but are not diagnosed within the period. **Mr McGoran** stated the target provided 31 days for diagnosis and 31 days to treat thereafter. However, if, for example, a patient attends ED and cancer is diagnosed, there is only 31 days to treatment. There continues to be a very high rate of Red Flag referrals for suspect cancer. It has been acknowledged by Trusts that the Red Flag process needs to be reviewed. There are significant numbers of referrals to Urology and Dermatology, in excess of the capacity available. **Ms Coulter** stated the numbers of diagnosed cancers are closely monitored and there has been a slight increase in these, in the region of 40 in one year. However, the numbers of Red Flag referrals have increased more substantially. **Mr McGoran** stated there are Cancer Tracker teams who track every cancer patient.

Mr McKenna thanked Ms Coulter for her presentation.

86/17 ANNUAL EQUALITY REPORT 2016/17

Members received, for approval, Paper No: SET/41/17, Annual Equality Report, which had been circulated with papers for the meeting. In presenting the report, **Mrs Weir** informed members the Trust is required, as part of its Equality Scheme, to produce an Annual Progress Report (APR) which details progress by the Trust in fulfilling the statutory Equality and Good Relations Duties, and implementing the Equality Scheme commitments and Disability Action Plan. The Annual Progress Report 2016-2017 consists of three parts:-

- Part A Section 75 of the NI Act 1998 and Equality Scheme;
- Part B Disability Action Plan;
- Appendix 1 Action Based Plan 2014-2017 - updated.
- In addition, the Equality team produced a Newsletter.

Mrs Thompson acknowledged the support provided to the small Equality team by Mrs Weir and Mrs Claire Smyth, Assistant Director. A summary of the key initiatives undertaken in 2016-17 was provided. These included:-

- Development of draft Action Based Plan and Disability Action Plan 2017-2022 which is currently out for consultation. This will be tabled at a future meeting of Trust Board, once the Plans are updated;
- Co facilitation of regional pre consultation Engagement Event with over 90 key stakeholders;

- Distribution of Equality Training Manual in both hard copy and digital format. This manual is used throughout the Trust at Equality, Diversity, Human Rights and Good Relations Training;
- Development of a one page hand-out for all staff. Distributed in Training and available digitally on Equality and Human Rights pages;
- Regional Launch in June 2016 of 'Making Communication Accessible for All'. A comprehensive guide for staff to aid effective communication with people who may have a disability or a communication support need;
- Continued provision and monitoring of Face to Face and Telephone Interpreting – 5666 episodes delivered in 2016-2017;
- Equality, Good Relations and Human Rights Training delivered to, and accessed by, over 2000 staff;
- Equality Screening of all new and revised policies and proposals.

A summary of the key initiatives for 2017-18 was provided, which would include:

- Regional Stakeholder Consultation Event for the above documents, to be held on 3 October 2017 in Ballymena;
- Updating of Equality Scheme in light of guidance from ECNI following their effectiveness review;
- Revision of Equality Screening and EQIA Templates in light of guidance from ECNI;
- Development of a Trust Good Relations Strategy;
- Continued development, provision and evaluation of training and awareness for all staff;
- Launch and promotion to staff of Regional e-Learning module hosted by The Leadership Centre;
- Human Trafficking – Lunchtime Awareness Session for staff in May 2017.

Mrs Thompson outlined the process for submission to the Equality Commission and publication of the Annual Report on the intranet, internet and circulation to stakeholders. **Mr McGoran** acknowledged the valuable support provided to Directorates by Mrs Thompson and her team. **Mrs Weir** stated the Equality Leads across the Region work collaboratively on equality issues. The **Chairman** sought and received Trust Board approval for the Annual Progress Report, for its onward submission to the Equality Commission.

Mr McKenna thanked **Mrs Weir**, **Mrs Thompson** and the equality team for the work involved in producing the Annual Progress Report.

87/17 UPDATE TO TERMS OF REFERENCE – FINANCE COMMITTEE/SCHEME OF RESERVATION AND DELEGATION OF POWERS – STANDING ORDERS AND STANDING FINANCIAL ISTRUCTIONS

Members received, for approval, Paper No: SET/42/17, Update to Terms of Reference – Finance Committee/Scheme of Reservation and Delegation of Powers – Standing Orders and Standing Financial Instructions, which had been circulated with papers for the meeting. **Mr Guckian** briefly outlined the background to this item. Following receipt of a Circular from the Department of Health, the delegated limits for Capital Business Cases increased to £1.5m and to £0.25m for ICT cases. Business Cases below these limits may be approved in the

Trust, without seeking Departmental approval. In order to reflect the change in delegated authority, the necessary documentation will be amended as follows:-

