

Northern Health and Social Care Trust

Minutes of the third meeting of the Trust Board held on Thursday 24 May 2007 in the Lecture Theatre, Fern House, Antrim Hospital site.

Present:

Mr J Stewart	Chairman
Dr C Ackah	Non Executive Director
Ms N Evans	Chief Executive
Dr P Flanagan	Director of Medicine and Governance
Mr S Forsythe	Non Executive Director
Mr N Guckian	Director of Finance
Mr G Houston	Director of Children's and Women's Service / Executive Director of Social Work
Mr R McCann	Non Executive Director
Ms P Montgomery	Non Executive Director
Mr J Moore	Non Executive Director
Mr M Rankin	Non Executive Director
Miss B Scott	Director of Emergency, Primary Care and Older People's Services/ Executive Director of Nursing
Professor D Whittington	Non Executive Director

In attendance:

Mr O Donnelly	Director of Mental Health and Disability Services
Mrs C Hinton	Director of Acute and Elective Services
Mr M Sloan	Director of Strategic Planning and Performance Management
Mr G Carson	Communications
Mrs R McFerran	Assistant Director Employee Relations
Mrs M McDowell	Executive Assistant

Apology:

Mrs J Melaugh	Director of Human Resources
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Mr T Creighton, Chairman of Northern Health and Social Services Council, members of the public and some of the newly appointed Assistant Directors of the Trust were in attendance. The Chairman also welcomed two participants of the "Get On Board" course, which was designed for people interested in serving on Boards of public bodies.

TB18/07 Chairman's Business

The Chairman reported that on:

- 15 May 2007, he had attended a meeting of the five Chairs of the new Trusts;

- 16 May 2007, he and the Chief Executive had been pleased to welcome the new health Minister, Mr Michael McGimpsey, to Antrim Area Hospital, to visit the Accident and Emergency Department, the latest 24-bedded ward and the Chemotherapy Unit at Laurel House. He congratulated those who had been involved in making such excellent arrangements for this visit;
- 18 May 2007, he had chaired an interview panel for the post of Consultant Surgeon for Antrim Area Hospital; and
- 21 May 2007, he and the Chief Executive had attended a very useful meeting with the Chairman, Vice Chairman and Chief Officer of the Northern Health and Social Services Council.

Mr Stewart was also pleased to report that all Non Executive Directors had attended Module One of the Non Executive Director Development Programme training held at The Beeches Management Training Centre on 23 May 2007.

The Chairman was delighted to advise that Antrim Hospital had been named in a list of top 40 hospitals that had outstripped others in addressing patient safety. Miss Scott said that an independent benchmarking expert, CHKS, had revealed that this list had been compiled based on a number of indicators such as infections, mortality, waiting times and efficient use of beds. As only one of two hospitals in Northern Ireland to appear on the list, Mr Stewart congratulated everyone involved in this achievement.

Congratulations were also extended to Ms Angela McErlain, Acting Lead Nurse in the Medical Directorate in Antrim Hospital, who had been awarded runner up in the Nutrition section of the British Journal of Nursing Awards. It was agreed that a letter should be sent on behalf of the Trust Board to congratulate Angela on this achievement and for being the only finalist from a Northern Ireland Hospital in this prestigious competition.

Under Chairman's business, Mr Houston requested to raise an item regarding children's respite services. He reported that a respite unit in Randalstown commissioned by the Northern Health and Social Services Trust through a voluntary provider had been temporarily closed in December 2006 due to staff shortages. It remained closed but the Northern Trust had been in negotiation to reopen the unit and bring it under the direct management of the Trust.

As it was hoped to reinstate the service from 18 June 2007, before the next Trust Board meeting, Mr Houston requested that approval be given for the Chairman and Chief Executive to proceed to agree a suitable lease for the premises and to use the Trust seal on this lease. This was approved and, once completed, it would allow staff to have access to the premises and prepare for the arrival of children from 18 June 2007.

TB19/07 Minutes of previous meeting

The minutes of the meeting held on 26 April 2007, copies having been circulated, were approved, on the proposal of Mr McCann and seconded by Mr Forsythe.

TB20/07 Matters Arising

(a) Senior Appointments

On referring to the summary of appointments up to 18 May 2007, the Chief Executive reported that excellent progress was being made to fill third level posts and the process had already commenced to fill appointments to posts at fourth level.

She indicated that ongoing discussions were taking place between management and Staff Side to resolve some of the regional recruitment issues which were outstanding.

(b) Care Matters in NI – A Bridge to a Better Future

Mr Houston reported that a working group had been established to consider this consultation document and the Trust response, which was required to be with DHSSPS by 15 June 2007, and would be circulated for noting at the next Trust Board meeting.

