

# 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 31 May 2017 at 11.00am in the 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 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  
Ms N Patterson, Director of Primary Care, Older People & Executive Director of Nursing  
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  
Miss I Low, Board Secretary/Assistant Director, Risk Management & Governance  
Miss J Turner, Executive Support Services Manager

**APOLOGIES:** Mr N Brady, Non-Executive Director

### OPENING REMARKS

At the outset, the **Chairman** welcomed everyone to the meeting. The Patient Client Council was represented by Mrs J McKissick, External Relations & Policy Manager. The **Chairman** explained that the running order of business items on the agenda post the patient story had been changed to allow Mr Whittle to speak to his items and then attend an external meeting.

### 41/17 PATIENT/CLIENT STORY

**Ms Deirdre Lewis, Consultant Nurse, Mental Health Services for Older People, Ward 11, Lagan Valley Hospital and Mr W Yarr and his daughter, Susan Cairns**

**Ms Patterson** introduced Mr Yarr and his daughter, Susan Cairns, who would share their story of Mrs Jo Yarr's treatment and care in Lagan Valley and the Downe Hospitals. **Ms Patterson** stated the context of the story was the focus on early intervention, the impact on the patient and on the family.

Mr Yarr briefly outlined the major milestones in his life with his wife, Jo. Mrs Yarr had enjoyed good health until she suffered a heart attack in 2008. A diagnosis of vascular dementia was made in 2012 and she received care from the Department

of Elderly Medicine in Lagan Valley from then until May 2016. Mr Yarr commended all of the staff who cared for his wife in Lagan Valley Hospital and in particular, Dr Julie Forth. Following a deterioration in Mrs Yarr's condition, Dr Forth recommended admission to Ward 11 at Lagan Valley Hospital. Mrs Yarr subsequently collapsed and was admitted to a general ward, which was followed by a period of three months respite in a care home. As Mrs Yarr's condition continued to deteriorate, she was admitted initially to Ward 11 in Lagan Valley and then to Dementia Assessment Unit (DAU) in the Downe Hospital. Mr Yarr outlined the nature of the care and treatment Jo received in both facilities and in particular, that received in the Downe Hospital, prior to Mrs Yarr's death in February 2017. Members were informed of examples of the "extra mile" and the caring and compassionate way in which staff treated and cared for Mrs Yarr and her family as they visited and stayed with her. Mr Yarr outlined arrangements which were put in place for Christmas Dinner for he and his wife and for carol singers to be brought into his wife's room while they were visiting the hospital. Following his wife's death, Mr Yarr wrote letters to a wide range of staff who had cared for her and donations in lieu of flowers at her funeral raised £1,800, which will be used to improve the garden area in the Dementia Assessment Unit.

Ms Deirdre Lewis, Consultant Nurse, stated the thank you letters were very much appreciated by the staff and it assured them they were doing a good job and that initiatives, such as John's Campaign which campaigns for the rights of family carers to remain with their loved ones whilst they are in hospital, were of benefit to relatives.

The nursing and medical staff in both dementia inpatient wards have undertaken further education courses in palliative care and have established excellent links with the palliative services providers. This helps to ensure all needs are met for patients at the end of life. The ward teams have been complimented with the recruitment of a small number of registered general nurses and the up-skilling of the mental health nurses to better meet physiological needs for all patients. This often prevents the need for patients to move from a dementia ward to an acute hospital ward if a physical illness develops and if it can be safely managed, providing a more consistent approach and better outcomes. The DAU received an Alzheimer's Society Award in 2016 for this initiative. Both Mr Yarr and his daughter, Susan, were highly complimentary about all of the staff who cared and treated Mrs Yarr. Members thanked Mr Yarr and Susan for attending and for presenting their story, at what was still a difficult and sensitive time for them. **Mr McCaughey** stated that Mr Yarr and his family should not under-estimate how much their thank you letters would mean to the staff. Their story illustrated how all of the family were involved, not just the patient, and the importance of providing care and support to those around the patient. The story also demonstrated how compassionate care was delivered, with little touches, such as those around Christmas and how it impacted on the family and the patient. Mr Yarr stated that while it was difficult to attend the meeting, the compassion and care provided to Mrs Yarr made life easier for her family following her death.

