

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the fourth meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 15 August 2007 at 11.00 am in the Great Hall, Downshire Hospital, Downpatrick

PRESENT: Mrs D Fitzsimons, Chairman
Mr J Compton, Chief Executive
Ms F Graham, Non Executive Director
Mr N Mansley, Non Executive Director
Mr D O'Hara, Non Executive Director
Mr J Trethowan, Non Executive Director
Mr P Davison, Non Executive Director
Ms C McArdle, Director of Primary Care, Elderly & Executive
Director of Nursing
Mr C Martyn, Acting Medical Director

IN ATTENDANCE: Mr S McGoran, Director of Hospital Services
Mr D Bannon, Assistant Director of Mental Health
Mr H McPoland, Acting Director of Human Resources &
Corporate Affairs
Mr J Toner, Assistant Director Safeguarding Children
Miss I Low, Head of the Office of the Chief Executive
Mrs S Hogg, Minute Taker
Miss T Spence, Minute Taker

APOLOGIES: Mr D Flanagan, Non Executive Director
Ms D Mann-Kler, Non Executive Director
Mr P Cummings, Director of Finance & Estates
Mrs K Thompson, Director of Children's Services & Executive
Director of Social Work
Mr J Simpson, Director of Planning, Information &
Performance Management
Mrs B Mongan, Assistant Director of Learning Disability

OPENING REMARKS

The **Chairman** welcomed all those present to the fourth meeting of the South Eastern Health and Social Care Trust Board in the Great Hall, Downshire Hospital, Downpatrick and, in particular, Mr John Toner, Assistant Director, Safeguarding Children who was representing Mrs Thompson.

42/07 **CHAIRMAN'S BUSINESS**

(a) **HQS Accreditation**

The **Chairman** stated she was very pleased to report that the Trust had received an award from the Health Quality Service (HQS). This prestigious award was in respect of services previously provided by the Ulster Community & Hospitals Trust. The accreditation had previously been awarded in 2002 and the confirmation of the re-accreditation was further evidence of the continuing hard work and dedication of all staff. She said that the award is recognised nationally and internationally and it is the Trust's intention to mark this significant achievement by an event for staff in the legacy Trust.

(b) **1st Annual General Meeting of the Trust Board**

The **Chairman** reminded members that the first Annual General Meeting of the new Trust will be held on Wednesday 19 September 2007 at 11.00 am. in the Clandeboye Suite, Clandeboye Lodge Hotel, Bangor.

(c) **Future visit of the Committee for Health, Social Services and Public Safety**

The **Chairman** informed members that the Committee for Health, Social Services and Public Safety are visiting the five new Trusts and would be visiting the South Eastern Trust in late September/October 2007. The Board will be kept informed of arrangements.

(d) **Business Conducted under the Confidential Session**

The **Chairman** advised members of the public present that the Trust Board had met immediately prior to this meeting to discuss several items of confidential business.

(e) **Written Question for the Board – Future of Respite Care Facility – Hillhall Residential Resource Centre, Lisburn**

The **Chairman** informed members that a written question for the Board had been received on 14 August 2007 from Mr Ritchie (member of the public) in relation to the consultation exercise in respect of the future of Hillhall Residential Resource Centre, Lisburn (respite care facility).

Members noted that a copy of the response, when issued, will be circulated to all Board members and the question recorded in the Register of Questions for the Board.

43/07 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 20 June 2007, having been previously circulated, were taken as read and signed by the Chairman as a true and accurate record.

44/07 **MATTERS ARISING FROM THE PREVIOUS MINUTES**

(a) **Item 31/07 Update on the Recruitment for Senior Positions**

Mr Compton reported that senior manager recruitment procedures were on target with interviews scheduled for completion by the end of September 2007. This will result in the establishment of a fourth line tier management structure and will assist in providing further focus on the business of the organisation.

