

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the seventh Meeting of the South Eastern Health & Social Care Trust Board held on Wednesday 21 November 2007 at 11.00 am in Dufferin A, Downshire Hospital, Downpatrick

PRESENT: Mrs D Fitzsimons, Chairman
Mr N Mansley, Non Executive Director
Mr P Davidson, Non Executive Director
Ms F Graham, Non Executive Director
Ms D Mann-Kler, Non Executive Director
Mr D O'Hara, Non Executive Director
Mr J Trethowan, Non Executive Director
Mr P Cummings, Director of Finance & Estates
Ms C McArdle, Director of Primary Care, Elderly & Executive
Director of Nursing

IN ATTENDANCE: Mr D Bannon, Director of Adult Services
Mr E Molloy, Director of Human Resources & Corporate Affairs
Mr S McGoran, Director of Hospital Services
Mr J Simpson, Director of Planning, Information & Performance
Management
Mrs K Thompson, Director of Children's Services & Executive
Director of Social Work
Ms P McMillan, Chairman, Eastern Health and Social Services
Council
Miss I Low, Board Secretary and Assistant Director: Risk
Management & Governance
Mr J White, Assistant Director: Promoting Health & Wellbeing (for
item 94/07 only)
Mrs S Hogg, Executive Support Services Manager
Miss C Hughes, Personal Assistant

APOLOGIES: Mr J Compton, Chief Executive
Mr D Flanagan, Non Executive Director
Mr C Martyn, Medical Director (Acting)

OPENING REMARKS

The **Chairman** welcomed all those present to the seventh meeting of the South Eastern Health & Social Care Trust Board. She apologised for the slightly late start and explained that this had been due to the longer than normal Confidential Section meeting, which had just taken place.

In her opening remarks the **Chairman** advised that Mr Compton and Mr Martyn had attended the Confidential Section but had to send their apologies for the Public Section of the meeting due to urgent work commitments. She also extended a welcome to Mr

Molloy, Director of Human Resources & Corporate Affairs to his first Trust Board meeting.

91/07 CHAIRMAN'S BUSINESS

(a) **Report on Trust Board Workshop held on 17 October 2007 – “Governance Leadership – Boards on Board” Patient Safety**

The **Chairman** advised that following the Trust Board on 17 October 2007, Dr Devaney (Patient Safety Lead) had given a short presentation to members on Patient Safety entitled “Boards on Board”. She said that the presentation had been very helpful and that Dr Devaney (in her regional role) continues to succeed in raising the profile of this very important topic within the province. Members noted that Dr Devaney had also attended a recent NICON Conference to present on this subject.

(b) **Letter of thanks from the Minister regarding the Maternity Unit dated 26 October 2007**

The **Chairman** noted that a letter of thanks had been received from the Minister, Mr McGimpsey on his formal opening of the new Maternity Unit at the Ulster Hospital. Members noted that a copy of this correspondence had been shared with all staff involved. The official opening of the Maternity Unit had been a very successful, happy and well-attended event.

(c) **Business Under the Confidential Section of the Meeting**

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.

92/07 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 17 October 2007, having been previously circulated, were taken as read and signed by the Chairman as a true and accurate record.

93/07 MATTERS ARISING FROM THE PREVIOUS MEETING

(a) **Update on the implementation of the transfer of lead responsibility for Prison Healthcare to the HPSS**

Mr Bannon reported that representatives from the Trust, the Northern Ireland Office and the Prison Service continue to meet and are making good progress with regard a range of issues relating to the transfer of lead responsibility for Prison Healthcare. Members noted that additional resources were being provided to improve Mental Health services within the prisons.

Mr Bannon also reported that Trust staff would be visiting Maghaberry and Hydebank Prisons tomorrow to review any capital improvements, which may be required.

94/07 INVESTING FOR HEALTH - TRUST APPROACH

Members received, for information, Paper No: SET/51/07 (Investing for Health Implementation Plan), a copy of which had been previously circulated with the papers for the meeting.

Mrs Thompson introduced Mr Jason White, Assistant Director of Promoting Health & Wellbeing, who gave a short presentation on Improving Health Outcomes & Tackling Inequalities. She said that this was an opportunity for operational Directors to learn about investing for health and implementing it whilst engaging with the community. It was about measuring activity and by using a new traffic light system this would become an activity on which the Trust would be judged. In presenting the paper, Mrs Thompson highlighted the links between deprivation and poor health outcomes; use of action plans to make things better and the role of Health Development within the new Trust.

