

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 27 September 2017 at 11.00am in the Quality Improvement & Innovation Centre, Trust Headquarters, Ulster Hospital

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Dr M Briscoe, Non-Executive Director
Mr N Brady, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director
Ms L O'Neill, Non-Executive Director
Mr J Patton, Non-Executive Director
Mr N Guckian, Director of Finance and Estates
Mr C Martyn, Medical Director
Ms N Patterson, Director of Primary Care, Older People and Executive Director of Nursing
Mr B Whittle, Director of Children's Services & Executive Director of Social Work

IN ATTENDANCE: Ms R Coulter, Director of Planning, Performance & Informatics
Mr S McGoran, Director of Hospital Services
Ms B Mongan, Director of Adult Services and Prison Healthcare
Miss L McAree, Head of information Governance & Directorate Support (for item 108/17)
Dr M Murray, Assistant Director, Safeguarding (for item 111/17)
Ms R Quinn, Social Worker (for item 111/17)
Mrs Stuart, Service User (for item 111/17)
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss C Hughes, Personal Assistant

APOLOGIES: Mrs M Weir, Director of Human Resources and Corporate Affairs

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.

99/17 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.

100/17 CHAIRMAN'S BUSINESS

The **Chairman** informed members that he attended a number of events, since the last meeting, including visits to Flaxfield, Cuan Court and William Street. He also attended meetings of NICON, the NICON Carers Event, Chairs' Forum, Interim Head of the Civil Service (Stirling), LAC/Employer & Education Monitoring Board and the Remuneration Committee (NHS Confederation). The Chairman's Charity Golf Event took place on 15 September 2017 and it was very successful.

The **Chairman** reported that he would be stepping down as the Chairman of NICON at the end of September 2017 with Mr T Stevens, CE Northern Trust, taking over the role on 1 October 2017.

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.

The **Chairman**, on behalf of members of the Board, extended condolences to Miss June Turner, Executive Support Services Manager, on the death of her mother.

101/17 CHIEF EXECUTIVE'S BUSINESS

Mr McCaughey indicated that he had no items to raise at the meeting.

102/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS

The minutes of the Trust Board meetings held on 24 and 30 August 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

103/17 MATTERS ARISING FROM THE PREVIOUS MINUTES

(a) Update – 2017/18 Savings Plan and Public Consultation Proposals

Mr Guckian indicated that the Trust is currently in the middle of a consultation process. Three of the four scheduled public meetings have taken place, and the final meeting will take place on Thursday evening in Downpatrick. Following the collating of responses received during the consultation process, a follow-up Trust Board meeting will take place in October 2017.

104/17 SPEAKING RIGHTS IN RESPECT OF ITEM 103/17

The **Chairman** welcomed the following speakers:-

Ms Nuala Conlon, Regional Organiser, UNISON

During a detailed presentation **Ms Conlon** outlined UNISON concerns that the consultation process breaches the Trust's duties under Section 75 of the NI Act 1998 and the Trust's Equality Scheme. She believed that all Trusts have been caught in a political game and should refuse to comply with cuts which are causing pain and stress to the public and are escalating low morale among Health Service workers.

A letter detailing the concerns of the Irish Congress of Trade Unions was delivered to the Permanent Secretary of the Department of Health (DoH) and copies of this letter were circulated to Board members at the meeting. **Ms Conlon** highlighted some of the main points detailed in the letter, eg: the DoH has breached their own Equality Scheme by issuing these instructions to Trusts which also leave Trusts vulnerable to complaint or investigation by the Equality Commission.

UNISON will be writing to the Trust to detail their complaints on the consultation process including that the results of the consultation appear to be pre-determined; that an EQIA assessment has not been carried out (which should take 12 weeks), and that the consultation period is only 6 weeks when the Trust's Equality Scheme provides for 12 weeks which should be adhered to.

In addition, **Ms Conlon** raised concerns about the Private Homecare Sector and expressed disappointment with a recent procurement exercise in another Trust which has resulted in a challenge due to an award to a company who are viewed as denying staff their rights.

Ms Conlon closed her presentation by indicating that she hoped to speak at the next meeting.

Mr Terry Thomas, NIPSA

Mr Thomas asked Board members to reflect on the savings plan consultation and their role in overseeing Trust services which may result in them reconsidering their views. He noticed that the walls of the QIIC depicted statements regarding compassion in practice, patient safety and that positive patient experiences are everyone's business - how could the Board stand by these statements whilst approving these savings plans.

In relation to the public meetings, **Mr Thomas** expressed concern regarding the lack of public involvement and felt this demonstrated that this is a failed process. Concern was expressed that the savings proposals "de-humanise" the Health Service by talking about the business model rather than the effect on the most vulnerable in society. He queried whether the consultation process has been discussed with those people who are directly affected. Whilst many of the proposals assume "low impact" he noted that these could be life changing for patients who are waiting longer for services. Lives could be put at risk or potentially pushed into seeking services elsewhere – this is not what the NHS was established for.