45/07 **FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2007**

Members received, for information, a copy of Paper SET 23/07 being the Finance Report for the quarter ended 30 June 2007.

In the absence of Mr Cummings (who was on annual leave), **Mr Compton** reported that the finance target is on line as expected. He referred to an earlier iteration suggesting that the legacy Trusts financial position could be £2m overspent, based on the fact that during the course of the year the two organisations had received funds in excess of the £2m. The Trust presented this financial profile to the Department of Health, Social Services and Public Safety (DHSSPS) including this figure, and this is the current position. Meetings are ongoing with the DHSSPS, to ascertain if the resources the Trust anticipated will be made available. The DHSSPS is aware that the Trust requires an indication that funding will be available otherwise appropriate managerial action will have to be taken.

Continuing, **Mr Compton** said that the finance report shows that although the Trust is still reporting on the two legacy organisations it is proceeding directorate by directorate to one system. It was hoped that the new system of reporting will be in place by October 2007. Areas most under pressure are as expected i.e. agency and locum staff, community care, and children's services. However, a lot of work is ongoing on the required financial schedules of savings as a consequence of RPA. A report will be presented to the Board at a future meeting in the form of a mid year review indicating the Trust's financial position, the position with the DHSSPS and report of the savings as a result of RPA. As Chief Executive, Mr Compton said he was content that the Trust is in a sound financial position and there were no particular issues arising that had not been anticipated.

Ms Graham stated she was reassured by Mr Compton's comments but enquired if sufficient additional funds are not received from DHSSPS and if economies have to be made would there be enough time necessary to

make economies in the current financial year and is there a contingency plan, if required.

In response, **Mr Compton** confirmed that the Trust was in a position to take rapid decisions and directorates are aware of the position and are reflecting on those areas where decisions will have to be made. He wished to reassure the Board and members of the public there is no signal that the planning and assumptions the Trust have made are not going to be delivered. The Financial Strategy and Financial Plan having been presented to both the DHSSPS and the Health and Social Care Authority (HSCA). He was also confident that the relevant people in both these organisations were fully aware of the Trust's position and he remained optimistic that the assumptions made are reasonable.

Mr Trethowan enquired if a response had been received regarding the request for extra resources to reduce the elective waiting list. **Mr McGoran** advised a response was outstanding and the Trust was still uncertain as to what that response might be, particularly as plans were based on projections notified to the DHSSPS some time ago.

Mr Mansley commended the executive team for the financial controls in place. For clarity he asked what the rate of interest payable was on the income and expenditure account. **Mr Compton** confirmed the rate of return is 6% per annum. Mr Mansley stated it would be helpful to have a balance sheet showing the organization assets for the period end as well. **Mr Compton** agreed to this suggestion and stated that as the two financial reporting systems merge it will move to this type of reporting. Further discussion ensued regarding the financial assumptions and the dispute with the Southern Trust costings.

46/07 **CAPITAL PROGRAMME 2007/2008: FINANCIAL POSITION**

Mr Compton stated that the financial position for the Capital Programme was in a very good position. He confirmed in the year 2007/08 the organisation will be spending over £51m in capital work in the Trust's area. It was a huge expenditure covering many of the programmes where the Trust provide care and treatment e.g. £20m at the Downe Hospital and £18m (includes £13m for a new Maternity unit) at the Ulster Hospital. Other areas covered are services for older people in the community, adult services for learning disability, intensive support services for children, Infection Control etc. The allocation also covered general capital schemes which included improving information technology, essential medical equipment and aids and appliances in the community to enable people to remain at home. He stressed that expenditure was not about new buildings but about the opportunity to reform, modernize and deliver new and better services.

Concluding, **Mr Compton** stated it is a very comprehensive Capital Programme with confirmation of funding from the DHSSPS and a commitment from the Trust to control and police its expenditure. It was also

important to publicise the scale and size of what the new Trust is doing.