**The Chairman** thanked Mr Yarr, Susan and Ms Lewis for attending and for presenting such a powerful and informative story.

**42/17 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.

#### **43/17 CHAIRMAN'S BUSINESS**

**The Chairman** informed members that he attended a number of events, since the last meeting, including a meeting of NICON Reps, and Induction Day for the new NEDs, the Chairs' Forum and AGM and the NICON Conference.

The Chairman informed members of a number of awards which were awarded, since the last meeting. Two of the Trust foster carers were recognised with an award at the Foster Carers Achievements Awards:

- **Foster Carer of Distinction** was presented Bridie and Patrick Bertenshaw from Bangor who have been fostering for about 10 years after becoming foster carers for a little girl who was friendly with one of their children. Messina, who is now in her twenties, still lives with Bridie and Patrick.
- A **Lifetime Achievement Award** was presented to Gerard and Marion Lennon from Ardglass who have been fostering for the Trust for 25 years and were nominated by their foster daughter, Chloe. They fostered Chloe and her sister almost 20 years ago.
- **CHKS Top Hospital Awards** awarded to the Trust. Mr Pengelly, Permanent Secretary, wrote to the Trust and indicated he was delighted that the hard work and dedication of all staff was recognised. He commended them on their commitment, which is a credit to the HSC Service.

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.

#### **44/17 CHIEF EXECUTIVE'S BUSINESS**

There was no business under this item.

#### **45/17 MINUTES OF THE PREVIOUS TRUST BOARD MEETINGS**

The minutes of the Trust Board meeting held on 29 March 2017, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

#### **46/17 MATTERS ARISING FROM THE PREVIOUS MINUTES**

There was no business under this item.

#### **47/17 ANNUAL REPORT ON DELEGATED STATUTORY FUNCTIONS AND CORPORATE PARENTING**

Members received, for approval, Paper No: SET/22/17, Annual Report on Delegated Statutory Functions and Corporate Parenting, which had been

circulated with papers for the meeting. In presenting the report, **Mr Whittle** informed members the scheme provides an overarching assurance framework for the discharge of statutory social care functions. The Trust is obliged to produce a biannual report addressing how it has discharged those statutory functions pertaining to social care issues. **Mr Whittle** summarised the numbers and level of support provided. For example, the Trust provided support to 3,800 children in need. At 31 March 2017 there were 388 children on the Child Protection Register, which was a reduction of 13% on the previous year.

During this reporting period the Executive Director of Social Work led a review of the Trust Social Work Executive forum and refined quality assurance arrangements for the review and monitoring of delegated statutory functions across the Trust. The Director is reporting significant compliance with delegated statutory functions across all relevant directorates.

During the year the Trust has experienced a number of challenges in relation to the discharge of delegated statutory functions. Such difficulties are not entirely unique to the Trust during 2016/2017. All issues have been raised with the HSC Board. Some require a regional approach to improvement, as outlined in the following areas:

**Looked After Children** – the Trust continues to experience difficulty in meeting the individual needs of children for appropriate placements. There has been an increase in demand for placements during this reporting period due to an increase of 44 looked after children.

**Unallocated Cases** – the Trust has continued to be unable to allocate all cases for family support assessment and intervention during the year. The number of unallocated cases peaked at 208 in January 2017 and reduced to 105 at 31 March 2017, which is a reduction from March 2016, when 179 children were awaiting a service.

**Lakewood** – during this period (particularly from December 2016), the Trust experienced considerable difficulty in the staffing of the Lakewood facility. In response, the Trust was required to restrict admissions to stabilise the service and to ensure the implementation of an appropriate recovery plan.

**Children with Disabilities** – the Trust has experienced difficulty in providing bespoke placements for children with learning disabilities who present with complex challenging behaviours.