In conclusion, **Mr Thomas** asked Board members to consider the Trust's Mission Statement and their role to protect the population of South Eastern Trust – this should then result in declining the savings proposals.

The **Chairman** thanked Ms Conlon and Mr Thomas for their presentations. **Mr McCaughey** advised that their views would be included with the others expressed at the public meetings and collated for review at the Trust Board meeting scheduled for 13 October 2017. He noted that the suggestion to say "no" to the savings plans would not be the correct direction of travel for the Trust – an abdication of responsibility. During this period when staff and the system are under pressure leadership is required. It is a statutory duty for the Trust to achieve financial breakeven and also to ensure the safety and quality of patients – both

responsibilities are taken very seriously. He hoped that throughout the current consideration of financial issues, that there will remain a focus on the system transformation which is required to continue to meet rising demand for services.

105/17 FINANCIAL REPORT FOR PERIOD ENDED 31 AUGUST 2017

Members received, for discussion, Paper No: SET/52/17, Finance Report for period ended 31 August 2017, which had been circulated with papers for the meeting. In presenting the paper, **Mr Guckian** noted that this report focuses on the statutory duty to break even and is not second guessing the outcome of the savings plan. The Month 5 report details a deficit of £8.1m but since the report was compiled a further £5.5m of funding has been received. The outstanding £2.6m deficit relates to two main issues – Pharmaceutical savings of £1.05m (which is a regional issue) and a residual gap of £1.6m, which relates to further funding required for our opening deficit. Assistance will be sought from our Commissioner and the DoH in this regard.

During a detailed presentation **Mr Guckian** highlighted the assumptions and risks detailed in the report including the need to achieve the savings target; receipt of capital funding (although this risk has been reduced with a further allocation having been received); and that projections remain as currently outlined without unexpected increases. He believed that we need to find recurrent funding for the Trust's costs.

Overall there has been little movement in the Trust's figures and the biggest issue for the Trust is the implementation of a savings plan and the recurrent gap in our financial plan.

Mr Guckian advised that a review will be carried out of the Trust's financial position in order to provide a mid-year position.

In response to a query regarding Children's Services increased utilisation of the independent sector for foster care, **Mr Whittle** advised that efforts are being made to retain current Trust foster carers and to recruit additional carers. A Workshop has been scheduled on a regional basis to review recruitment and retention of foster carers. Reviews are also undertaken within Children's Services to ensure that all decisions taken regarding looked after children are robust and that the thresholds are appropriately applied. He assured Trust Board that decisions regarding children are not taken on the basis of finances but on what is in the best interest of the child.

During discussion of the general financial position **Mr Guckian** confirmed that without transformational change, the next financial year is likely to be even more challenging than this year, which is significantly worse than last year.

106/17 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/53/17, Corporate Scorecard (August 2017) and Paper No: SET/54/17 Dashboard, which had been circulated with papers for the meeting.

In presenting the reports, **Ms Coulter** summarised the performance against targets. Overall, there remains an extremely long wait for many Specialties in

respect of outpatients, inpatients and day cases. There has been an increasing demand for elective treatment (18%) against a reduction of available funding. Some investment has been received in quarters 1 and 2 and this has been allocated to areas of greatest priority. A small allocation has been received for work in the independent sector and the Trust has taken availability of this. She hoped that additional waiting list initiative funding will be received in quarter 3.

In relation to red flag for suspected Cancer Services the position has remained stable in most areas and additional Clinics have continued to maintain that position.

Ms Coulter noted that there have been increasing numbers of attendances and admissions, as well as an increase in the number of complex discharges. The Trust has been monitoring the overall length of stay of patients in Care of the Elderly and General Medicine and noted that overall this has decreased by 0.3 days since the same period last year. This demonstrates the excellent initiatives across Hospital and Community to improve patient flow and ambulatory care services.

Regarding the target of Emergency Department attendances to be treated within 4 hours, there were over 8000 attendances at the Ulster Hospital in August and there was an 80% achievement of this target. In respect of the 12 hour target for Emergency Department treatment, this was breached for 186 patients, ie 2.3% of attendances. **Ms Coulter** noted that 95.7% of patients attending the Emergency Department required admittance to Hospital. As at 22 September 2017 there were 217 breaches of this target which reflected the increased pressure experienced within the Emergency Department over the last 4 – 6 weeks.

In relation to hip fractures, there was 95% compliance with the 48 hour treatment during August 2017.

In respect of Cancer Services, **Ms Coulter** advised that there was 100% compliance with the Breast Cancer target of referrals being seen within 14 days during August 2017. Work continues across the region to support other Trusts with this service. There also remains strong performance against the 31 day cancer pathway target (96%). She noted that there continue to be significant “red flag” referrals from GPs, particularly in Urology and Dermatology, which impacts on performance. Regarding the target of patients with suspected cancer beginning their first definitive treatment within 62 days, there was a 60% achievement in August 2017. Monitoring of these pathways continues.