47/07 **KEY PERFORMANCE TARGET: HOSPITAL EMERGENCY AND ELECTIVE TARGETS**

The Chairman invited Mr McGoran to give a short presentation on the Elective and Emergency Care Targets for the period 1 April 2007 to 10 August 2007.

At the outset, **Mr McGoran** reminded the Board that Mr Simpson would present the Trust's revised performance management plan at the September Trust Board meeting. Today he was informing the Board of progress to date on elective and emergency care targets. He gave a brief outline of the out patient appointments targets, since March 2006 no patient should be waiting for more than 12 months, to March 2007 no patient waiting for more than 26 weeks with a milestone of a maximum 20 wait by the end of September 2007 and eventually 13 weeks by March 2008. Similarly no patient will wait longer than 13 weeks for a diagnostic test or 21 weeks for inpatient or day case treatment. He illustrated graphically the progress to date, which demonstrated the Trust was performing well and ahead of target. However sustainability will be a challenge. Clearly there are peaks of referrals and it is important therefore to ensure that all facilities are working to optimum performance. He stated that the Eastern Board had undertaken a demand and capacity analysis of the hospitals and there is a recognition that the Trust do not have all the resources to deliver the targets without non recurrent assistance.

He was pleased to report that on the elective front the Trust was also doing well in terms of Outpatients, Inpatient and Day cases. In terms of Diagnostics there were 12 of the most common procedures that the Trust was being monitored on e.g. ECGs, Ultrasound scans, MRI scans etc. and again good progress was being made. He stressed that a lot of background work was ongoing e.g. in continuing validating lists, additional clinics and evening sessions. The Trust was on target to deliver the waiting time of 13 weeks by March 08 and the milestone of 20 weeks by September 2007.

Mr McGoran then referred to the emergency targets and gave a detailed report on how the Trust was performing. The ongoing work by staff in all disciplines was testimony to the whole systems approach. Great strides had been made in a short period of time and he believed the Trust is on course to deliver the set targets. However, an area of concern was the 100% target for discharging complex cases from hospital. There are other issues to be addressed that would improve the system and patients who require observation for possible cardiac conditions where the observation time is usually more than 12 hours. This has been addressed at the Ulster Hospital by introducing a short stay facility.

Concluding, **Mr McGoran** referred to the simple and complex discharges advising that 99% of simple discharges were within 12 hours and 94-96%

within 6 hours were being achieved. Overall the organisation is performing above its targets and all credit is to the staff who have made this possible.

Mr Trethowan congratulated Mr McGoran on an excellent report and enquired if there were any hotspots by location. In response, **Mr McGoran** confirmed that the 2 Minor Injuries Units are achieving 100% delivery. Downe Hospital and the Ulster Hospital consistently deliver 90% and 88% within 4 hours respectively. Most challenging is Lagan Valley Hospital, which requires system reform, as there is not the same scope to transfer patients to a short stay facility.

Ms Graham stated she was encouraged by the presentation and enquired if the staff knew the results of their efforts. She was also unsure that the public realised the improvements and developments ongoing and asked how could this be made known. She also asked if trolley waits were a thing of the past and finally if the capacity building is proceeding at sufficient rate in the community and if improvements were sustainable in the long term.

In response, **Mr McGoran** stated staff are fully engaged and targets could not be achieved without their efforts. Engagement from senior staff is important and staff kept fully informed. With regards to the public hopefully the press will pick up on these developments and inform the public. Trolley waits are now measured in a different way e.g. someone waiting longer than 12 hours as opposed to 48 or 72 hours in the past. With regard to the capacity issue the Trust had had to make investment decisions, although not substantial, there is a risk as we will have to pursue our commissioners to fund this expenditure. We will re-profile some of our existing resources to ensure they are sustained within hospital. The bigger challenges are outside of the hospital.

