

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public meeting of the South Eastern Health & Social Care Trust Board held on Thursday 22 June 2017 at 11.00am in the Great Hall, Downshire Estate, Downpatrick

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Mr N Brady, Non-Executive Director
Dr M Briscoe, Non-Executive Director
Ms H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director
Ms L O'Neill, Non-Executive Director
Ms N Patterson, Director of Primary Care, Older People and Executive Director of Nursing
Mr J Patton, Non-Executive Director
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
Mr P Morgan, Assistant Director of Finance, on behalf of Mr N Guckian
Mrs M Weir, Director of Human Resources and Corporate Affairs
Mr D Brannigan, Acute Mental Health Services Manager – *for item 59/17*
Sister C Gilmore, Ward 27, Ulster Hospital – *for item 59/17*
Mr S Osborne, Service User – *for item 59/17*
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss J Turner, Executive Support Services Manager

APOLOGIES: Mr M Mawhinney, Non-Executive Director
Mr N Guckian, Director of Finance and Estates
Mr C Martyn, Medical Director

OPENING REMARKS

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

59/17 PATIENT/CLIENT STORY

Mr Damien Brannigan, Acute Mental Health Services Manager, Sister Catherine Gilmore, Ward 27 and Mr Simon Osborne, Service User, were in attendance

Ms Mongan introduced Mr Brannigan, Sister Gilmore and Mr Osborne. **Ms Mongan** stated the patient story was an example of recovery based practice in

mental health services. Mr Brannigan outlined the context of “IMROC” Implementing recovery through organisational change and co-production with service users. Mr Osborne shared his personal experience of in-patient services recently at Ward 27 UHD in comparison to his experience of in-patient care 11 years ago. Mr Osborne highlighted the compassionate care provided by all staff and the fact that he was fully included in his treatment and care planning.

A member thanked Mr Osborne for taking the time to provide feedback, by writing to the Chief Executive, and for sharing his story with members.

Mr McCaughey thanked Mr Osborne for his positive feedback and stated he should not underestimate the value of his comments. **Mr McCaughey** stated Mr Osborne’s letter, of April 2017, was one of the most rewarding he had received, especially as he was able to contrast his admission with a previous occasion. Mr Osborne had personal experience of how he did not feel that he was included as a patient on previous admission compared with empathy and care on the last admission. **Mr McCaughey** acknowledged the comments relating to the physical environment and accepted the quality of the building does not match the quality of the care provided by the staff. He stated this was a priority for the Trust and that a Business Case has been submitted to the Department of Health, for a modern, purpose built facility. **Mr McCaughey** stated that Mr Osborne’s comments reflected the Community of Leaders, of which Mr Brannigan and Sister Gilmore are members and the commitment of all of the team to their patients.

The **Chairman** thanked Mr Osborne, Mr Brannigan and Sister Gilmore for attending the meeting. **Mr McKenna** thanked Mr Osborne for his positive and thought-provoking feedback and story.

60/17 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.

61/17 CHAIRMAN’S BUSINESS

The Chairman informed members that he and Mr McCaughey had attended the Annual Conference of the NHS Confederation in Liverpool on 14 and 15 June 2017. In addition, he had also attended the Launch of the Nutrition Strategy on 16 June 2017 in his roles as Chair of the Trust and the Food Standards Agency. At this event the minimum standards for catering for HSC patients, clients and staff were formally launched.

Mr McKenna informed members that the South Eastern Trust’s Volunteer Peer Advocacy Service achieved the Patient Client Council’s Excellence in Co-Production Award, which was presented at the NICON (Northern Ireland Confederation for Health and Social Care) Conference on 18 May 2017. The overall award was presented to the South Eastern Trust, and the partnership approach was highlighted as an exemplar of co-production.

The Chairman stated that as the meeting was brought forward by one week, the Finance Report was not available for presentation at the meeting. It would be presented at the forthcoming meeting of the Finance Committee at the end of June 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.

62/17 CHIEF EXECUTIVE'S BUSINESS

There was no business under this item.

63/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS

The minutes of the Trust Board meeting held on 31 May 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

64/17 MATTERS ARISING FROM THE PREVIOUS MINUTES

(a) Draft Corporate Plan 2017-2021

Ms Coulter informed members the Corporate Plan 2017-2021 was approved by the Department in a letter dated 9 June 2017 from Ms McNeilly, Deputy Secretary. It will be formally launched in September 2017.

