

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of a Public Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 2 October 2019 at 11.00 am in the Recreation Hall, Trust Headquarters, Ulster Hospital

PRESENT: Mr D Sagar, Chairman
Mr S McGoran, Interim Chief Executive
Mr N Brady, Non-Executive Director
Dr M Briscoe, Non-Executive Director
Mr M Mawhinney, Non-Executive Director
Ms H Minford, Non-Executive Director
Mr J Patton, Non-Executive Director
Mr C Martyn, Medical Director
Mr P Morgan, Interim Director of Finance and Estates
Ms N Patterson, Director of Primary Care, Older People & Executive
Director of Nursing
Ms B Mongan, Director of Children's Services & Executive Director of
Social Work

IN ATTENDANCE: Mr D Bradley, Interim Director of Adult Services & Prison Healthcare
Dr D Robinson, Interim Director of Hospital Services
Mrs M Weir, Director of Human Resources & Corporate Affairs
Mrs H Moore, Assistant Director, Planning & Performance (on behalf
of Ms R Coulter)
Mrs K McClure, Business Manager, Surgical Directorate
Ms S McAllister, Consultant Plastic Surgeon
Miss I Low, Assistant Director, Risk Management and Governance &
Board Secretary
Mrs A Anderson, Assistant ESS Manager

APOLOGIES: Ms J O'Hagan, Non-Executive Director
Ms R Coulter, Director of Planning, Performance & Informatics

OPENING REMARKS

The Chairman welcomed everyone to the meeting. He particularly welcomed attendance by Trade Union representatives and looked forward to hearing from them later in the meeting.

98/19 PATIENT STORY

Dr Robinson introduced Mrs Kerrie McClure to deliver a presentation on the Patient Story in relation to sentinel lymph node biopsy (SLNB), a surgical procedure to remove nodes from the lymphatic system. This is the most accurate way of detecting any spread of the melanoma cells. Mrs McClure then gave a very informative presentation about SLNB in terms of:-

- What is it?
- Why we do it?
- How we provide it?
- Patient Stories – Bristol/SET
- About the team

Members noted that between December 2012 and September 2016, there were nine new positive NICE Technology Appraisal recommendations for systemic therapy use in patients with advanced melanoma, with these therapies the overall survival of metastatic melanoma patients increases significantly. While a sentinel lymph node biopsy melanoma service is available in the majority of plastic surgery units throughout the UK, Northern Ireland is the exception and plans are in place to provide a framework to standardise the service. Currently Northern Ireland patients are sent to Bristol in England and Blackrock in the Republic of Ireland for treatment.

Without access to SLNB there will be a cohort of approximately 200 patients in Northern Ireland who will not have the opportunity to avail of these systemic cancer therapies. The NI commissioners have made a commitment to develop a regional SLNB melanoma service within NI and it is accepted that a regional SLNB service should be available in the Ulster Hospital due to the presence of the Regional Plastic Surgery Service. There will be a phased approach to the setup of the service, until capacity and recurrent funding for all patients requiring this procedure can be secured. The phased approach will move away from patients being referred outside of NI, see the introduction of some procedures on the Ulster Hospital site with BHSCCT providing nuclear imaging with SET and finally deliver the regional service in totality when Nuclear Medicine is available on the Ulster Hospital site. SET will ultimately facilitate the ECR process for SLNB melanoma cases across the region.

Mrs McClure shared the stories of two patients, Patient A with a positive result for melanoma and Patient B, a negative result, both of who had availed of the services and commented on the skill, experience and excellent service provided and the promptness of being informed of the results and for Patient A, subsequent Oncology referral and ongoing follow up. This reflected the lived experience of having a melanoma diagnosis and treatment.

In response to Mr Brady's question, Mrs McClure advised that 200 patients are anticipated to avail of the service annually, the majority of these patients would proceed to surgery. In addition, Ms McAllister, Consultant Plastic Surgeon advised that along with immunotherapy and new drug treatments the survival rates have improved significantly and for patients that is very reassuring. Mr Martyn commended the team for the great work of the entire team. Mr Patton thanked Mrs McClure for a great presentation and said that this was ground breaking for the Ulster site. Dr Briscoe also commended Mrs McClure on the presentation.

The **Chairman** thanked Mrs McClure for a very interesting and informative presentation.

