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 29 March 2017 at 11.20am in the Conference Room, Trinity Conference Centre, Lisburn

PRESENT: Mr C McKenna, Chairman
Mr H McCaughey, Chief Executive
Mr N Brady, Non-Executive Director
Dr M Briscoe, Non-Executive Director
Mr N Guckian, Director of Finance and Estates
Mr C Martyn, Medical 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 B Whittle, Director of Children's Services & Executive Director

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
Ms L Kelly, AD, Safe and Effective Care (for item 28/17)
Ms C Armstrong, Regional Lead 10,000 Voices (for item 28/17)
Ms E Campbell, Consultation and Engagement Manager (for item 37/17)
Ms B Kerr, Peer Advocacy Service (for item 37/17)
Ms C Gray, Forget Me Not Group member (for item 37/17)
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance
Miss J Turner, Executive Support Services Manager

APOLOGIES: Ms N Patterson, Director of Primary Care, Older People and Executive Director of Nursing

OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting. It was noted that the Patient and Client Council representative, Mrs McKissick, was unable to attend today's meeting.

28/17 PRESENTATION OF OVERVIEW OF 10,000 VOICES
Ms Linda Kelly, Assistant Director, Safe and Effective Care, and
Ms Christine Armstrong, Regional Lead 10,000 Voices will be in attendance

Ms Armstrong, Regional Lead for 10,000 Voices, outlined the background and the context of the project, drawing on the recommendations of the Mid Staffordshire Report, Donaldson and more recently, the expert panel led by Professor Bengoa. One of the Key Indicators in the Ministerial Vision, which accompanied the publication of the Bengoa Report, was to "*Improve the quality of the Healthcare Experience*". Ms Armstrong outlined how the 10,000 Voices project collectively

creates a picture of health and social care. There are a number of Core Regional Drivers, which are being undertaken as separate projects. Local Drivers, such as Complaints and SAIs link in with the projects, to inform strategies and commissioning of services. Members were provided with examples of how the data is captured via Sense Maker Explorer and the methodology utilised to analyse the information received.

Mrs Kelly summarised the projects which are currently under way in the Trust. Examples of themes which emerged were provided and how staff in the Trust were able to react to the feedback from patients. Evidence gathered is in "real time" and therefore, issues raised and themes which emerge can be addressed quickly. **Mrs Kelly** outlined how the evidence gathered in the Project helped to influence regional commissioning. For example, regional guidelines on Midwifery Led Units and the HSCB Review of Domiciliary care took note of the responses received from 10,000 Voices. As a result of feedback received in the Trust to the Direct Access to Physiotherapy service, this will be rolled out on a regional basis. **Mrs Kelly** summarised the impact of 10,000 Voices and how it informs quality improvements in patient experience, induction, training, undergraduate and post graduate education. The 10,000 Voices project is integrated into regional work/policy and informs commissioning.

A member enquired about training for effective engagement with users. **Mrs Kelly** stated that emphasis is placed on ensuring the right methodology is used to gather evidence and that members of focus groups are skilled to contribute effectively to the group. In response to an enquiry on how the information collected may shape communications from the Trust, **Mrs Kelly** stated that the learning and themes from the Project is incorporated into Policies. SQE Reports and KPIs include feedback on patient experience and these are elevated to the same level as Safety and Quality.

In response to an enquiry on how the methodology is applied to "harder to reach" groups, Ms Armstrong stated they were mindful of this and an Engagement Plan was implemented. There is a facilitator in each Focus Group and work has been carried out with RNIB, for service users with a visual impairment. A member enquired about how the Trust responds to service users who are dissatisfied, given that the feedback via 10,000 Voices is provided anonymously. **Mrs Kelly** stated that respondents may provide their contact details if they wish. Users who complete Trust surveys and comment cards are invited to provide contact details. In addition, **Mr McCaughey** stated the Trust publishes the outcomes of "*You Said, We Did*" on the Trust web site and on notice boards in wards, usually at the entrance. This was a demonstration of how the Trust is open to change and responds to feedback received. **Mr McCaughey** stated 10,000 Voices is a powerful tool and the responses received helps to inform change.