The **Chairman** highlighted that when targets were first announced there was a sharp intake of breath at their rapid introduction and that they had to be done in the middle of a huge re-organisation of the Health Service. However the targets are being met, not only during a holiday period, but in some cases six months ahead of target. It speaks volumes about the commitment of staff and reflects what can be achieved when there is true team working across every profession and location. Through Mr McGoran she wished to thank all staff for their continuing commitment.

Mr Compton stated that all this needs to be connected to the financial position, capital spend and organisational performance which are an expression of the scale and complexity of service change and modernisation. The information presented is positive and professional leadership and engagement lies at its core. He added that there was considerable support from professional staff and a recognition that achievement of targets is a reflection of a successful service. Concluding he agreed that targets are not simply something to be achieved and improved on but will lead to change in the way care and treatment is delivered and understood in the wider community.

Mr Martyn agreed that excellent work is continuing and is a credit to the wider multi-disciplinary teams delivering these targets.

48/07 **INFECTION REDUCTION PLAN 2007-2008**

Members received, for consideration and approval, a copy of Paper SET/24/07 being the Trust's Infection Reduction Plan for 2007-2008.

Mrs McArdle reported it was now a requirement by the DHSSPS to report on Infection Reduction Plans to Trust Board on a monthly basis. She stated this was the Trust's first Infection Control Plan and drew attention to two particular areas marked red. Firstly, on Page 11 regarding mandatory infection control training update it was noted that approximately 800 staff have been trained to date. Plans will be to work with the training so that it will become amber shortly. It was also hoped that funding from the DHSSPS would permit the appointment of a further Infection Control Nurse. Secondly, with regard to the Environmental Cleanliness target she reported that although the two legacy Trusts had similar structures they were working on two different audit programmes. Issues regarding this target were mainly around the fabric of the buildings and future progress should result in achieving "amber" by the next report.

In response to Mr Trethowan's query regarding the number of infections, **Mrs McArdle** stated that numbers were on a downward trend, the most prevalent being in the community. She added the main single way of reducing infection is by hand washing. Numbers will be taken into consideration in the next report. She reiterated reports will be presented monthly and a graph will be included in any subsequent reports.

The **Chairman** then sought approval to the Infection Reduction Plan 2007-2008 and this was duly agreed.

49/07 **EVALUATION OF LEADERSHIP PROGRAMME FOR WARD MANAGERS**

Mrs McArdle gave a short presentation on the work of the Leadership Development Programme being managed in-house at the Ulster Hospital. She advised that the pilot project, which was a tool-kit for the Ward Managers, had been very successful and the DHSSPS have given funding to roll out to the rest of the organisation. The project will also become a commissioning programme for all nursing staff in Northern Ireland. She outlined the core components of the programme and advised that the DHSSPS will host a presentation of the Programme Evaluation in the Stormont Hotel on 5 October 2007.

In response to Mr O'Hara's query, **Mrs McArdle** stated that the course was not currently accredited but could be developed for accreditation at a later stage. She also confirmed that the Royal College of Nursing, Ulster Hospital and the DHSSPS were carrying out the evaluation of the programme.

The **Chairman** remarked that it said a lot for the quality and effectiveness of the course when it is uplifted and disseminated across the province. She had met some of the champions of the course and they were very enthused about the value of the course.

50/07 GOVERNANCE ARRANGEMENTS FOR NURSING

Mrs McArdle gave a short presentation in relation to the newly established governance arrangements for nursing which detailed the arrangements for establishing a nursing framework, the development of a Nurse Executive Forum and the next steps for implementing effective governance arrangements for nursing.

She advised that following a recent workshop, a Nurse Executive Group comprising senior nurses in the Trust and chaired by her had been established. The key areas of focus for this group included workforce, education, research and practice development, governance arrangements and policy and practice issues.

The next steps included the hosting of a Strategy Workshop in October 2007 the purpose of which was to assimilate and prioritise key objectives from the nursing strategies of the former legacy Trusts. In addition, it would develop and implement a trust-wide nursing governance plan, a copy of which would be presented to the Governance Committee and a future Trust Board meeting.