99/19 DECLARATION OF POTENTIAL CONFLICT OF INTEREST WITH ANY BUSINESS ITEMS ON THE AGENDA

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

100/19 CHAIRMAN'S BUSINESS

Members received, for information, a copy of Paper, SET/64/19 – Chairman's Report, a copy of which had been circulated with the papers for the meeting. In particular, he highlighted the good community engagement and innovating projects happening within the Trust.

The Chairman said he was happy to take questions from members and invited Non-Executive Directors to comment on any visits or meetings they had participated in since the previous Trust Board. In response, **Mrs Minford** referred to her role on the judging panel of the Chairman's Awards and described the level of entries as inspirational. **The Chairman** noted that the Trust Board had met immediately prior to this meeting to discuss some items of confidential business.

101/19 CHIEF EXECUTIVE'S BUSINESS

Mr McGoran referred to a recent announcement that Ms Helen Ong, Radiographer, had received Ireland and UK Radiographer of the Year. **Mr McGoran** extended congratulations to Ms Ong who will collect her award in London in November 2019.

102/19 MINUTES OF THE PREVIOUS TRUST BOARD MEETING

The minutes of the previous Trust Board meeting held on 28 August 2019, having been previously circulated, were agreed and signed by the Chairman as a true and accurate record.

103/19 MATTERS ARISING FROM THE PREVIOUS MINUTES

(a) Update on Mental Health Capacity Act

Mr Bradley updated members on the current progress with regard to the Mental Health Capacity Act (MHCA). Following on from discussion at the previous Trust Board held on 28 August 2019, **Mr Bradley** had contacted the Department of Health (DoH) expressing Trust Board concerns around the lack of independent advocacy which had been enshrined in the legislation though not being implemented in this phase.

In addition, a recent communication was received from the DoH extending the deadline for implementation from 1 October 2019 to 2 December 2019. While steady progress was being made within the limited timescales, concerns were expressed to the DoH in relation to training. **The Chairman** said he appreciated the work undertaken by Mr Bradley and his colleagues in taking this work forward.

104/19 **REQUEST FOR SPEAKING RIGHTS IN RELATION TO ITEM 7.2 – FINANCIAL REPORT: TO ADDRESS THE BOARD ON FINANCE ISSUES IN RELATION TO HSC PAY AND SAFE STAFFING LEVELS**

The Chairman extended a welcome to Mr James Large, UNISON, Trade Union Chair, who had requested speaking rights at today's Trust Board. It was noted that Ms Nuala Conlon, Regional Organiser, UNISON Northern Ireland, would also address the Board today.

Mr Large thanked the Chairman and Trust Board for the opportunity to present an address around the issues of HSC Pay and Safe Staffing to Board members at today's meeting.

Mr Large then referred to the role of Trust Board which was, he said, to ensure delivery of efficient and effective health and social services to the population we serve within allocated resources and upholding their statutory obligations, one of which is to put and keep in place arrangements for monitoring and improving the quality of health and social care provided to individuals and the environment. He asked what steps the Trust Board had taken to ensure safe staffing levels across the Trust and its services.

Mr Large said that HSC Pay is linked to the chronic shortages in staff across the system, and it is well documented that NI staff are the lowest paid workforce across the whole of the UK. On behalf of his representatives, Mr Large is asking Trust Board to stand up for their staff and publicly support them in the quest for pay parity. The services across the whole HSC system are at breaking point and Trust Board is the custodian of these services.

Mr Large added that each Trust has a duty to exercise its functions with the aim of improving the health and social wellbeing of, and reducing the health inequalities of their population. Given that pay is a contributing factor in staffing levels and ultimately patient safety, **Mr Large** asked the Trust Board to reconsider its position and publicly call for pay parity for its workforce.

Ms Conlon, Unison, then addressed the Board. She advised the Board of the intention of the Union to ballot on 21 October 2019 until 11 November 2019. JNF, the Chief Executive and the Director of Human Resources are aware of the Union having been campaigning for quite some time for the same pay as Birmingham and Glasgow. This is why young people are leaving Northern Ireland. **Ms Conlon** thanked Trust Board for speaking rights today and referred to the need to inform Unions members as to how the Trust Board is supporting them in their challenge to support pay parity across the National Health Service. In conclusion, **Ms Conlon** said that Unison would be formally writing to the Chairman after today's meeting asking him what action the Board are taking with regard to the AfC refresh and pay parity across the service. The same letter will be sent to all HSC Trusts.

Mr McGoran said the points made by Mr Large and Ms Conlon were well made and are extremely important for the Trust Board to hear. **The Chairman** thanked Mr Large and Ms Conlon for addressing the Board today and said he would await receipt of the formal communication from Mr Large and Ms Conlon and a response would be issued in due course.

