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 26 June 2019 at 11.00 am In the Great Hall, Downshire Hospital, Downpatrick

PRESENT: Mr D Sagar, Chairman
Mr N Guckian, Interim Chief Executive
Dr M Briscoe, Non-Executive Director
Ms H Minford, Non-Executive Director
Ms J O'Hagan, Non-Executive Director
Mr J Patton, Non-Executive Director
Mr P Morgan, Interim Director of Finance and Estates
Mr C Martyn, Medical Director
Ms N Patterson, Director of Primary Care, Older People & Executive Director of Nursing
Mr M Mawhinney, Non-Executive Director
Mr N Brady, Non-Executive Director

IN ATTENDANCE: Ms R Coulter, Director of Planning, Performance & Informatics
Mrs M Weir, Director of Human Resources & Corporate Affairs
Mr D Bradley, Director of Adult Services & Prison Healthcare
Mr S McGoran, Director of Hospital Services
Ms B Mongan, Director of Children's Services & Executive Director of Social Work
Miss I Low, Assistant Director, Risk Management and Governance & Board Secretary
Mrs A Anderson, Assistant ESS Manager/PA
Ms J Johnston, Public Relations
Mrs C Campbell, Engagement and Involvement Manager – for item 54/19 only
Ms M Holywood, Campaigner, Patient Story – for item 54/19 only
Ms N Haggerty, Social Worker, Disability – for item 54/19 only
Mrs M Holywood, Michaela's Mum – for item 54/19 only
Dr C Renfrew, Director Medical Education – for item 64/19 only
Ms E McKinney, Specialist Nurse Practitioner, RCN Winner – for item 71/19 only
Ms A Mills, Community Learning Disability Nurse, RCN Winner – for item 71/19 only
Ms S Strothers, Clinical Nurse Specialist for Complex Skin Cancer - runner up in the Cancer Nurse Award– for item 71/19 only

APOLOGIES: None received

OPENING REMARKS

At the outset, **the Chairman** extended a warm welcome to everyone to Public Trust Board today. The Chairman advised that two Non-Executive Directors would be leaving the meeting early to attend prior commitments that could not be changed.

54/19 PATIENT STORY

The Chairman was pleased to welcome Ms Michaela Holywood and Mrs Claire Campbell, Engagement & Involvement Manager to Trust Board and invited Mr Bradley to introduce today's Patient Story. **Mr Bradley** said it was his absolute pleasure to introduce Ms Michaela Holywood, first and foremost as a campaigner. Mr Bradley also welcomed Ms N Haggerty, Social Worker and Michaela's mum, Mrs Marie Holywood.

Mr Bradley said that this Patient Story is very much aligned to the objectives for Personal and Public Involvement (PPI) and Co-Production and to the wider engagement and involvement agenda within the Trust. **Mr Bradley** invited Mrs Campbell to deliver a presentation to Trust Board, the context and background of which will feed into today's Patient Story.

Mrs Campbell then delivered a presentation on PPI, a term used to describe the process of including those who use health and social care services, their carers, relatives, friends, neighbours, voluntary workers, members of community groups and employees of voluntary organisations to become actively involved in making decisions about things that affect their lives. Co-production is a genuine partnership approach which brings people together from the start to the end of any change that affects them. It works best when people are empowered to influence decision making and care delivery processes. It is important to recognise where we are as a Trust and to look at gaps, supporting and enabling Trust colleagues and service users to get involved and work in partnership regionally. For service users, Health and Social Care is one of the hardest organisations to work with, Airlines being second on the list. This is not good enough and we need to listen and learn more.

The Chairman thanked Mrs Campbell for her informative presentation.

This Patient's Story tells of a journey of Michaela Holywood a 29 year old severely disabled woman who has transitioned from being a recipient of a care package, to employing her own personal assistants to meet her needs in a flexible, empowering way. This has been achieved by the rebalancing of the power relationship between her and the Trust through a co-produced approach.

This is a new exciting era for self-directed support and Michaela is the first person in Northern Ireland to have a holistic package of support through direct payments which now includes clinical care.