**Older People's Services** – as reported in 2015/16, the Trust continues to experience a challenge in relation to the lack of capacity in domiciliary care services. The Trust continues to experience difficulty in sourcing care packages from the independent sector. The Trust continues to place significant emphasis on the quality assurance of nursing, residential and domiciliary care from independent providers. During the year concerns in respect of Dunmurray Manor were identified and an investigation is being undertaken by the Commissioner for Older People.

**Mental Health Services** – within mental health services recruitment and retention of social work team leaders has impacted on the Directorate's ability to ensure clear lines of professional accountability for social work during this reporting

period. Two new team leaders are now in post. This temporary reduction in team leaders has had a significant impact on the Trust's ability to undertake the duties of the 'designated officer' role in adult protection. A review of the discharge of the duties of this role is currently being undertaken, to ensure the Trust can meet demands.

The Trust has ensured the provision of approved social work duties, however, workforce issues are impacting on the continued management of the delivery of this specialist activity

Adult Disability Services – within disability services there continues to be challenges in discharging delegated statutory functions due to a lack of designated living and respite options for people under 65 with a physical sensory or neurological condition.

Lack of community placements continue to contribute to delays in discharge arrangements from Muckamore Abbey. Presently there are twelve people with a learning disability fit for discharge who are unable to have their needs met within a community setting.

**Mr Whittle** stated there was significant progress against the areas in the Action Plan although the position in Lakewood in January 2017 necessitated it being added to the Corporate Risk Register. A short discussion followed around the challenges faced within Children's Services. It was acknowledged that issues pertaining to Corporate Parenting would be discussed in more detail at the Trust Board Workshop on 30 August 2017. The Report was approved by Trust Board members.

**48/17 ANNUAL REPORT ON DELEGATED STATUTORY FUNCTIONS in relation to the REGIONAL EMERGENCY SOCIAL WORK SERVICE FOR THE YEAR ENDED 31 MARCH 2017**

Members received, for information, Paper No: SET/23/17, Annual Report on Delegated Statutory Functions in relation to the Regional Emergency Social Work Services for the year end 31 March 2017, which had been circulated with papers for the meeting.

In presenting the report, **Mr Whittle** informed members the Service is provided by the Belfast Trust. RQIA carried out a review of the Service and they found a high level of service was provided.

**49/17 QUARTERLY REPORT ON UNALLOCATED CASES – JANUARY TO MARCH 2017**

Members received, for information, Paper No: SET/27/17, Quarterly Report on Unallocated Cases – January to March 2017, which had been circulated with papers for the meeting. Members noted the content of the papers.

**50/17 PERFORMANCE MANAGEMENT REPORTS**

Members received, for discussion, Paper No: SET/19/17, Corporate Scorecard (April 2017), Paper No: SET/20/17 End of Year Dashboard and Paper No:

SET/21/17 Year End Scorecard, which had been circulated with papers for the meeting.

**Ms Coulter** presented the performance at fiscal year-end performance against Commissioning Plan targets for each directorate, with comparisons to the year-end position in 2015/16. In an effort to reflect the Trust moving towards an outcome based approach for planning and service delivery an integrated accountability framework is being developed. Trust Board Performance reports will be revised to enhance the overview of performance during 2017/18.

**Ms Coulter** summarised the Year End Performance Management Dashboard. Overall, there was evidence of an improving position. A number of factors impacted upon Performance, such as:

- Demand continues to increase across all areas of outpatient activity whilst capacity has remained largely unchanged;
- Increase in demand;  
Red flag referrals;  
ED attendances;  
Hospital admissions;
- New and Unplanned ED attendances increased (Ulster) by 3% - 2779;
- Additional 213 ambulance arrivals to Ulster site;
- Increase of over 1000 non-elective adult admissions on 2015/16;
- Increased pressure on many community services;
- Capping of elective admissions continued as part of escalation measures to cope with pressure in unscheduled care;
- Funding received for Elective Independent Sector activity and Waiting List Initiative;
- Workforce issues, recruitment of staff;
- Non recurrent funding obtained to support a range of non- acute services via Waiting list initiative which supported core service delivery.