105/19 FINANCIAL REPORT FOR THE PERIOD ENDING 31 AUGUST 2019

Members received, for discussion, Paper No: SET/65/19 Finance Report for the period ended 31 August 2019 which had been circulated with the papers for the meeting. In presenting the paper, **Mr Morgan** referred to the Financial Report which had previously been circulated with the papers for the meeting and highlighted the Month 5 position.

Mr Morgan said that the Trust is reporting a year to date deficit at Month 5 of £1.6m and a forecast year end deficit of £3.0m and this represents an improvement from the month 4 position, which forecast a year-end deficit of £11.7m. Whilst the Trust is forecasting an in year deficit of £3.0m for 2019-20, the recurrent deficit is £25.225m. The Trust has been required to submit a Draft Financial Strategy to the Health and Social Care Board (HSCB), clearly setting out the financial position of the Trust. Whilst the Trust is forecasting an in year deficit of £3.0m, it will be expected to achieve financial breakeven. The Trust is actively scoping additional savings opportunities with a view to achieving financial breakeven. The Trust will continue dialogue with HSCB/DoH in respect of this position. **Mr Morgan** also referred to page 6 of the Finance Report where Month 1 and 2 expenditure has been averaged to remove the effect of the listing of year end creditors. It is also normal, he said, to witness spikes in expenditure towards year end and the increase in Salaries and Wages costs in month 11, 2018-19 is largely attributable to the payment of the Agenda for Change (AFC) pay award and arrears of approximately £9.6m. Employer's pension contributions also increased in 19-20 from 16.3% to 22.5%.

An area of particular focus to deliver out workforce elements of savings plans in the past has been reliance on flexible staffing which covers agency, locum, bank and overtime costs for the organisation and currently these are overall fairly stable. The increase in bank and overtime costs in month 11, 2018-19 is largely due to the payment of AFC pay award and arrears. Month 12, 2018-19 also includes year-end accruals including an accrual of £1m in respect of arrears for on contract agency staff due to the AFC pay award. A spike was also evident in Bank and Locum costs in months 11 and 12 compared to months 1 and 2 while residential and nursing care are showing a stable position. **Mr Morgan** referred to the savings proposals which still have to be finalised.

Mr McGoran referred to the £11.2m savings requirement which presents its challenges though some of that savings can be delivered as a result of the natural fall in recruitment. Significant non-recurrent savings delivered in year will present challenges for the next year. If further funding is received from the Board it will be greatly welcomed and go some way to deliver on the remainder of the savings to ensure a break-even at the end of the year. The Chairman thanked Mr Morgan for a comprehensive report.

106/19 PERFORMANCE MANAGEMENT REPORTS – SCORECARD / DASHBOARD

Members received, for discussion, Paper No: SET/66/19 Scorecard and Paper No: SET/67/19 Dashboard for September 2019 which had been circulated with

the papers for the meeting. In presenting the papers, **Mrs Moore** summarised the reports as follows:-

- In relation to red flag for Cancer 10 specialities are not achieving the 14 day target and the Trust remains concerned regarding the extremely long waits which are unacceptable. Additional monies have been received to target high risk red flag outpatients in a number of specialties for Plastic Surgery, General Medicine, Urology, General Surgery, ENT, Gynaecology, Endoscopy and Cystoscopy. The Trust is working through short and long term plans to improve the position for patients. Capping of electives is in place at 50 per week.
- In terms of the 4 hour target, there were 8377 attendances to the Ulster site, 151 more than July 2019 and 439 more than August 2018. Regionally during July and in every month this year, SET achieved best performance in region of 71% on the Ulster Hospital site.
- Against the 12 hour target, while 70% of all attendances were seen within the time, there were 572 breaches in August across the Trust. Regionally in July SET had the greatest number of breaches at 702.
- In respect of Cancer Services, in August 2019 61% of patients were treated within 62 days and there were 21 breaches.
- Regarding Complex Discharges there were 393 in August of those 111 delayed over 48 hours. Complex discharge position for August shows similar bed day loss across both our Trust/Belfast Trust of residence. Belfast Trust patients had a 0.3 day longer average length of stay in August.
- Within Psychological Therapies, capacity and demand issues have been recognised. There have been difficulties within Psychological Therapies with a 43.7% performance in August 2019 but performance is stable against the target and issues emerging in relation to staff availability, including sick leave, which impacts on bringing people in for Psychological Therapies.
- There were 111 unallocated cases in Children's Services over 20 days which was an improvement of 45 on the July position. Child Protection cases continue to take priority.
- Endoscopy performance has continued to fall as has Ulster ED against the 4 hour performance. In terms of Ulster ED, while it remains in the red in terms of actual performance it is close to where it has been expected to be.
- Dementia Service performance has been impacted by the lack of Consultant availability to undertake Waiting List initiative work due to pension/ tax issue. There were 572 breaches in August: 560 in the Ulster, 1 in LVH, and 11 in the Downe.