Before the introduction of self–directed support, Michaela felt that the model did not meet her needs. Relations with the Physical Disability Service were often challenging for both parties with her "care plan" being focused on clinical and social care tasks to sustain her rather than outcomes.

For Michaela, one of the most important aspects of her care is to live within the community. The introduction of a self-directed support approach allows Michaela to take responsibility for all aspects of her care and make her own choices in relation to delivery of her care.

The Chairman thanked Ms Holywood, Ms Heggarty and Mrs Holywood for this very informative presentation and for being so open. **The Chairman** offered

assurances that the Trust will continue to work with its service users on improvements and passed on his good wishes for the future.

55/19 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.

56/19 CHAIRMAN'S BUSINESS

The Chairman thanked **Mr N Guckian** for his contribution in his role as Interim Chief Executive of the Trust and wished him every success for the future in his new role in the Western Health & Social Care Trust. Responding, **Mr Guckian** said he had spent 10 very pleasant and enjoyable years working in the Trust and he thanked the Chairman and Trust Board for all their support. **Mr Guckian** also extended best wishes to the incoming Interim Chief Executive, Mr S McGoran. **The Chairman** also thanked Mr Morgan for undertaking the role of Interim Director of Finance and for applying himself so well to the role.

The Chairman referred to his written report Paper No. SET/36/19 which was referred to at the Confidential Trust Board meeting earlier today. He invited comments from members and there were none forthcoming. **Chairman** was pleased to report that winners of the RCN awards will be joining Trust Board later today for item 71/19 and lunch.

The Charmian invited Non-Executive Directors to highlight any particular visits/meetings that they had attended. In response, **Mrs O'Hagan** referred to the Chairman's Awards. She said she was very impressed with the high standard and the number of applications from people trying to make a difference. **Mrs O'Hagan** commended Mr McClenaghan and his team for undertaking the organisation of the Chairman's Awards. Likewise, so did the Chairman. **Dr Briscoe** was recently involved with interviews for Emergency Department Consultants and was hugely impressed with the level of talent shown by the applicants. In advance of the presentation by Dr Renfrew, Dr Briscoe wanted to highlight how fortunate the Trust are to have so many very talented people working for them.

The Chairman advised members that the Trust Board had met immediately prior to this meeting to discuss some items in confidential business.

57/19 CHIEF EXECUTIVE'S BUSINESS

The Chairman invited Mr Guckian to update members on recent business.

Mr Guckian expanded on the Collective Leadership Strategy led by Mrs Weir for the region which recommended actions around core values including compassion, openness, honesty and working together. The recommended actions will be incorporated into Trust Values and Behaviours and Mrs Weir advised members that while some of the values were already in existence in Trust policy, they will be articulated differently.

Mr Guckian advised members of the celebrations taking place in the Downe Hospital which has now been open for 10 years.

58/19 MINUTES OF THE PREVIOUS TRUST BOARD MEETING

The minutes of the previous Trust Board meeting held on 29 May 2019, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

59/19 MATTERS ARISING FROM THE PREVIOUS MINUTES

Picking up on a few issues from the previous meeting, **the Chairman** said he had asked Ms Coulter to provide members with a half page summary around the Performance Scorecard for members' consideration. The Chairman had also suggested that Mr McGoran provide a similar summary for performance of Red Flag Referrals. In response, **Mr Guckian** advised this information was already provided to the Finance & Performance Committee meeting and that all Trust Board members are invited to attend this meeting, if they so wish. In terms of the Mental Health Hub, the Chairman asked Mr Bradley to provide a further update in six months' time.

60/19 FINANCIAL UPDATE

Members received, for discussion, Paper No: SET/47/19 Financial Update which had been circulated with the papers for the meeting. In summarising the content of the paper, **Mr Morgan** advised that the Trust has not yet received its opening allocation for 2019-20 and has been advised by HSCB to submit the monthly Financial monitoring return for month 2 on the basis of expenditure only.