65/17 PERFORMANCE MANAGEMENT REPORT

Members received, for discussion, Paper No: SET/31/17, Corporate Scorecard (May 2017) and Paper No: SET/32/17 Dashboard, which had been circulated with papers for the meeting.

In presenting the paper, **Ms Coulter** summarised the performance against targets. The numbers attending the Emergency Department at the Ulster Hospital continue to increase: there were 478 more attendances in May 2017 compared with May 2016. The Trust performed best in the Region against the 4 hour target during May 2017, with 80% compliance. Attendances at Lagan Valley and Downe EDs peaked to the highest levels in the last 4 years – LVH 2238, DH 2079. In relation to the 12 hour target, there were 183 breaches in May; 168 of these patients (95%) were admitted to hospital. There were 2160 emergency admissions to the Ulster Hospital during May 2017, an average of 70 per day.

The average length of stay for General Medicine decreased by 0.3 days compared with May 2016. The average length of stay for Care of the Elderly decreased by 0.9 days compared with May 2016. Overall length of stay increased by 0.1 days from May 2016 to May 2017. This is within the context of an additional 252 admissions on the same month in the previous year.

There were 151 fracture cases through theatre in May 2017. It was a challenging month and the fracture service remained in escalation Red for most of the month and was still in Amber at the start of June 2017. As a result the Neck of Femur target only achieved 58% compliance. There were a number of reasons for this. Fracture admissions overall for the month were increased by 10% from the previous month. Some extra lists were carried out in the Ulster and a list was reinstated on Audit afternoon. An added pressure has been access to beds as there were emergency pressures overall in the Trust and there is a reduced number of beds available in the new In Patient Ward Block.

Performance against the 14 day breast cancer target continues to be 100% and has been since March 2017. South Eastern Trust is continuing to provide support to the Southern Trust for this work. In relation to the 31 day cancer target, 95% of patients were treated within the timeframe, with 6 breaches. In relation to the 62 day cancer target, 53% were treated with 37 breaches. The deterioration in performance was primarily as a result of delays in providing flexible cystoscopies for patients on the urological cancer pathway. To address this, the HSC Board allocated non-recurrent funding to the Trust to undertake additional flexible cystoscopies in Q4 of 2016/17. As a result of this additionality, the number of patients actively waiting longer than 62 days on the urological cancer pathway has reduced from 244 in November 2016 to 99 at the end of March 2017 (- 145), and the Trust's 62-day urology performance is expected to continue to improve in 2017/18.

In relation to complex discharges, a total of 17 patients were delayed 7 days or more from declared fit in May 2017. Three of the patients were SET Trust of Residence, 14 were Belfast Trust of Residence. The impact of this is reflected in the average number of bed days lost in breach by Belfast Trust patients was 6.6, compared with the average number of bed days lost in breach by SET patients was 2.5. The main reason for the delayed discharges was the lack of capacity in domiciliary care.

Performance against the target for Psychological Therapies improved to 54.6% during May 2017. The total number waiting was 768, a decrease of 84 on April 2017. Members were informed that this position will deteriorate as a result of the lack of elective funding. There were 146 Unallocated Children's cases in May 2017.

The Chairman enquired if any further assistance could be provided to alleviate the gap in complex discharges. In response, **Ms Patterson** stated that work is ongoing with colleagues in the Belfast Trust and learning has been shared with them. It is hoped this will be reflected in the reporting position in the future. A member acknowledged the work carried out by the staff, which was reflected in the maintenance of performance against the 4 hour target. However, she enquired if there was any particular reason for the significant increase in the number of attendances at the Emergency Department in the Ulster Hospital during May 2017.

Mr McGoran stated the increase during May would usually be in the region of 3.5-4%. The increase this year was 5% and there was no specific reason for this. A similar pattern has been seen across the region. The population is growing, people are living longer and there is concern around the gap in demand versus capacity. The Key Quality Indicators are published by the Department of Health and the Trust is top in a number of these. Public awareness of this may be a contributory factor. Lack of access to GP services and lack of access to elective care may also result in more attendances at Emergency Departments. There are 20 less beds available in the new In Patient Ward block and much work is being carried out to mitigate against the pressure which will result from this.