TB21/07 Agenda for Change

A paper detailing the up to date position on the implementation of Agenda for Change in the Northern Trust at May 2007 had been copied to members.

Mrs McFerran, representing the Director of Human Resources, outlined the benefits of this system of harmonised pay and terms and conditions of service for all Trust staff, with the exception of Senior Executives and Medical and Dental Staff. She briefed members on the position on the matching and assimilation process to the new pay bands, indicating that significant progress had been made within the three legacy Trusts and 8640 posts had already been through the process.

With regard to the remaining 3270 staff, these posts had either been referred back to the original matching panel for clarification, referred to a second matching panel or were being consistency checked by local job evaluation leads.

On noting that arrears had been paid to a total of 2347 staff, members recognised that this was an extremely time consuming and complex process, with details having to be calculated on an individual basis.

In response to a query on satisfaction levels, Mrs McFerran advised that if staff were not satisfied with outcomes, they could request reviews to be undertaken and she agreed to provide further information to members on the number of staff affected by protection arrangements.

Although no final time-scale could be given for the completion of the process, the Chief Executive assured Trust Board that this work was a key priority for the Trust and every effort would be made to ensure that full implementation was completed as quickly as possible.

TB22/07 Performance Report

Mr Sloan presented the Performance Report for April 2007, which primarily addressed the three main areas of the Service and Budget Agreement, Trust Corporate Plan and Trust Delivery Plan.

In drawing members' attention to the summary position on the key performance against targets as at 30 April 2007, Mr Sloan indicated that performance had been presented in a traffic light coding system as follows:

- (a) green representing the Trust being on course to meet the target;
- (b) amber indicating that the Trust was marginally behind target but plans were in place to achieve the standard required; and
- (c) red showing that the target was not being met, although action was being sought to do so.

Particular attention was drawn to the following areas.

- **Elective Care Waiting Targets**

Members noted a green position with significant progress being made towards the targets that, by 31 March 2008, no patient should wait longer than 21 weeks for inpatient or day care treatment and no longer than 13 weeks for their first outpatient appointment or an appointment for a diagnostic test.

- **Delayed Discharges**

Although it was noted that the challenging target of having all complex discharges taking place within 72 hours of having been assessed as medically fit was not being met by any Trust in the province, it was reported that plans were in place and progress was being made to improve performance in this area. Members noted the particular difficulty within the Northern Trust of the significant underfunding in services for older people and this would make this target more difficult to achieve.

- **Suspected Breast Cancer**

Members noted that the Trust's performance on the target of urgent suspected breast cancer cases to be seen within 14 days was significantly below the level required and that again plans were being drawn up to improve this performance.

Particular concern was expressed regarding this position and, in assuring the Board of the high priority being given to this matter, both Dr Flanagan and Mrs Hinton advised of some of the initiatives taking place including ongoing discussions with the Northern Board and local surgeons. It was also hoped that a new consultant appointment to breast radiology would help the situation and members indicated that they would be keen to be kept informed of progress in this area.

- **Activity Levels**

In relation to theatre activity, Mr McCann referred to the situation where, although nine sessions had been cancelled, only two patients had been affected. Mrs Hinton explained the reasons for this, including the fact that patients could be treated by other consultants. She indicated that the potential of increasing activity was being addressed, as was the aim to reach the standard where no session would require to be cancelled.

During the month of April 2007, there had been a total of 655 elective cancellations and these would be summarised by meaningful categories in order to identify areas to ensure that improvements were made on the 2006/07 position.

- **Other Targets**

Members noted that the target of 85% for cleanliness matters was being exceeded and this standard needed to be maintained during the year.

Information on sickness and absenteeism had not been available for this period but would be considered at the next meeting.

The Chairman said that the information presented would be helpful to understand the progress being made to meet targets and would highlight the areas which required attention. He stated that information would become more meaningful in future reports which would relate to longer periods.

TB 23/07 Governance

Dr Flanagan advised that he and Mrs H Baird, Head of Governance and Patient Safety, had met with governance staff from the three legacy Trusts that morning and had discussed the structures to be put in place.

Key priorities to ensure robust governance arrangements were in place in the new Trust and arrangements were now being made for the first meeting of the Governance Committee to be held by the end of June 2007.

TB 24/07 Child Protection Services

Mr Houston asked Trust Board to note the Social Services Inspectorate's Overview Report on Child Protection Services entitled "Our Children and Young People- Our Shared Responsibility" which had been published in December 2006. He indicated that a full copy of the report could be made available to any member on request.

Members noted that this report presented the main findings of a multi-agency inspection of child protection services in Northern Ireland, in five Trusts, including Causeway Trust. It contained 77 recommendations and a joint project team had been established which included representatives from the Northern Trust and the Northern Board to prepare an action plan to be submitted to the Social Services Inspectorate for ratification by 30 June 2007.