1. Finance Committee, Terms of Reference

6.9 Delete: "To review Business Cases approved prior to submission to Trust Board"

6.9 Insert: "To review and approve Capital Business Cases over £0.5m (£0.250m ICT)"

The list of Finance Committee's members and "in attendance" will be updated

2. Scheme of Reservation and Delegation of Powers

Strategy, Plans and Budgets (Page 4)

4. Delete "Approve Outline and Final Business Cases for Capital Investment"
Delegate approval of capital business cases over £0.5m (£0.250m ICT) to the Finance Committee

The Finance Committee will: (Page 6)

10. Deleted "Oversee the Trust's capital programme" as covered in earlier points

10. Insert "Review and approve Capital Business Cases over £0.5m (£0.250m ICT)"

The proposed changes were approved by the Finance Committee on 30 June 2017 and **Mr Guckian** commended the amended documentation to Trust Board. The **Chairman** sought, and received, Trust Board approval for the amendments which were outlined in the relevant documentation.

88/17 SCHEDULE OF DATES FOR TRUST BOARD MEETINGS FOR 2018

Members received, for information and noting, Paper No: SET/43/17, Schedule of dates for Trust Board meetings for 2018, which had been circulated with papers for the meeting. The **Chairman** requested that members would note the dates in their respective calendars.

89/17 UPDATE ON THE MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

Members received, for information, Paper No: SET/44/17, Update on the Management Statement/Financial Memorandum, which had been circulated with papers for the meeting.

In presenting the paper, **Mrs Weir** advised that in April 2017, the Department of Health issued a new draft MS/FM (with tracked changes) to all HSC Trusts for comment on or before 12 May 2017. The proposed revisions were reviewed by Trust Officers and considered acceptable. A small number of minor changes were also submitted to the Department, for consideration on 23 May 2017. Following consideration of all comments received, the Department will issue a new Management Statement/Financial Memorandum, a copy of which will be made available to members. It is anticipated that this will be released circa end of September/October 2017.

90/17 ANNUAL REPORT ON COMPLAINTS 2016/17

Members received, for information, Paper No: SET/45/17, Annual Report on Complaints 2016/17, which had been circulated with papers for the meeting. **Mrs Weir** commended the Annual Report to members.

91/17 ANNUAL REPORT OF INFECTION PREVENTION CONTROL 2016/17

Members received, for information, Paper No: SET/46/17, Annual Report of Infection Prevention Control 2016/17, which had been circulated with papers for the meeting. **Ms Patterson** commended the Annual Report to Trust Board members.

92/17 REPORT ON UNALLOCATED CASES – APRIL TO JUNE 2017

Members received, for information, Paper No: SET/47/17, Report on Unallocated Cases April to June 2017, which had been circulated with papers for the meeting. **Mr Whittle** informed members that a bid for Waiting List Initiative funding has been submitted, in order to try to address the position.

93/17 REPORT ON AUDIT COMMITTEE MEETINGS HELD ON 4 MAY AND 2 JUNE 2017

Members received, for information, Paper No: SET/48/17, Report on the Audit Committee meetings held on 4 May and 2 June 2017, which had been circulated with papers for the meeting. **Mr Brady**, Chair of the Committee, stated there was nothing of concern raised at the meetings. Members noted the contents of the Report.

94/17 REPORT ON FINANCE COMMITTEE MEETINGS HELD ON 22 MAY AND 30 JUNE 2017

Members received, for information, Paper No: SET/49/17, Report on Finance Committee meetings held on 22 May and 30 June 2017, which had been circulated with papers for the meeting. **Mr Mawhinney**, Chair of the Finance Committee, stated there was a detailed discussion of the financial position at the meetings held on 22 May and 30 June 2017 respectively. Members noted the contents of the report.

95/17 REPORT ON CHARITABLE TRUST FUNDS MEETING HELD ON 2 JUNE 2017

Members received, for information and noting, Paper No: SET/50/17, Report on Charitable Trust Funds meeting held on 2 June 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. Members noted the contents of the report.

96/17 REPORT ON GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 21 JUNE 2017

Members received, for information and noting, Paper No: SET/51/17, Report on the Governance Assurance Committee meeting held on 21 June 2017, which had

been circulated with papers for the meeting. There was nothing of significance to note.

97/17 ANY OTHER BUSINESS

There was no business under this item.

98/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed that the next meeting of the Trust Board will be held on **Wednesday 27 September 2017 at 11.00 am in the Quality Improvement and Innovation Centre (QIIC), Ulster Hospital, Dundonald**

Date: _____

Mr Colm McKenna
Chairman

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