The Chairman thanked Ms Armstrong and Ms Kelly for their informative presentation.

29/17 <u>DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA</u>

No conflict of interest with any business item on the agenda was declared.

30/17 CHAIRMAN'S BUSINESS

The Chairman informed members that he attended a number of events, since the last meeting, including a meeting of the Chairs' Forum, the CF/CEF Forum and he delivered a presentation to the Institute of Directors. **Mr McKenna** also carried out a visit to the Lakewood Unit.

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.

31/17 CHIEF EXECUTIVE'S BUSINESS

There was no business under this item.

32/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS

The minutes of the Trust Board meeting held on 22 February 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

33/17 MATTERS ARISING FROM THE PREVIOUS MINUTES

There was no business under this item.

34/17 REPORT ON THE OUTCOME OF THE BOARD GOVERNANCE SELF-ASSESSMENT TOOL

Members received, for approval, Paper No: SET/16/17, Report on the Outcome of the Board Governance Self-Assessment Tool (including action plan), which had been circulated with papers for the meeting. In presenting the report, **Mrs Weir** informed members the Board Governance Self-Assessment is carried out annually, with independent input at least once every three years. There is no requirement to submit the Self-Assessment to the Department, however, it is available on request.

A self-assessment update for 2016/17 was undertaken in December 2016 and the results were presented at the Trust Board Workshop held on 7 December 2016. The Board Governance Self-Assessment Tool, with tracked changes, was tabled for approval at today's meeting. Members noted that 16 out of 17 criteria were as green; 1 was rated as Amber/Green. A brief discussion ensued and Mrs Weir responded to members' queries. **The Chairman** sought and received approval for the Board Governance Self-Assessment Tool 2016/17.

Mrs Weir left the meeting.

35/17 FINANCIAL REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2017

Members received, for discussion, Paper No: SET/13/17, Financial Report for the period ended 28 February 2017, which had been circulated with the papers for the meeting.

In presenting the report, **Mr Guckian** stated that at Month 11, the Trust was reporting a year to date deficit of £8K and a surplus of £50K. As a result, a

financial breakeven position is projected for year end, with a small surplus. The statutory breakeven position will be achieved largely through non-recurrent means. **Mr Guckian** summarised the key assumptions and risks and he provided a breakdown of the recurring deficit for 2017-18. The new 2017/18 pressures relate to Regional/National costs increases for Pay Award, National Living Wage, Demographic impact and non-pay inflation. **Mr Guckian** stated that much work has been carried out, on a regional basis, on the incorrect calculation of employer's pension contributions.

The Chairman thanked Mr Guckian for his presentation of the current financial position. It was acknowledged that the financial position in the Region is challenging for the year ahead.

36/17 PERFORMANCE MANAGEMENT REPORTS

Members received, for discussion, Paper No: SET/14/17, Corporate Scorecard (February 2017) and Paper No: SET/15/17 Dashboard (February 2017), which had been circulated with papers for the meeting.

In presenting the report, **Ms Coulter** stated the Trust remains concerned regarding the extremely long waits which are unacceptable for patients. This issue continues to be raised at accountability meetings with the HSC Board and the Department of Health.

There was a total of 7,420 attendances at the Emergency Departments during February 2017, which was slightly reduced compared with the same month in 2016.

The average Length of stay for General Medicine increased by 0.7 days compared with the position in February 2016. The average length of stay in Care of the Elderly increased by 2.1 days compared with February 2016. In relation to the 4 hour target in the Emergency Department, the Trust recorded the best performance in the Region during February 2017. In relation to the 12 hour target, there were 98 breaches during February 2017, which was a reflection of the pressures across the HSC system during the period.