51/07 UNALLOCATED CHILD CARE CASES

Members received, for information, a copy of Paper SET 25/07 which detailed the Unallocated Child Care Cases in the Trust's area as at 27 July 2007.

Mr Toner advised that the paper was a snapshot of unallocated cases (56 in total) as at 27 July 2007. He stated that the activity has been monitored, on a monthly basis, by the DHSSPS since October 2004. It was important to note that each of the 56 cases has been triaged and none have been considered by the assessment staff to be of a child protection nature. He gave a breakdown of the 56 cases by area highlighting Stewartstown Road facility as having the most cases. This particular facility had been discussed at the June Trust Board meeting where it was highlighted there are issues about the very high demand in relation to referrals for children's service in that area.

Continuing, **Mr Toner** pointed out that the Trust is going through significant change within children's services as it moves to a new operating model in the development of a gateway service as a key deliverable area. The gateway service is a regional development, which shows how services will be delivered in the future. Other variables relating to the number of unallocated cases at this time is due to the holiday period and the number

of staff on leave, which can have an impact. Every effort will be taken to reduce this figure and as the service moves to the new gateway model it will deal with this.

52/07 **UPDATE ON THE RECOMMENDATIONS ARISING FROM THE McCLEERY REPORT: APPROVAL OF NEW TRUST POLICIES**

Members received, for consideration and approval, Paper SET/26/07 being the draft versions of ten new policies for the Mental Health Programme of Care developed as a result of the recommendations contained in the McCleery Report.

Referring to the McCleery Report, **Mr Bannon** stated the official enquiry was critical of mental health policies and consequently a Project Board was established within the Trust with a dedicated senior manager to review all such policies. The group was multi-disciplinary comprising representation from users and carers. Following an extensive consultation and review process the new policies were forwarded to the Health and Social Care Advisory Service for external quality assurance. The review received positive comment in relation to policy development, which reflected best practice. The policies were now being presented to Trust Board for approval. An accompanying Training and Implementation Programme will be developed to ensure the policies are fully implemented.

Mr O'Hara welcomed the comprehensive draft policies and enquired if an audit process would be initiated after a period of implementation. Mr Compton confirmed that the policies will be audited through the ISO process ensuring that what the Trust states will be adhered to.

Mr Trethowan said congratulations should be passed to staff on an excellent piece of work. He enquired if RQIA and the Trust's internal auditors accepted them as standards that will be audited. Mr Compton advised that RQIA will be carrying out a clinical and social care governance review in Mental Health Services in early October 2007 with a clear focus on the implementation of the McCleery recommendations.

Lengthy discussion then ensued regarding capacity issues raised by Ms Graham. In response, Mr Bannon advised that both the DHSSPS and EH&SSB would be looking at capacity and resource issues together with how the policy was being implemented and audited across the region.

Mr Mansley referred to the policy on record keeping and suggested a laminated card as an aide memoir should be kept at all workstations to ensure that information is recorded properly and that staff are constantly reminded of this. Mr Bannon undertook to pursue this issue further.

Mr Davison also added his congratulations on the work undertaken and enquired if the audit of compliance would be incorporated in the review for feedback from staff in order for them to see how their contributions, where appropriate, led to improvements. **Mr Bannon** confirmed that staff were

fully engaged in the process and if issues arise the policies will be reviewed in that context.

The **Chairman** requested Mr Bannon to pass on the Board's thanks and appreciation to all staff involved in the production of the policies. She then sought Board approval to the draft policies, which had been produced following the recommendations arising from the McCleery Report. This was duly agreed.

53/07 **DRAFT EASTERN HEALTH & SOCIAL SERVICES BOARD PAPER FOR CONSULTATION: FUTURE PROVISION OF ACUTE PSYCHIATRIC INPATIENT BEDS – COMMISSIONING STATEMENT**

Members received, for information, Paper SET/27/07 being the Draft Eastern Health & Social Services Board Paper for consultation: Future Provision of Acute Psychiatric Inpatient Beds – Commissioning Statement.