A member enquired about the Psychological Therapies target and the categories of patients who are waiting for treatment. In response, **Ms Mongan** stated the majority of those waiting for Adult Health Psychology treatment related to referrals to the Pain Clinic. Work was carried out to try to increase capacity and review the

model in Adult Mental Health, but there was a backlog to be processed. **The Chairman** enquired about recruitment to posts. **Ms Mongan** stated that it was a challenge to fill posts but the Trust had a moderate success rate within the Region.

A member also enquired about the reasons for the compliance rate in responding to Complaints and the possible reasons for the high percentage of FOI respondents who seek review or more information, following their primary enquiry. In response, **Mr Whittle** stated a significant number of complaints related to Children's Services and the issues would be complex. It would not always be possible to provide a response within the timescale. **Mr McGoran** stated the complexity of cases would contribute to increased response times within Hospital Services combined with limited management resource to process complaints. In relation to the FOI requests, **Mrs Weir** stated that a large number of respondents request further information if they are dissatisfied with the original response. **Ms Mongan** stated there was an increase in the number of FOI requests from the media. **The Chairman** stated that complaints are treated very seriously in the Trust and are examined in detail at the Lessons Learned Sub Committee. **Mr McCaughey** stated that he felt it was more important to provide a comprehensive response, even if it took longer than the target timescale. It was also very important that learning/improvement and change resulted from complaints.

Mr McKenna thanked Ms Coulter for her presentation.

66/17 DRAFT BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2017/18

Members received, for approval, Paper No: SET/33/17, Draft Board Assurance Framework and Corporate Risk Register 2017/18, which had been circulated with papers for the meeting. In presenting the report, **Mrs Weir** informed members the Trust is required to have a Board Assurance Framework (3 year framework) and Corporate Risk Register (annual basis) in place which is updated and presented to the Trust Board on a regular basis. The Corporate Risk Register was discussed by the Executive Management Team in February 2017. At the meeting, the 2016/17 Corporate Risk Register pro formas were discussed in detail and the action plans were duly updated and closed off, as appropriate.

Following the conclusion of the meeting, it was agreed that:

- 14 of the existing 16 [previously 17 – one item closed mid year] Corporate Risk Register (2016/17) topics should be carried forward into the 2017/2018 Corporate Risk Register with new action plans developed, as appropriate;
- 2 items were closed and remitted to management at Directorate Risk Register level:-
 - ID1896 – Delayed Discharges;
 - ID1883 – Risk Management.
- All forms were reviewed for accuracy and updated for scoring, control measures and new action plans inserted, as appropriate. The wording on some items were revised and, in particular,
 - ID1898 to include issues regarding Phase B funding;

- 2 items were added to the register:-
 - ID2141 – Lakewood – escalated from the Corporate Control meeting on the 19/4/17; and
 - ID2252 – Cyber security issues – item escalated following discussion with Chair of the Audit Committee and via the Information Governance Steering Committee (IGSC).

A total of 16 items are now listed on the Corporate Risk Register for 2017/18.

Mrs Weir drew members' attention to ID 2252 (Cyber issues) – post production of this report /CRRs and posting to Board Papers, further amendments were agreed by the region. These included minor wording amendments to the principal risk description and the risk rating without and after control measures to major x likely = High risk (was previously major x possible = High Risk). These amendments have now been updated in Datix (Trust's Risk Management System). This item was also discussed at the Governance Assurance Committee on 21 June 2017. In addition, a member raised an issue with the format of some of the reports in terms of the title of risk/risk description and it was agreed that this issue would be reviewed and amended accordingly prior to the issue of next quarterly update reports. **The Chairman** then sought, and received, Trust Board approval for the Board Assurance Framework and the Corporate Risk Register for 2017/18.

67/17 DRAFT EQUALITY ACTION BASED PLAN AND DISABILITY ACTION PLAN 2017-22

Members received, for approval, Paper No: SET/34/17, Draft Equality Action Based Plan and Disability Action Plan 2017-22, which had been circulated with papers for the meeting. **Mrs Weir** briefly outlined the background to this item. As part of the NI Act (1998) Equality legislation, the Trust is required to produce an Equality Action Based Plan and a Disability Action Plan. Both of these Plans have been in place for the last three years covering 2014-2017. The Trust is now drafting new plans to span the 5 year period of 2017-2022. Health and Social Care (HSC) Trusts have been working in partnership to engage with a wide range of key stakeholders regarding development of these new plans. Mrs Weir invited Mrs Susan Thompson, Equality Manager, to give a short presentation on this work.