In relation to fractures, 81% compliance was achieved, against the target of 95%. The Trust achieved 95% compliance against the 14 day breast cancer target. In order to plan for the Easter holiday period, routine slots have been converted to urgent for all clinics in April, an additional clinic was held on 28 March and a further additional clinic in April is being arranged.

Performance against the 31 day target was recorded at 96%, with 4 breaches. However, following a check, an issue with recording was identified. Performance was 100% against target.

In relation to the 62 day suspect cancer target, there was a 52% compliance rate against target. There continues to be an increase in demand and an increase in the number of red flag referrals. Analysis of the number of patients waiting over 62 days, by tumour site, showed a decrease in Skin, Urological, Upper GI and Lower GI specialties. The Trust is working closely with the Commissioner to secure recurrent funding.

In respect of complex discharges there were 24 patients delayed 7 days or more, which reflected the acuity of patients. Improvement work is taking place to improve non complex discharge pathways and the position is monitored closely. In relation to total bed days lost in breach, due to complex delays over 48 hours, the average Length of Stay in breach by Belfast Trust patients was 3.9 days, compared with 2.6 for South Eastern residents. Work continues with the Belfast Trust on this issue. The main reason for the delay in discharge is the lack of domiciliary care packages available.

Performance against the target for Psychological Therapies was slightly improved during the month, with 41% compliance. There was a reduction of numbers on the waiting list, currently 894, a reduction of 99 on January 2017. Work continues with the HSC Board to try to improve this position.

Within Children's Services **Ms Coulter** noted there were 85 unallocated cases in February 2017. Following the recent Waiting List Initiative, analysis is being carried out on the learning, to determine the appropriateness of the children put on the Waiting List or if they would be better diverted at an early stage to early intervention/voluntary sector support.

A member enquired about learning which could be of benefit for planning for winter pressures next year. **Mr McGoran** stated a formal evaluation is carried out each year. The HSC Board and Department asked Trusts to do so collectively this year and the Trust's learning was fed into that across the Region. In response to an enquiry from a member regarding the waiting times for paediatric out-patient appointments, **Mr McGoran** acknowledged the concerns of the Trust. The Trust has the smallest paediatric team and there is a recognition that there is insufficient capacity for the demand on the service. A proposal for an Epilepsy Consultant in Paediatrics was approved by the LCG, however, there was no funding available to support the position. Paediatrics has been identified as a top priority within the Hospital Services Directorate.

The Chairman commended the work carried out by all Directorates, but which is not always reflected by the way in which the performance against targets has to be reported. **Mr McKenna** thanked Ms Coulter for her presentation.

37/17 PERSONAL AND PUBLIC INVOLVEMENT ANNUAL REPORT AND REGISTER OF OPPORTUNITIES

Members received, for information and noting, Paper No: SET/17/17, Personal and Public Involvement Annual Report and Register of Opportunities, which had been circulated with papers for the meeting. **Ms Coulter** stated there was much partnership across all Directorates, with staff engaged in many areas of Personal and Public Involvement. The Trust, represented by Ms Elaine Campbell, contributes to the Regional PPI Forum, influencing standards. In order to provide illustration of some of the PPI work carried out in the Trust, two service users were present at the meeting.

Ms Campbell introduced **Ms Brenda Kerr**, who is involved with the **Volunteer Peer Advocacy** group in the Trust. Ms Kerr informed members of the background and context to her becoming involved as a Peer Advocate. Following treatment as an in-patient, Ms Kerr was asked if she would consider becoming a Peer Advocate. She was referred to the Peer Advocacy Service and undertook

the necessary training. Ms Kerr stated that this was of great benefit to her: she felt mentally stimulated and acquired new knowledge. Her levels of confidence and concentration increased as a result of the training. Ms Kerr gained much satisfaction from meeting with clients and would encourage them to self-advocate. She stated that the impact and benefits of peer advocacy cannot be underestimated. The Advocates support each other and are actively involved in decisions regarding the service. Ms Kerr stated the advocates all appreciate the support provided by the Managers in the Trust and she paid tribute to Fiona Dagg, Service Improvement Manager in the Recovery College. Involvement in the Peer Advocacy programme made Ms Kerr feel valued, that she had something to offer to others and it had impacted on her life in a very positive way. She stated she was proud of what she has achieved by becoming a Peer Advocate.