Improvements have been made to reduce the percentage of unfunded activity against core elective services. The percentage of undelivered outpatient services has reduced from 6.9% in 2015/16 to 5.9% in 2016/17. The percentage of undelivered inpatient/daycase treatments have reduced from 11.1% in 2015/16 to 7.2% in 2016/17. The HSC Board have commended the Trust on the improvements; the current position is better than the previous year, in year and the overall regional position. However, members were informed that if all unscheduled activity was also included in the reporting, a significant over-delivery against the contracted position would be seen. While there was an excellent performance during 2016/17, particularly in elective activity, due to the ongoing financial position, this will not be sustainable in the current year. Elective activity will need to be capped during the summer months due to a reduction of 20 available inpatient beds. The Trust remains concerned regarding extremely long waits for elective appointments. There have been significant improvements in the Red Flag position, with the waiting time in the vast majority of specialities down to 2 weeks. There was also a significant improvement in the performance against the 9 week target in Endoscopy, which was a result of much focus and use of non-recurrent funding.

There continued to be increasing demand on services, which was evident by the increased numbers of attendances and admissions and increases in the numbers of complex and non-complex discharges. The Average Length of Stay for General Medicine decreased by 0.8 days on March 2016 and the Average Length of Stay for Care of the Elderly decreased by 1.1 days on March 2016. Overall length of stay increased by 0.1 days from March 2016 to March 2017. This reflects the impact of an additional 252 admissions on the same month in the previous year.

The South Eastern Trust performed best in the region against the 4 hour target in ED in 2016/17, achieving 80% compliance. There were 8108 attendances to the Ulster site, the highest ever recorded, despite this 82.9% of patients who did not require admission met the 4 hour target. Regionally the number of 12 hour breaches followed the same trend as the Ulster Hospital with spikes in December and January. In January 2017 the Ulster site peaked at 351 breaches – 19% of the regional total. There continued to be a strong performance against the Hip Fracture target, with 111 fracture cases processed through theatre in March 2017. Performance against the 14 day urgent breast cancer target returned to 100% in March 2017. Although there continued to be an increase in the number of Red Flag referrals, performance against the 31 day target remained strong, with 97% of patients being treated within the timeframe. In relation to the 62 day cancer target, there was a reduction in the numbers of patients waiting over 62 days and 85 days. The total bed days lost in breach due to complex discharges over 48 hours, by Trust of Residence, continued to present challenges. A total of 23 patients were delayed 7 days or more from declared fit in March 2017: 8 were SET Trust of Residence, 15 were Belfast Trust of Residence.

In relation to the 13 week Psychological Therapies target, performance improved to 51.5% during March 2017. There has been an increase of numbers on the waiting list, currently 920 an increase of 26 on February 2017. The Trust continues to work with the HSC Board on this issue.

A discussion followed on the pressures faced by various service areas in the Trust. Members acknowledged the excellent work carried out and the performance achieved. **Mr McGoran** stated that as demand increases year on year, the Trust has been planning to build capacity. The reduction of bed capacity in the new In Patient Ward block placed greater demands on the service. **The Chairman** requested that the appreciation of Trust Board members would be fed back to the staff involved.

**Mr McKenna** commended the work carried out by all Directorates which, unfortunately, 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.

## **51/17 DRAFT CORPORATE PLAN 2017-2021**

Members received, for approval, Paper No: SET/24/17, Draft Corporate Plan 2017-2021, which had been circulated with papers for the meeting. **Ms Coulter** summarised the approach taken in the compilation of the Draft Corporate Plan for 2017-2021.

The Corporate Plan is moving towards an Outcomes Based Accountability (OBA) approach. Outcomes Based Accountability moves away from vision and mission statements to focus on what the Trust aspires to achieve. The Trust is moving

towards OBA over the next four year period, which is reflected in the Corporate Plan.