Mrs Thompson then outlined the development process involved in compiling the new Equality Action Based Plan and Disability Action Plan. A pre-consultation engagement event was held, at which Trusts, Department, HSC Board, PHA, Trade Unions, voluntary and the community sector were represented. Over 90 Community Groups and individuals attended and positive feedback was received. A Consultation Outcome Report was developed, including feedback from all aspects of the event. This information has informed the development of the draft Equality Action Based Plan and Disability Action Plan for 2017-2022. Covering a 5 year span, they are living documents which may be added to or amended over their lifespan as more information becomes available or priorities change. The draft plans were discussed at the Executive Management Team meeting, prior to presentation at Trust Board. Approval was sought to commence a formal consultation period, with effect from 29 June 2017, for 14 weeks.

A member commended the documentation and details of the pre-consultation engagement, which was very inclusive. The link with domestic violence and abuse was acknowledged and welcomed in the Draft Equality Action Based Plan. A member enquired how the expectations of the stakeholders and the public will be managed. In response, Mrs Thompson acknowledged this would be a challenge, as it was not possible to include every item which was raised during the pre-consultation exercise. Another event would be held in September, following the conclusion of the consultation, which will provide an opportunity to review what is achievable and, therefore, will be included in the revised documentation. A member enquired on how service users/patients/clients with a sensory impairment, particularly a visual impairment, receive notice of appointments and other communications. Mrs Thompson stated that Font size 14 is the minimum used for written communication. Text messaging is also used regarding appointments. Mrs Thompson stated this issue is kept under review. In response to an enquiry on how the Trust would consult on the Draft Plans, Mrs Thompson stated that it would be shared with all consultees on the Trust mailing list and, for the first time, Citizen Space would be used to publicise the consultation. This would be one of the first consultations on Citizen Space. It was anticipated the draft plans would be tabled at the November meeting of Trust Board, following consultation.

Following discussion, the Draft Plans were approved by Trust Board, for formal consultation. **The Chairman** thanked Mrs Weir, Mrs Thompson and their colleagues for the work involved in compiling the draft plans.

68/17 ANNUAL REPORT ON INFORMATION GOVERNANCE 2016/17

Members received, for information, Paper No: SET/35/17, Annual Report on Information Governance 2016/17, which had been circulated with papers for the meeting. In presenting the report, **Mrs Weir** briefly outlined the background to this paper. The report is based on the criteria within the Information Management (IM) Controls Assurance Standard (CAS) issued by the Department of Health in September 2013. Self-assessment confirmed an overall score of 81% in the IM CAS, 2016/2017. This score falls within the substantive compliance range set by the Department. The report was approved by the Information Governance Steering Committee in May 2017. A short discussion ensued.

A member enquired if the General Data Protection Regulation (GDPR) was included in the Information Governance arrangements. In response, Mrs Weir stated GDPR was a priority area of work and a draft Action Plan on this subject matter has been developed and approved by the Information Governance Steering Committee. A presentation on GDPR would be made at a future meeting of the Trust Board. Members noted the contents of the Annual Report on Information Governance for 2016/17.

69/17 REPORT ON CHARITABLE TRUST FUNDS MEETING HELD ON 2 JUNE 2017

Members received, for information and noting, Paper No: SET/36/17, 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.

70/17 REPORT ON AUDIT COMMITTEE MEETING HELD ON 2 JUNE 2017

Members received, for information and noting, Paper No: SET/37/17, Report on the Audit Committee meeting held on 2 June 2017, which had been circulated with papers for the meeting. **Mr Brady**, Chair of the Committee, stated there was a detailed discussion on the Annual Report and Accounts at the meeting. Members noted the contents of the report.

71/17 ANY OTHER BUSINESS

(a) Queen's Birthday Honours List – Dr Cherith Semple, MBE

Ms Patterson informed members that Dr Cherith Semple, Macmillan Head and Neck Clinical Nurse Specialist, was awarded the MBE in the Queen's Birthday Honours List. **The Chairman**, on behalf of Trust Board members, conveyed congratulations to Dr Semple on this achievement.

72/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed that the next meeting of the Trust Board will be held on **Wednesday 30 August 2017 at 11.00 am in the Conference Room, Trinity Conference Centre, Lisburn**

Mr Colm McKenna
Chairman

Date: _____

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