Mr White then presented a geographical breakdown of the Trust's area showing areas of affluence and deprivation. He described the healthcare issues linked to areas of deprivation. Members noted that in order to improve healthcare within these areas the Trust would need to move towards better preventative action and integrate health improvement targets into the Trust's new core performance management system. The responsibility for these targets sits with the relevant operational Director and relate not only to improved outcomes for the general Trust population but also to reduce the health gap between the 20% most deprived areas and the other better off areas.

In conclusion, **Mr White** outlined the role of Health Promotion staff viz:

- To support operational Directors in meeting health development targets;
- To engage with community representatives, statutory agencies (including Education) and voluntary groups to tackle deprivation healthcare issues; and
- To establish communities of interest around specific healthcare topics in order to bring improvement to these areas.

A general discussion ensued and members expressed their support in relation to the work outlined by Mr White. In response to a query raised by a member, **Mr White** confirmed that the link with GPs continues to be very important and will be further developed. In addition, work with the Education Services continues within the Trust area at both strategic and operational level. Close links are also maintained with local voluntary and community bodies.

Ms Mann-Kler commended the programmes outlined and commented that it may take some time to reveal tangible benefits e.g. work to reduce teenage pregnancies, and she was worried that a lack of immediate change may be viewed as inaction or being ineffective. **Mr White** agreed that many of the health promotion programmes, including teenage pregnancies and

breastfeeding, are not easily measured statistically but work will continue to develop appropriate monitoring tools which will hopefully be presented at the Trust Board in March 2008. **Mr Simpson** confirmed that the Health and Well Being core targets will form part of the Trust's Performance Management Scorecard.

In response to a query, **Mr White** confirmed that there are current health promotion programmes aimed at all staff and this work will continue to develop. With regard to domestic violence he advised this is a priority area and a lot of working is ongoing. For example in Colin area a joint partnership board with Trust representatives has been established and a number of sub groups set up to address specific aspects of this problem. It is proving difficult to obtain information on performance against targets but this is currently being reviewed.

The **Chairman** said that the document provided a systematic approach to improving health outcomes and tackling inequalities, which was very welcome. She added it also sends out messages about the style and format the Trust would like to use and embeds health promotion firmly across all directorates. She was pleased to see the focus on the vast amount of local knowledge and plans to involve local communities in delivering the service. The **Chairman** noted the programmes outlined and sought the Trust Board approval to adopt the Investing for Health Implementation Plan. This was duly agreed.

The **Chairman** thanked Mr White for his comprehensive and informative presentation and he then left the meeting.

95/07 NORTHERN IRELAND BUDGET STATEMENT

In presenting this agenda item, **Mr Simpson** noted the recent announcement by Mr Robinson, Minister for Finance and Personnel, on the "Programme for Government: Building a Better Future" details of which are contained on the DHSSPS website. He said this draft correspondence includes the proposed Budget and Investment Strategy for NI (ISNI) and is currently out for public consultation with any comments due back by 4 January 2008. Finalised documents are expected to be produced in late January/ early February 2008. It was understood that the Department of Finance & Personnel will be organising consultation events and it would be appropriate to encourage people to participate in the process and make their views known on the budget.

Mr Simpson commented that early perusal of the draft documents indicated a very challenging budget for Health & Social Care. There would be much debate during the consultation period regarding the uplift percentage and the comparisons between England and Northern Ireland. Efficiencies were not solely related to the budget and have been with us for some time. He referred to the Appleby Report in 2005 indicating potential for efficiency in health and social care in Northern Ireland. There was no debate about the figures determined and they were widely accepted. The figures had been included in the budget at 3% year on year efficiencies for Trusts rising to a cumulative figure of 9% at the end of the budgetary period in 2010/2011. This figure is build into the total budget for reinvestment.

Continuing, **Mr Simpson** expressed some concern about the efficiencies proposed and whilst there is room for improvement the level of efficiencies expected would require the Trust to change some practices in order to make savings and deliver its services within allocated resource. The challenge for the Trust is to ensure that it continues to deliver an improved service in line with the strategic direction agreed i.e. Developing Better Services. In order to cease reliance on institutional care it was important to provide care and treatment for people as close to home as possible and as many services in domiciliary care as possible.

Concluding **Mr Simpson** reported that the draft ISNI revealed a significantly reduced amount for capital developments over the next three years and during the forthcoming 10-year period. This reduction in capital spending will be of concern to the Trust in view of the many ongoing developments. He encouraged people to read the documents and attend the public events being arranged.