The outcomes are aligned to the draft Programme for Government outcomes, which are also being carried forward by other organisations, including the Public Health Agency, so there is synchronicity in the development of plans and service delivery.

There are four outcomes which the Trust will strive towards achieving. The Plan sets out what we will do, how we will do it and how we will know we have made a difference. The Corporate Plan also sets out the aspiration, which is to make the Trust a great place to live, a great place to work and a great place for care and support. The Trust has also refreshed its values.

There is a one page plan which shows all of the key information on a single page so that staff and people using our services can see at a glance what we hope to achieve in partnership and how we will do this.

**Ms Coulter** commended the Draft Corporate Plan for approval and she thanked the team of staff involved in co-ordinating the Plan and for undertaking the staff engagement. Members congratulated Ms Coulter on the content and approach to the Draft Corporate Plan and they acknowledged how accessible it was for readers. **The Chairman** congratulated all those involved in the development of the Draft Corporate Plan. Trust Board members approved the Draft Plan.

#### **52/17 REPORT ON CONTROLS ASSURANCE 2016/17**

Members received, for information and noting, Paper No: SET/25/17, Report on Controls Assurance 2016/17, which had been circulated with papers for the meeting. **Mrs Weir** informed members that 21 of the 22 Standards achieved substantive compliance during 2016/17. Medical Devices achieved moderate compliance. Performance against this Standard was affected by difficulties in recruiting a Medical Devices Co-ordinator. An action plan is in place to address the areas of non-compliance. In accordance with Department guidance, the scores for 2016/17 Controls Assurance Standards were submitted by the deadline of 8 May 2017.

The Controls Assurance Programme for 2017/18 has already commenced including the arrangements for Internal Audit input to standards. All 22 standards have action plans in place for 2017/18 to address any areas of non-compliance or any actions required to maintain and/or improve the substantive compliance scores. The Controls Assurance Project Team chaired by Mrs Weir, Director of Human Resources & Corporate, will continue to meet regularly during 2017/18. Regular progress reports will continue to be made to the Executive Management Team, Corporate Control Committee and the Governance Assurance Committee. Members noted the contents of the Report on the Controls Assurance Programme.

#### **53/17 ANNUAL REPORT ON RISK MANAGEMENT 2016/17**

Members received, for information and noting, Paper No: SET/26/17, Annual Report on Risk Management 2016/17, which had been circulated with papers for the meeting. **Mrs Weir** commended the Report to members.



**54/17 SQE REPORT – APRIL 2016 – MARCH 2017**

Members received, for information, Paper No: SET/28/17, SQE Report, April 2016-March 2017, which had been circulated with papers for the meeting. **Ms Patterson** commended the Report to members.

**55/17 REPORT AND MINUTES OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 29 MARCH 2017**

Members received, for information, Paper No: SET/29/17, Report and Minutes of the Charitable Funds Committee meeting held on 29 March 2017, Paper No. SET/29b/17 and SET/29c/17, Review of Charitable Fund Committee's Terms of Reference and Programme of Work and Paper No. SET/29d/17 Report on the Effectiveness of the Charitable Funds Committee, which had been circulated with the papers for the meeting. Members noted the contents of the documentation.

**56/17 REPORT ON THE AUDIT COMMITTEE MEETING HELD ON 4 MAY 2017**

Members received, for information, Paper No: SET/30/17, Report on the Audit Committee meeting held on 4 May 2017, Paper No. SET/30a and 30 b/17, Review of the Audit Committee's Terms of Reference and Programme of Work, Paper No. SET/30c/17, Report on the Effectiveness of the Audit Committee, which had been circulated with the papers for the meeting. Members noted the contents of the documentation.

**57/17 ANY OTHER BUSINESS**

There was no business under this item.

**58/17 DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed that the next meeting of the Trust Board will be held on **Thursday 22 June 2017 at 11.00 am in the Great Hall, Downshire Estate, Downpatrick**

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**Mr Colm McKenna**  
**Chairman**

Date: \_\_\_\_\_