Regarding the Complex Discharges target of 90% discharged within 48 hours of being declared medically fit, there were 37 patients who were delayed (12 from South Eastern Trust and 25 from Belfast Trust). Of the 37 patients, the vast majority were discharged within 14 days. The bed days lost due to delayed discharges were 9.3 for Belfast Trust patients and 3.4 for South Eastern Trust patients. The main reason for these delays relates to a lack of capacity within Domiciliary Care.

Ms Coulter advised that the position for Psychological Therapies has improved to 61% against the target of no patient waiting longer than 13 weeks from referral to assessment and commencement of treatment. To put this position in context, she

noted that in August 2016 there were 773 breaches compared to 317 in August 2017.

In relation to Children's Services, the number of unallocated cases over 20 days was 155, and this number has continued to decrease in September 2017. Service changes are being implemented and it is hoped that the improved model will continue to improve this position.

During general discussion the improvement within Psychology Therapies was noted and staff were commended for their work in this area. **Ms Coulter** noted that the Health & Social Care Board had carried out a review and recognised that there is a staffing shortfall in this area but to date insufficient funding has been received to reduce this gap. The Trust has made efforts to enhance staffing levels but without additional recurrent funding could not fully meet the full requirement.

The **Chairman** paid tribute to all staff in these achievements at a time of significant pressure.

107/17 DRAFT ANNUAL QUALITY REPORT 2016/17

Members received, for approval, Paper No: SET/55/17, Draft Annual Quality Report, which had been circulated with papers for the meeting. In presenting the report, **Ms Patterson** informed members that this is the fifth Annual Quality Report and includes not only the regionally agreed information but also elements of other reports from within the governance structure of the organisation. It brings all the information together in one report and is helpful to give an overall picture. It also outlines how the Trust is progressing the quality attributes framework.

In response to a query, **Ms Patterson** advised that Serious Adverse Incidents are recorded in the report including social care incidents. Non-Executive Directors expressed their appreciation of this report.

The **Chairman** sought, and received, approval of the Annual Quality Report 2016/17.

108/17 IMPLEMENTATION OF GENERAL DATA PROTECTION REGULATION

Members received, for discussion, Paper No: SET/56/17, Implementation of General Data Protection Regulation, which had been circulated with papers for the meeting. **Ms Coulter** Introduced Miss McAree who would detail the preparations for the implementation of Data Protection Regulations which will be introduced on 25 May 2018.

During a detailed presentation **Miss McAree** outlined the role of the Regulator under the new regulations being implemented in May 2018. These regulations update and modernise the 1998 Data Protection Act and bring consistency to the requirements. GDPR will increase accountability and the increased requirements regarding generic data and patient consent. There will also be greater transparency regarding sharing data and this will be built into the design of new systems. Preparations have been made with ICT, Children's Services, Contracting and notification to all staff in order to meet the new regulations.

In response to a query **Miss McAree** confirmed that there will be robust arrangements with all organisations regarding data access, including Business Services Organisation and organisations outside of Health & Social Care.

The **Chairman** thanked Miss McAree for her informative presentation.

109/17 REPORT AND MINUTES OF THE FINANCE COMMITTEE (21 AUGUST 2017)

Members received, for information and noting, Paper No: SET/57/17, Report and Minutes of the Finance Committee held on 21 August 2017, which had been circulated with papers for the meeting. **Mr Mawhinney** noted that the financial position had been fully discussed during the meeting and presented the minutes for information.

110/17 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE (20 SEPTEMBER 2017)

Members received, for information, Paper No: SET/58/17, Report and Minutes of the Governance Assurance Committee (20 September 2017), which had been circulated with papers for the meeting. **Dr Briscoe** advised that the minutes were self-explanatory and presented for information.

111/17 PATIENT/CLIENT STORY

Mr Whittle introduced Dr Murray, Ms Quinn and Ms Stuart who would be presenting Ms Stuart's experience with Children's Services. During his introduction **Dr Murray** outlined the reform process which has been ongoing within Children's Services the focus of which has been to build relationships with service users.

Ms Roisin Quinn then outlined the work that she had undertaken with Ms Stewart and introduced Ms Stewart who gave her personal story of her family involvement with and support from Children's Services.

The **Chairman** thanked Mrs Stuart for presenting her experience of Children's Services. He commended Ms Quinn for work she and her colleagues do on a daily basis and Dr Murray for the leadership of the service.

112/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed that there will be an extraordinary Trust Board on **Friday 13 October 2017 at 12.00noon in the Great Hall, Downshire Hospital, Downpatrick.**

The next Trust Board will take place on **Wednesday 29 November 2017 at 11.00am in the Great Hall, Downshire Hospital, Downpatrick.**

Date: _____

**Mr Colm McKenna
Chairman**

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