Ms Graham commented that in order for consultation to be meaningful the responses should have the capacity to influence decision-making in the Assembly. Many representations would be made but she hoped there would be equitable distribution of funds that would acknowledge and take account of the constrained financial environment.

In response, **Mr Cummings** stated it was very important that the Assembly are aware that the health sector funding is £300m less than the settlement for England and Wales. The public still have the same service expectations and it will mean things having to be done differently and difficult choices being made. The public will need to be aware of the situation.

Mr Mansley agreed with the comments made earlier and appreciated that efficiencies have to be delivered. It will be difficult and the public need to be aware of this. However, of greater concern is the impact of the budget on potential capital expenditure and development. In reply, **Mr Cummings** advised that the DHSSPS do not have the revenue to fund new capital spend. This has resulted in issues that needed to be resolved not appearing within the three year CSR period but deferred into the next CSR period. This is of major concern to the Trust.

During brief discussion, **Mrs McMillan** commented that the Eastern Health & Social Services Council is very concerned about the implications of the budget. They will meet on 5 December 2007 to prepare a response to the consultation process. She hoped that the responses from various organisations to the consultation would be considered fully and taken on board.

In conclusion, the **Chairman** said that the Executive Management Team would be producing a draft response to the DHSSPS outlining the Trust's plans for the incoming three-year period. It was agreed that a copy of this document would be distributed widely for consultation.

96/07 FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2007

Members received, for information, Paper No: SET/52/07 detailing the Finance Report for the period ended 30 September 2007, a copy of which had been circulated with the papers for the meeting.

Mr Cummings presented the Finance Report for the period ended 30 September 2007 advising that the Trust was carrying a small surplus of £107k. The receipt of additional non-recurrent income as indicated below has created this improvement in the financial situation:

- £1.2m against Agenda for Change shortfall;
- £315k against Junior Doctors working time directive shortfall; and
- £457k returned by EHSSB to support the Trust's in year slippage on cash releasing efficiency savings.

Mr Cummings balanced this good news by stating that strict financial control must be maintained within the system in order to continue this positive trend. There remain areas of overspend and discussions are ongoing in order to resolve these issues, particularly in relation to the provision of locums in Downe and Lagan Valley Hospitals and Community Care services. Concern was also expressed about the rising costs of heat, light and power for the Trust.

During general discussion about the financial position, **Mr O'Hara** stated that the Finance Committee would closely monitor all expenditure and he looked forward to addressing some of the issues, which had arisen. In response to a query about the provision of locums in Lagan Valley and Downe Hospitals, **Mr McGoran** advised that these Hospitals have small clinical teams and as posts cannot be allowed to remain unfilled for a long period of time and locums charge 2 - 3 times more than normal staff costs. The recruitment process is ongoing to fill these vacant posts.

Mr Cummings briefly highlighted the fact that the Southern Health & Social Services Board still intends to retract £300k for underperformance and whilst this has been reflected in the overall Trust financial position it has not yet been removed from the specific acute services budgets.

97/07 PERFORMANCE MANAGEMENT : TRUST SCORECARD

Members received, for information, Paper No: SET/53/07 detailing the Access Scorecard for the period to the end of October 2007, a copy of which had been circulated with the papers for the meeting. The document highlights performance against targets, trend and profile and also includes a red/amber/green status for easy reference.

During his presentation **Mr Simpson** noted the generally positive trends, indicated in green, and then went on to explain the reasons behind some of the problem areas:

- **Allied Health Professionals:** Currently amber but the Trust is due to commence a programme of waiting list initiatives across all six professions;
- **Accident & Emergency:** Whilst there were two breaches of the target for no patient to wait longer than 12 hours in Accident & Emergency during October 2007, **Mr Simpson** noted that the situation continues to improve and to date there were none this month. **Mr McGoran** commented that there are cases where, for clinical reasons, it is necessary to keep a patient longer than 12 hours within A&E for monitoring prior to a decision being taken as to admit or discharge;
- **Fractures:** This service is demand led and investment/ reform in this area is expected to produce positive results. **Mr Simpson** noted that this is one of the areas kept under close scrutiny by the Service Delivery Unit (SDU) at the monthly meetings;
- **Children - Foster Carers:** **Mr Simpson** explained that this target had been based on a March 2007 baseline. SDU have suggested that it should be March 2006 and therefore this figure will be in excess of target set; and
- **Delayed Discharges:** **Mr Simpson** noted that whilst there are some reservations regarding this area there is a considerable amount of work ongoing to achieve the target.