Salaries and wages expenditure represents approximately 60% of the Trusts annual expenditure and looking at an overall trend over the past 12 months, expenditure is relatively stable. Of note, expenditure was up at month 11 2018-19 due to the payment of the Agenda for Change (AFC) pay award and arrears. In addition, employer's pension contributions increased in 2019-20 from 16.3% to 22.5%.

In terms of Goods and Services, the trend in the top five categories also remained relatively stable over the last 12 months. Residential, nursing and domiciliary care expenditure has increased, but this was as expected due to the increase in tariffs for 2019-20. Regarding flexible staffing costs, the overall trend has also remained stable over the last 12 months. Month 11 2018-19 costs were up due to the payment of the AFC pay award. Month 12 2018-19 included year-end accruals, in particular an approximately £1m for arrears also relating to the AFC pay award.

The Trust had reported a recurring deficit in its 2018-19 Trust Delivery Plan (TDP) of £32.5m. This figure is in the process of being reviewed and revised. While the Trust has not yet been advised of the final savings requirement for 2019-20, the Trust is assuming that a savings requirement of approximately £14.5m will be required. In terms of high level assumptions, the Trust will receive full recurrent funding for 2018-19 pay awards. The Trust is assuming that certain identified emerging pressures will be funded i.e. increase in heat, light and power. Any surplus funding in respect of Transformation projects will be retracted by DoH/HSCB. There may be additional costs in respect of EU Exit preparations and issues around PSNI will be addressed on a regional basis.

Mr Guckian commended **Mr Morgan** on the work he has done as Interim Director

of Finance & Estates and thanked him for all his support over the past three months.

Mrs O'Hagan asked when work would start on high level savings requirement. In response, **Mr Guckian** advised members that while the Trust is ready and pro-active in terms of addressing savings, work cannot proceed until requirements are received. The Trust has previously submitted a range of proposals in the past and these would be available if required.

Mr Mawhinney referred to key assumptions around funding for 2018/19 pay award and asked if there was likely to be funding on a regional basis. While Mr Morgan was of the view that 2018/19 funding will be received, it is unknown what that level will be. Reference was made by **Mr Brady** to the recent announcement by the PSNI about overtime and holiday pay and the implications for the Trust. In response, **Mr Morgan** said it is too early to assess and members will be kept informed as and when information becomes available.

61/19 PERFORMANCE MANAGEMENT REPORTS – SCORECARD / DASHBOARD

Members received, for approval, Paper No: SET/37/19 Scorecard and Paper No: SET/38/19 which had been circulated with the papers for the meeting. In presenting the paper, **Ms Coulter** summarised the Performance Management Dashboard and Scorecard for May 2019 as follows:

- In terms of the Elective Waiting List position, the Trust remains concerned regarding extremely long waits.
- While Diagnostic scope performance had greatly improved with the use of Independent Sector contracts, the cessation of Medinet services on 21 June 2019 is expected to adversely impact on waiting times.
- There is a demand and capacity gap in urology and skin against the Service & Budget Agreement. The Trust is not commissioned for half of the demand and this needs to be resolved on a sustainable basis.
- In all other areas, referrals continue to rise with no subsequent increase in capacity and therefore Red Flag and urgent referrals are prioritised as clinical need which results in the wait for routine referrals increasing in length.
- There was a slight improvement in the Red Flag position at May 2019 which was a reflection of the additional funding received to address this.
- There were 8,492 attendances at the Ulster Hospital ED in May 2019 which was a 1.4% increase on the position at the same time the previous year (8375).
- Regionally during April 2019, SET achieved best performance.
- In relation to the 4 hour target, of the 8,492 attendances at the Ulster Hospital ED in May 2019, 57.2% was seen against the 4 hour target in which was 5.1% lower than in May 2018. Attendances at Lagan Valley Hospital during May 2019 were 79 per day compared with 74 per day in May 2018. This represented 89% compliance against the 4 hour target. This performance was within the context of the opening hours of 5 days per week, based on average over 5 days. Attendances at the Downe Hospital during May 2019 were 71 per day compared with 68 per day in May 2018. This performance was within the context of the opening hours of 7 days per week, based on average over 7 days.
- There were 577 12 hour breaches across the Trust in May 2019, 576 in the Ulster Hospital and 1 in the Downe Hospital.