Mr Mawhinney referred to the 1191 patients on the waiting list for mental health treatment in Psychological Therapies and asked if an assessment is undertaken prior to be placement on the waiting list. In response, **Mr Bradley** confirmed that all individuals have assessments completed prior to being placed on the waiting list. If these patients require other services they would be targeted towards that service. **Mrs Minford** asked what is being done to address red flags. In response, **Mrs Moore** confirmed that the approach to reducing waiting lists is multifactorial looking at alternative ways to address DNA rates.

Dr Briscoe referred to the scorecard and specifically in relation to childhood immunisations and what plans are in place to improve uptake particularly in

relation to disabled children and children of teenage mothers. In response, **Ms Patterson** confirmed that the overall target is 95% in year and 93-96.7% is being reached. Ms Patterson clarified post the meeting that there is one outlier – uptake for the booster for diphtheria which is at 67.6%. This is pulling the overall averages down to those shown on the score card, ie, 88.1% for quarter 1. The Health Visiting resource is used to target and encourage uptake in areas where it would be historically low. Mrs Mongan highlighted that the increase in Health Visiting resource as a part of the multidisciplinary teams in Primary Care initiative would also create new opportunities for focus.

The Chairman thanked Mrs Moore for a detailed dashboard and score card and said that, if possible, for his information, he would like a one page synopsis of quality measures in relation to the Trust. In response, **Mr McGoran** referred to the Trust Board workshop in December 2019 when one of the presentations could be around quality improvement and this would address the Chairman's request.

107/19 TRANSFORMATION PROGRAMME

Members received, for discussion, Paper No: SET/68/19 Transformation Programme which had been circulated with the papers for the meeting for discussion. In presenting the paper, **Mrs Moore** said that it provided an update on the development and implementation of the Transformation Programme, opportunities and associated risks. The following key points were highlighted during the ensuing discussion.

- All projects are continuing as planned and in relation to the work on Regional Assessment and Surgical Centres. SET is the regional booking centre for varicose vein surgery for the two regional centres in Lagan Valley Hospital (LVH) and Omagh. All sessions for varicose veins are established and implemented and a post-operative audit of the first 50 patients has been carried out on each site. Feedback from patients is positive and no clinical concerns were raised.
- In relation to Cataracts, Downe Hospital site is one of two regional centres, the other being Mid Ulster, Magherafelt and 6 of the 10 theatre sessions have been established. Recruitment is ongoing to enable the remaining sessions to become operational.
- In terms of the Commitment for 2019/20 the value of addendums in 2019/20 is £16.99m and the spend to end August 2019 was £6.18m including £2m Elective Care.
- The Trust has submitted all revised Revenue Business Cases and Addenda, in line with DoH timelines, to reflect changes to projects going forward in 2019/20 and a request for funding has been submitted to extend Trust project management support from June 2019 onwards for the Transformation programme.
- Regarding Sustainability for 2020/21 the full year effect of projects is moving into 2020/21 is £14.07m plus £2.7m for Mental Health Inescapable funding. This excludes waiting list elective funding and centres for veins and cataracts. The Trust has conducted an exercise to assess priority projects for 2020/21 (£13.42m).

Meetings have been held with the Department of Health and Project Owners to

consider long term sustainability plans for 2020/21 and beyond and the Trust is awaiting an update. Of note, the starting assumption is that projects which have commenced under confidence and supply funding will be assumed to continue into 2020/21 and beyond.

Transformation is continuing and the Trust is on track to spend its allocation with a small amount of slippage to ensure staff are in post and going forward. **Mr McGoran** said it was important to remember that there is no identified funding for the recurrent nature of the transformation proposals. Therefore, these schemes will be difficult to manage without additional funding.