In concluding his report, **Mr Simpson** highlighted the ongoing work to develop the Corporate Scorecard and hoped that a draft would be available for consideration at the February 2008 Board meeting with an expected implementation date of April 2008.

During discussion, **Ms McMillan** asked if in order to meet delayed discharge targets would undue pressure be put on families to provide transport, etc. In response both **Mrs McArdle** and **Mr McGoran** stressed that patient safety is uppermost and would not be compromised.

In response to a query from Mr Mansley, **Mr Simpson** confirmed that the Trust is now performing well against the targets and SDU have asked that some of the Trust's practices/improvements be shared with other Trusts as best practice.

98/07 SCHEDULE OF DATES FOR TRUST BOARD MEETINGS - 2008

Members received, for information, Paper No: SET/54/07 detailing the Schedule of Dates and Venues for Trust Board Meetings in 2008, a copy of which had been circulated with the papers for the meeting.

The **Chairman** noted that the dates for Trust Board meetings remained the third Wednesday of the month. She sought, and received, approval to the proposed schedule.

99/07 INFECTION REDUCTION RATES

Members received, for information, Paper No: SET/55/07 - MRSA Bacteraemia and Clostridium difficile Infection Trend Analysis Report (covering July – September 2007), a copy of which had been circulated with the papers for the meeting.

By way of introduction, **Mrs McArdle** advised that this is the second report produced by the Infection Prevention and Control Team. The report details the steady progress, which has been made by all staff involved to reduce infection rates of both MRSA and Clostridium difficile. **Mrs McArdle** extended congratulations to everyone involved.

In response to Mr Trethowan's query about producing monthly figures, Mrs McArdle indicated that she would investigate if this were possible. At this point in time only one of the legacy Trusts produced monthly figures.

100/07 CORPORATE PLANNING PROCESS

Members received, for information, Paper No: SET/56/07, which detailed the draft Corporate Planning Process for the South Eastern Trust. This document had been circulated previously with the papers for the meeting.

In presenting the paper, **Mr Simpson** reported that the purpose of this plan is to put in place a systematic process where all non-planning activities are collated and monitored to help ensure delivery of the Corporate Plan. This draft is the next stage of the process from the "Looking Forward" strategic direction document. This will be discussed with senior staff at a Workshop in January 2008 to bring together the various components into a comprehensive plan. He hoped to present a final draft for approval at the Trust Board meeting in February 2008 but if there were any queries on the document before then he would be happy to discuss.

101/07 UNALLOCATED CHILD CARE CASES

Members received, for information, Paper No: SET/57/07 which detailed the Unallocated Children's Cases as at 26 October 2007, a copy of which had been had been circulated previously with the papers for the meeting.

Mrs Thompson summarised the report by advising that of the 45 cases not allocated to a Social Worker, 27 have received an initial assessment, none of which have child protection issues, a further 11 have been visited within 1 week and the remaining 7 will be allocated to a social worker for a visit as quickly as possible.

With regard to the Workshop previously planned for this afternoon **Mrs Thompson** confirmed that this had been postponed to the January 2008 meeting.

102/07 AUDIT OF TRUST'S ACCOUNTS - APPOINTMENT OF AUDITOR

Members received, for information, Paper No: SET/58/07 – copy correspondence from Mr T Woodhouse, Northern Ireland Audit Office, dated 19 October 2007, previously circulated with the papers for the meeting. **Mr Cummings** advised that he was pleased to report that PricewaterhouseCoopers have been formally appointed as the Auditors for the Trust. Members noted that PricewaterhouseCoopers had been the Auditors of the two legacy Trusts.

103/07 UPDATE ON JUDICIAL REVIEW - ST JOHN'S HOUSE

Miss Low reported that the Judicial Review had taken place at the Royal Courts of Justice on 5 October 2007. A decision had been expected within two weeks but to date has not yet been announced. As soon as the decision is made available a copy will be made available to all members.

104/07 ANY OTHER BUSINESS

(a) Layout of Trust Board Papers

Mrs McMillan enquired if future Trust Board papers could be produced in a more user friendly format e.g. all pages numbered sequentially with reference markers at individual sections. In response, **Miss Low** explained the nuances associated with producing the Trust Board papers and advised that the current system is under review. She undertook to consider the suggestions made by Mrs McMillan in this review.

105/07 DATE AND VENUE OF NEXT MEETING

The **Chairman** advised that the next scheduled meeting of the Trust Board would be held on **Wednesday 16 January 2008 at 11.00am in the Signal Business Centre, Bangor.**

The meeting ended.

Mrs Denise Fitzsimons
Chairman

Date: _____