- In relation to the 62 day cancer target, 41% of patients seen in May 2019 were treated within 62 days with 28 breaches. Delays in Urology and Dermatology pathways impacted on performance. WLI continues for both outpatients and investigations for red flags.
- There were 415 complex discharges during May 2019, with 89 delayed over 48 hours. By Trust of Residence, the main reason for both Belfast and South Eastern Trusts was the lack of a domiciliary care package being available. South Eastern Trust hope to assist further with domiciliary care run in East Belfast by Trust staff commencing at the end of February 2019.
- The performance against the target for Psychological Therapies remained stable, at 50%, during May 2019. There are 1025 patients on the waiting list, 512 of those have breached. The Service continues to utilise non-recurrent waiting list initiative monies to secure locum and agency psychological therapists and have recently received an indication that the HSCB plan to fund WLI activity on a recurrent/5 year basis.
- A summary of the Performance Improvement Trajectories was provided to members, which included the actual position at May 2019. The waiting times in Audiology were a challenge and community paediatric patients were transferred to the acute service.

Outcome: We Enjoy Long, Healthy, Active Lives – about 'Cardiac Rehab Heart Failure Programmes'

Referring to today's presentation, **Ms Coulter** said that the recent Trust Board presentation on the new Cardiac Hub and model going forward illustrated that services have greatly helped patients. 109 started Heart Failure classes during 2018/19 with 90% showing an improvement of 8% or more at the end of the programme. 17% of the patients were clinically anxious at the start of the programme, this figure decreased to 6% by the end. 9% of the patients were clinically depressed at the start of the programme, decreasing to 5% at the end. 89% showed an improvement in their quality of life at the end of the programme.

Mrs O'Hagan enquired about ongoing support for long term patients after the programme has ended. In response, **Ms Mongan** advised of plans by her team who link with Dr Donnelly, Consultant Cardiologist Medicine, to buy in some additional support to deal with sustainability beyond 6 weeks. **Ms Coulter** concluded the presentation by noting that the next presentation topic at the Finance & Performance Committee to be held on 29 July 2019 would be GP Out of Hours and Domiciliary Care Performance.

Mrs Weir said that she had recently undertaken a leadership walk round of the Cardiac Rehab Hub on the Ulster Hospital site. An invitation was extended to any Non-Executive Director who would like to visit and this can be arranged via Mrs Weir or Mr McGoran.

Mr Brady and Mr Mawhinney left the meeting at this juncture.

62/19 <u>TRANSFORMATION PROGRAMME</u>

Members received, for discussion, Paper No: SET/39/19 Transformation Programme which had been circulated with the papers for the meeting. In presenting the paper, **Ms Coulter** provided a summary of the Regional position, as follows:-

- For 2019/20 the Transformation Fund has been approved by Top Management Group (Department of Health) was £100m investment: £83m for transformation, £10m elective and £7m for other.
- Public consultation events on proposals to re-shape stroke and breast assessment care are taking place across areas during June and July 2019.
- A Regional Urgent and Emergency Care Summit is scheduled for 25 June 2019.
- Elective Care Centres – Varicose Veins and Cataracts prototypes are operational and other specialities are now being considered in phase 2.
- In relation to Pathology, the Transformation Implementation Group (TIG) approved the next stage in the planning and organisational design for a new regional pathology body.
- In 2019/20 Trust funding required based on the original IPTs completed in 2018/19 equated to £17.455m. Funding confirmed to date including Elective is £14.4m.
- Of the total 101 projects, 17 projects are not currently proceeding as a result of the reduction in funding.
- DoH has provided £1m Capital Transformation funding towards the Trust's bid of £1.245m which will help community services in particular to address some of the environment and estate issues, helping multi-disciplinary teams.
- Long term sustainability plans required for projects beyond 2019/20 requires further consideration once the position is confirmed.
- Regional project owners are responsible for the delivery of projects and the level of spend for the Trust in 2019/20.
- The scale of recurrent funding for 2020/21 requires further consideration once the 2019/20 position is confirmed.