Mr Bannon outlined the background to the EHSSB Consultation Paper "Provision of Acute Psychiatry" released in May 2007. The context of the paper related to the future of Mental Health Services, Development of Better Services, the Bamford Review, Best Practice and Mental Health all of which will inform how Mental Health Services are taken forward, including issues in relation to capital development.

Continuing, Mr Bannon stated the DHSSPS had received capital bids for all of the 6 acute psychiatry units within the EHSSB's area. However this raised questions regarding future investment, the need for all the buildings to strengthen community mental health services and how best to provide inpatient care. He reported that the EH&SSB proposed a reduction from 6 to 4 units whilst maintaining bed numbers. The reduction of units is in relation to capacity, staffing and junior doctor issues.

Following consideration of the document a multi-disciplinary working group was established to address issues and develop a vision for mental health services that would ensure sustainability and secure the agreement of key staff, users and carers on the way forward. The draft report, setting out services that are accessible, acceptable, safe and sustainable, will be presented to Trust Board in September 2007 for agreement before submission to the Eastern Board

Mr Compton wanted to advise the Board that although there is likely to be significant changes in how psychiatry services are organised he wished to assure the Board that there is a process in place for them to contribute to changes.

In response to queries from Mr Trethowan, **Mr Bannon** stated that if there is significant investment in the community then there will probably be sufficient capacity. Currently there is pressure in the system but he believed the solution is in community services and would be looking to the development of supported housing and other services in order to unblock

acute beds.

54/07 APPROVAL OF INTERIM DELEGATED LIMITS – SOUTH EASTERN TRUST

Members received, for consideration and approval, a copy of Paper SET 28/07 which detailed the Approval of Interim Delegated Limits for the new South Eastern Trust.

Members noted that the paper set out the agreed expenditure authorisation levels of staff within the Trust. In addition, the approval of the list provides the delegated authority to the post, although the individual post holder may change throughout the life of the Trust. A brief discussion ensued and members approved the new delegated limits list as outlined in Paper SET 28/07.

55/07 ANNUAL COMPLAINTS REPORT OF THE FORMER LEGACY TRUSTS – DOWN LISBURN AND THE ULSTER COMMUNITY & HOSPITALS TRUST

Members received, for information, Papers SET/29/07 and SET/30/07 being the annual complaints reports of the former legacy Trusts. Due to the imminent arrival of the Minister for Health, Social Services and Public Safety to meet with the Board, the Chairman recommended that this item be deferred to the next meeting. This was duly agreed.

56/07 ANNUAL PROGRESS REPORT FROM THE FORMER LEGACY TRUSTS TO THE EQUALITY COMMISSION – DOWN LISBURN AND THE ULSTER COMMUNITY & HOSPITALS TRUST

Members received, for information, Papers SET/31/07 and SET/32/07 being the Equality Commission Annual Progress Reports of the former legacy Trusts. Due to the imminent arrival of the Minister for Health, Social Services and Public Safety to meet with the Board, the Chairman recommended that this item be deferred to the next meeting. This was duly agreed.

57/07 AWARD OF TENDERS WITHIN THE SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Members received, for information, Paper SET/33/07 which detailed the award of tenders within the Trust for the period 1 April 2007 to 31 July 2007. Due to the imminent arrival of the Minister for Health, Social Services and Public Safety to meet with the Board, the Chairman recommended that this item be deferred to the next meeting. This was duly agreed.

58/07 DATE AND VENUE OF NEXT MEETING

The next scheduled meeting of Trust Board will be the Annual General Meeting held on **Wednesday 19th September 2007 at 11.00 am in the**

Clandeboye Lodge Hotel, Bangor.

The meeting ended.

Date: _____

**Denise Fitzsimons
Chairman**