Members thanked Ms Kerr for her presentation, in what may have been a daunting environment for her. **Mr McCaughey** stated it was an excellent illustration of "lived experience" and he commended her on all that she has accomplished to date.

Ms Campbell introduced **Ms Claire Gray**, who has become involved in the **Forget Me Not** initiative within the Trust. Following the death of her daughter, Matilda, aged 3 months, Ms Gray attended the Annual Bereavement Service in the Trust. Ms Gray described the relief she felt at the Service, where attendees were recognised as their child's parents and where everyone was able to grieve in a "safe space". The poems at the Service were all chosen by those who had experienced bereavement and subtle touches, such as laying a flower down for each child's name as they were read out was of great comfort to Ms Gray and her husband. Ms Gray stated that she found the Service inspiring and encouraging as well as a form of network support. As a result of a friendship she made at the Service, Ms Gray was invited to join the *Forget Me Not* group. While she was initially nervous about attending the Group, as she became more involved, she found her involvement empowering and fulfilling. By being asked for feedback, as a member of the group, Ms Gray felt that Matilda's life made a difference. Ms Gray commended the commitment of Trust staff to the members of the Group and she paid tribute to Hilary Patterson, Bereavement Midwife. She gave examples of how their feedback was responded to by staff, for other service users. Ms Gray stated that she felt the work carried out by the Group and the informal support systems that are in place contributed to the mental health and wellbeing of members, which in turn, meant they did not require other services of the Trust. Overall, Ms Gray stated that her involvement with *Forget Me Not* has greatly impacted on her life, increased her confidence and provided her with a strong support network.

Members thanked Ms Gray for her attendance and inspiring story. **Mr McCaughey** thanked both speakers for their stories, which eloquently illustrated much of the work the Trust is doing in a number of areas. There was much learning to be taken from the stories presented. **The Chairman** thanked Brenda and Matilda's Mum for their contributions, which helped Trust Board members to see how improvements can be made and the importance of responding to feedback from service users. **Mr McKenna** thanked Ms Coulter and Ms Campbell for co-ordinating the papers and speakers, which was an excellent way of illustrating the Annual Report.

38/17 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 15 MARCH 2017

Members received, for information, cover report (Paper No. SET/18/17) and, Minutes of the Governance Assurance Committee (Paper No. SET/18a/17) held on 15 March 2017. Paper Nos. SET/ 18b/17 (Terms of Reference) and SET/18c/17/16 (Programme of Work) were presented for approval; Paper No. 18d/16 (Review of Effectiveness of the Governance Assurance Committee) was presented, for information.

In presenting the papers, Dr Briscoe advised that the Committee's Terms of Reference and Programme of Work, which had been circulated in tracked changes format, for ease of reference, had been approved at the Governance Assurance Committee meeting held on 15 March 2017 and were presented today for approval by the Board. It was noted that the changes were minor in nature. A short discussion ensued and members approved both the revised Terms of Reference and Programme of Work for the Governance Assurance Committee.

Dr Briscoe also presented, for information, a copy of the Committee's Annual Report for the year ended 31 March 2017. The report summarised the work of the Committee during the year and concluded that a sound system of internal control was in operation within the Trust.

39/17 ANY OTHER BUSINESS

There was no business under this item.

40/17 DATE AND VENUE OF NEXT MEETING

The **Chairman** confirmed that the next meeting of the Trust Board will be held on **Wednesday 31 May 2017 at 11.00 am in the Quality Improvement and Innovation Centre, Trust Headquarters, Dundonald**.

_____ Date: _____

Mr Colm McKenna
Chairman