Ms Coulter particularly wanted to commend the work of the Directorates, whose teams have gone above and beyond to complete returns by 26 June 2019 to enable the funding to be allocated by 28th June 2019. Of the 17 projects not proceeding, **Dr Briscoe** asked how the decision is made and whether staff recruitment is affected as a consequence. In response, **Ms Coulter** advised that the decision was taken after a considerable level of agreement and reasons included the inability to recruit staff.

Mr Guckian commended Ms Coulter for her leadership in taking this project forward which presented a unique set of challenges and processes.

63/19 <u>OBC ADDENDUM FOR THE REDEVELOPMENT OF ULSTER HOSPITAL, DUNDONALD, PHASE B</u>

Members received, for approval, Paper No: SET/40/19 OBC Addendum for the Redevelopment of Ulster Hospital Dundonald, Phase B which had been circulated with the papers for the meeting. **Ms Coulter** said that the OBC had been previously approved at a Finance & Performance Committee meeting and the reasons for submission of the papers to Trust Board today.

In presenting the paper, **Ms Coulter** summarised the content and referred to a range of options shortlisted with the preferred option being Option 4:To complete the full project including additional inpatient accommodation and clinical support accommodation.

Members were advised that this option will provide 48-53 Inpatient beds on the 6th floor of the Acute Services Block delivering optimal improvement in patient and staff environment at a capital cost of £54.5m. The provision of additional beds in this area will ensure clinical adjacencies and that the model of care outlined in the Phase B OBC is achieved. Revenue consequences have risen from the original business case of £7.6m uplifted to £11.0m. This option would also include the relocation of other clinical services such as discharge lounge and Day of Surgery Admission Unit to alternative locations at the Ulster Hospital. A new build clinical support facility will be constructed on the Ulster Hospital Site and the existing Main Ward Block would be demolished once retained estates conversion works are complete. A short discussion ensued and **Ms Coulter** responded to members' queries.

Following discussion, **the Chairman** sought, and received approval to, the Addendum.

64/19 <u>REPORT ON MEDICAL EDUCATION</u>

Mr Martyn welcomed Dr Craig Renfrew, Director of Medical Education, to the meeting and invited him to deliver a presentation on Medical Education in Northern Ireland. Dr Renfrew then gave an overview of medical education in terms of how this is delivered through medical school, post graduate education and further education. Traditionally, the Trust has been recognised as one which delivers an extremely high standard of training for junior doctors and would continue to be considered an organisation of choice in many specialties. In August 2017, following a Ministerial Directive, the Trust FY1 allocation reduced from 42 to 39.

In April 2019, NIMDTA held a regional Foundation Summit to consider why only 32% of Northern Ireland Foundation trainees progress immediately into specialty training. It was evident from recent national surveys that the experiences of trainees within Northern Ireland compared less favourably with those throughout the rest of the UK.

Of 70% of FY2 doctors appointed in 2012, only 30% progressed directly to specialist training. The Trust is experiencing difficulty retaining Junior Doctors with reasons for leaving ranging from relocation oversees or change of career. To address this, the Trust is doing a lot of work to improve foundation training in the organisation. Mr Martyn referred to the need to improve the environment for Junior Doctors; if we do not get it right we will lose them.

Regionally there were difficulties in filling posts for Emergency Medicine, Paediatrics and Psychiatry.

Dr Briscoe asked how good are we at giving protected time to trainees given the gaps in the system and pressures in areas such as A&E. In response, **Dr Renfrew** advised that while an FYI should have 3 hours protected training time, the Trust is averaging 2 hours a week in the Ulster Hospital and 3 hours in Lagan Valley Hospital. FY2 must attend 8 regional training days and the Trust has been able to provide access to that. Higher grades are required to attend regional and national training days and about 70/80% are ratified immediately.

Mrs Minford referred to the pressure in paediatrics and particularly in relation to

hyponatraemia. In response, **Dr Renfrew** referred to the Surgical and Paediatric wards which are together and the recruitment numbers this year have improved.