108/19 ANNUAL QUALITY REPORT 2018/19

Members received, for consideration and approval, Paper No: SET/70/19 Annual Quality Report 2018/19 which had been circulated with the papers for the meeting. In presenting the report, Ms Patterson referred members to the cover paper which accompanied the report and detailed the key elements therein. She said that the report provided information on Progress updates on Quality priorities, regionally agreed quality indicators relating to services, care and treatment provided by the Trust and ongoing improvement work across the organisation. The report also provides detail of the Trust compliance against regionally agreed quality indicators across a wide range of Departments and Services, under the themes and minimal data set of metrics agreed by the DOH for the year 2018/19.

Ms Patterson stated that the report gives a really good overview of work undertaken during the year together with a good representation of the breadth of health and social care plans for the coming year along with any ongoing improvement work across the organisation. A short discussion ensued. **Dr Briscoe** commended all those involved in the compilation of this report. Following discussion, the Chairman sought, and received, approval to the Annual Quality Report for 2018/19.

109/19 ANNUAL REPORT ON INFORMATION GOVERNANCE 2018/19

Members received, for information, Paper No: SET/70/19 Annual Report on Information Governance which had been circulated with the papers for the meeting. In presenting the paper, **Mrs Weir** said that the paper provided a report on the Trust's Information Governance arrangements from 1 April 2018 to 31 March 2019 including an overview of the key areas of information governance including data protection, freedom of information, data quality, ICT & Cybersecurity. In addition, **Mrs Weir** advised members this was the first year the Trust had presented the report in 'Newsletter format' which is a great way to highlight all the achievements and challenges throughout the year in relation to Information Governance. **The Chairman** thanked Ms Weir and commented on the new format which he said was clear and comprehensive.

110/19 UPDATE – EU EXIT PREPARATIONS

Members received, for information, Paper No: SET/71/19 Update – EU Exit Preparations. In presenting the paper, **Mrs Weir** said that the paper provided a update report for Trust Board members on the continued work being carried out

by the Trust in preparation for a 'No deal' on 31 October 2019. She highlighted the focus of contingency planning work continues to be:-

- Healthcare supply chain including supply of medicines and vaccines, medical devices and consumables and supply of non-clinical consumables, goods and services;
- Cross Border movement and/or free movement of people; and
- Data Transfer risks.

The report also contained a brief summary of key actions/issues addressed by the Trust since the previous report to the Trust Board on 20 March 2019.

The Chairman thanked Mrs Weir for this report and said it was very reassuring.

111/19 UPDATE – INQUIRY INTO HYPONATRAEMIA-RELATED DEATHS

Members received, for information, Paper No: SET/72/19 Update – Inquiry into Hyponatraemia-Related Deaths which had been circulated with the papers for the meeting. In presenting the paper, Mr Martyn said that the paper provides an update to the Board on work being undertaken regionally in relation to recommendations of the Inquiry into Hyponatraemia Related Deaths (IHRD) and locally to support age appropriate care.

Mr Martyn said that by mid-October 2019 it is expected that circulars will be issued detailing how individual recommendations should be implemented. The Trust has developed an internal process to implement the recommendations and assure effective governance reporting processes are in place prior to receipt of the initial circulars. **Mr Brady** said that this programme involves a huge amount of work for all staff and referred to recent discussions at a recent DARAC meeting he attended on 18 September 2019 in his role as Chairman of the Audit Committee. **The Chairman** thanked Mr Martyn for a very comprehensive report.

112/19 REPORT AND MINUTES OF THE GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 18 SEPTEMBER 2019

Members received, for information, Paper No: SET/73/19 - Report and Minutes of the Governance Assurance Committee which had been circulated with the papers for the meeting. **Dr Briscoe** said that post production of today's papers she had received a minor amendment to the minutes from Mr Patton (section 4.1 – Board Governance Self-Assessment Tool – identification of case study) and was happy to accept the proposed amendment to the minutes.

113/19 ANY OTHER BUSINESS

(a) Meeting with local groups post next Trust Board Meeting

The Chairman suggested that the next meeting of Trust Board in Downpatrick could, if time permitted, include an opportunity for members to engage with the local groups over lunch. He also thanked Trust Board members and Trade Union representatives for attending and commended today's Patient Story.

114/19 **DATE AND VENUE OF NEXT MEETING**

The **Chairman** confirmed that the next Public Trust Board meeting will be held on **Wednesday 21 November 2019 at 11.00 am in the Great Hall, Downshire Hospital.**

Date: _____

Mr Deep Sagar
Chairman

Public_TBMin_02 October 2019