The Chairman enquired about trainers, do we have enough. In response, **Dr Renfrew** advised the Trust has a strong group of senior trainers and a strong group of doctors. **The Chairman** thanked Dr Renfrew for attending today's meeting and for a very informative presentation.

65/19 SQE ANNUAL REPORT 2018/19

Members received, for information, Paper No: SET/41/19 SQE Annual Report April 2018-March 2019 which had been circulated with the papers for the meeting.

Ms Patterson said that the Safety Quality & Experience Report provides detail of the end of year Trust position against a number of key Safety, Quality and Experience KPIs, it supports the information provided in the Annual Quality Report which is presented to Trust Board in November every year which provides more detail on a wider range of quality indicators. Together with the Annual Quality Report it provides assurance to Trust Board at intervals throughout the year on the commitment to Quality Improvement relating to a number of metrics across a range of service areas.

In presenting the report, **Ms Patterson** summarised and referred members to the following of note:

- Standardised mortality rates. The Trust mean RAMI score is lower than the UK peer mean RAMI of 89.11 and the NI peer of 93.05.
- In relation to Falls, Trust Board are aware of the concerns in the move to the general ward block set against recent indications of an increase in falls. This report includes this issue and outlines plans to address it.
- An increase in pressure ulcers was causing concern during the recent change in the bed mattress contract. Since the replacement of all the mattresses throughout the Trust, Ms Patterson reported a downward trend evident in the last quarter.
- In relation to patient experience, Ms Patterson was pleased to see Rag rated score cards. There had been significant levels of growth particularly in relation to the 10,000 voices initiative.

There were no additional comments and members commented that this was a very informative report.

66/19 UPDATE – SET EMERGENCY PLANNING & BUSINESS CONTINUITY PLAN

Members received, for information, Paper No: SET/42/19 SET Emergency Preparedness & Response, Annual Report to Public Health Agency/Health & Social Care Board which had been circulated with the papers for the meeting.

In presenting the report, **Mrs Weir** said the Trust is required to continually review its arrangements for Emergency Preparedness and Business Continuity. This includes a periodic review of the suite of emergency and business continuity plans, development of an annual report to the HSCB/PHA and adherence to the assurance standard issued by the Department of Health (DoH). There were no queries raised in relation this report.

67/19 PERSONAL & PUBLIC INVOLVEMENT REPORT 2018/19

Members received, for information, Paper No: SET/43/19 Personal & Public Involvement report 2018/19 which had been circulated with the papers for the meeting.

Ms Coulter said that the Trust is required to produce a Personal and Public Involvement (PPI) Annual Report to ensure compliance with the PPI Standards endorsed by the Department of Health. The PPI Annual Report illustrates how the Trust has met its statutory obligations under Personal and Public Involvement in the decision-making, planning, delivery and implementation of services. The Annual Report also includes a range of good practice examples of PPI activity and impact across the Trust. There were no queries raised in relation to this report.

68/19 REPORT OF THE FINANCE & PERFORMANCE COMMITTEE MEETING HELD ON 29 MAY 2019

Members received, for information, Paper No: SET/44/19 Finance & Performance Committee meeting which had been circulated with the papers for the meeting. This paper provides a report on the meeting of the Finance & Performance Committee held on 29 May 2019 chaired by Mr Mawhinney, Non-Executive Director.

Members noted that normally the minutes of the Finance & Performance Committee are presented to the Trust Board at the next meeting following the meeting. However, as the last meeting had discussion on the end of year financial position the minutes will not be released until the August Trust Board meeting after the Accounts are laid at the Assembly.

69/19 REPORT OF THE CHARITABLE FUNDS COMMITTEE MEETING HELD ON 5 JUNE 2019 AND REVISED TERMS OF REFERENCE FOR THE COMMITTEE

Members received, for information/approval, Paper No: SET/45/19 report of the Charitable Funds Committee meeting which had been circulated with the papers for the meeting. This paper provides a report on the last meeting of the Charitable Trust Funds Committee held on 5 June 2019 (for information), chaired by Mrs Helen Minford, Non-Executive Director together with revised Terms of Reference [TOR] (for approval).

Members noted that normally the minutes of the Charitable Funds Committee are presented to the Trust Board at the next meeting following the Charitable Funds meeting. However, as the last meeting had detailed discussion on the Charitable Fund Annual Accounts the minutes will not be released until the August Trust Board meeting after the Accounts are laid at the Assembly.

In presenting, the revised Terms of Reference, Mrs Minford highlighted a further amendment to the document which had been suggested at the Confidential Trust Board meeting on 5 June 2019 in relation to the delegated limits for Charitable Fund expenditure below £50k. Members were content to approve the TOR subject to inclusion of the amendment agreed at the meeting on 5 June 2019.

The Chairman sought, and received approval to, the amended revised Terms of

Reference for the Charitable Funds Committee.

70/19 REPORT OF THE AUDIT COMMITTEE MEETING HELD ON 5 JUNE 2019

Members received, for information, Paper No: SET/46/19 Report of the Audit Committee meeting which had been circulated with the papers for the meeting.

Members noted that the paper provides a report on the last meeting of the Audit Committee held on 5 June 2019, chaired by Mr Brady. Normally the minutes of the Audit Committee are presented to the Trust Board at the next meeting following the Audit Committee. However, as the last meeting had detailed discussion on the Annual Report and Accounts the minutes will not be released until the August Trust Board meeting after the Accounts are laid at the Assembly.

In the absence of Mr Brady at this point in the meeting, **Dr Briscoe** commented on discussions at a recent Audit Committee meeting in relation to the Internal Audit Report on the recently introduced regional Mortality & Morbidity Process. She also referred to the Mortality and Morbidity and RAMI scores which had been included in today's Safety and Quality Report. She noted that the Internal Audit report had highlighted some concerns in relation to the governance of the process. **Mr Martyn** duly responded to Dr Briscoe's comments and noted that Mortality & Morbidity process (together with the out workings of the Internal Audit report) will be discussed at a future Trust Board workshop.

71/19 RCN NURSE OF THE YEAR AWARDS

Mr Guckian welcomed Emma McKinney, Sheena Stothers and Aoife Mills to today's meeting and congratulated them on their success at the RCN Nurse of the Year Awards. He then summarised the individual awards of each member of staff (as detailed below) and a video of the staff on the night of the award ceremony played in the background.

- Emma McKinney, a specialist Nurse Practitioner working in CAMHS in SET based in Woodlands Juvenile Justice Centre won RCN Nurse of the Year.

- Aoife Mills, Community Learning Disability Nurse working within disability services at the Downshire Hospital, won the Learning Disability Award.

- Sheena Stothers, Clinical Nurse Specialist for Complex Skin Cancer, was runner-up in the Cancer Nurse Award, sponsored by Macmillan Cancer Support.

- Siobhan Brady, Health Facilitator, also won an award and due to leave commitments was unable to attend but was commended in her absence for her achievement.

In presenting flowers on behalf of Trust Board, Mr Guckian extended congratulations to all of the winners for their wonderful achievements and invited them to join Trust Board members for lunch.

72/19 ANY OTHER BUSINESS

(a) CHKS Top 40 Hospital Awards

Mr Guckian referred to the Trust's recent success at the CHKS Top 40 Hospital Awards ceremony in London and extended congratulations to the Hospital Services Team on their achievement. In response to the Chairman's query, Mr McGoran explained the Trust's involvement in CHKS.

(b) Agenda Items – future Trust Board meetings

The Chairman said that the agenda for Trust Board meetings should be jointly owned and welcomed input to agenda items from members. He then suggested a short session on Demography Indicators in the Trust areas should be facilitated at the next Trust Board meeting.

The Chairman thanked everyone for contributing to the meeting today.

73/19 DATE AND VENUE OF NEXT MEETING

The Chairman confirmed that the next Public Trust Board meeting will be held on **Wednesday 28 August 2019 at 11.00 am in the Conference Room, Trinity Conference Centre, Lisburn.**

_____ Date: _____

Mr Deep Sagar
Chairman

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