Mr Houston said that much work had already been undertaken by staff within the Causeway and Homefirst legacy Trusts and the implementation plan would be available for consideration at the next meeting of Trust Board on 28 June 2007.

TB 25/07 Financial Strategy

Mr Guckian introduced the financial strategy for the Northern Trust for 2007/08, copies of which had been circulated, showing the proposals to achieve the fundamental financial duty to break even by the end of the financial year. It also provided summary information on the funding and expenditure budgets for the year.

Members noted that the income for the first year was expected to be £500m, with service developments amounting to £21m.

Mr Guckian indicated that the Trust had identified a baseline deficit between income and expenditure of £11.1m and he detailed the various proposals contained within the strategy to bring this deficit down to £3.5m, which represented less than 1% of income. He highlighted that many of these proposals were non-recurrent in nature and recurrent solutions would have to be found to address the deficit from 2008/09 onwards.

On noting that the £3.5m remaining deficit related mainly to regional issues, such as Agenda For Change, Consultants Contracts and regional payroll issues, members commended the work which had been undertaken to reduce the level of deficit to this amount and expected that some of these regional initiatives would be funded by the Department.

Mr Guckian then drew members' attention to a number of key actions which were high priority for the Trust, including the savings required from RPA, cash releasing savings of £1.4m and service reprofile and indicated that these areas would require very close monitoring by Senior Management Team and Trust Board.

Referring to the future risks to the financial strategy, the Finance Director detailed the financial pressures within the system which had already been identified but indicated that, with such a complex organisation, he expected more risks to emerge in the future. These risks would be discussed with the DHSSPS and the Northern Health and Social Services Board, as Commissioner, on a regular basis and would be continually reviewed.

Mr Creighton, NHSSC, enquired about the issue of Treatment Room Services which had been a long standing risk for Homefirst Community Trust and continued to be included in the risks for the Northern Trust. The Chief Executive gave a detailed response, explaining that there had been an historic problem with how the service had been developed and funded and how there had been considerable work undertaken, involving lengthy negotiation between the Trust, the Northern Board and the Northern Local Medical Committee, to develop a plan to improve services. This plan aimed to ensure that there was an equitable distribution of treatment room nursing services across the Trust and to introduce an appointment system to make more efficient use of resources and improve waiting times for patients.

Although the allocation of £1m regionally by the DHSSPS to support treatment room services would address some of the shortfalls, Ms Evans indicated that she had agreed to fund the management structure of the service and further additional resources would have to be found to support the improvement plan and the ongoing overspend in the Homefirst Trust legacy area.

In spite of this action, it appeared that some concern still existed in some areas and the Chief Executive would keep members informed of any further developments. Mr Creighton indicated the support of the Council to the Trust on this matter.

With the savings expected to be made by organisations in the province, it was anticipated that these would be available for service developments within public sector organisations and members were assured that the Trust would be submitting strong cases to bid for resources, as appropriate when the opportunity arose.

Members commended the excellent work which had been undertaken to produce this strategy, but all recognised the amount of work still to be done and that there was an expectation that additional funding would become available to ease the £3.5 m deficit.

The Chief Executive advised that the strategy set a very challenging programme and it would be carefully monitored. All prudent measures would continue to be put in place to contain expenditure, whilst maintaining or improving the required standards and achieving the targets laid down.

The Financial Strategy for 2007/08 was approved.

TB26 /07 Corporate Plan

Mr Sloan presented the draft Corporate Plan for 2007/2010 stating that it defined the organisation's goals and strategic objectives and actions required to take the Trust from its current position to the achievement of its aims. Due to the time available this year, this plan had been developed by the Senior Management Team but in future years it was planned that there would be wider engagement with staff and other appropriate organisations.

Mr Sloan indicated that the plan contained the Trust's core values and the Mission Statement of the Northern Trust would be added once this was agreed at the Trust Board workshop to be held on 14 and 15 June 2007.

Also included were the eight principle corporate goals for the three years and it was noted that managers and staff were expected to contribute to achieving these goals. Performance would be measured through the Accountability Framework, which had been approved at the previous meeting, supported by Directorate and Service Plans, and individual performance reviews and Professor Whittington indicated that she applauded the principle that performance review would take place at every level in the Trust. At the suggestion of Ms Montgomery, it was agreed that the corporate goals would be placed in order of priority and it was also recognised that further debate was needed on how the document should be promoted, both internally within the Trust and externally.

Mr Rankin also commended the section which set out the planning context in a very meaningful way.

The Corporate Plan for 2007/10 was approved, in principle, and would be developed as required.

TB27/07 Reluctant Discharge Policy

In presenting the reluctant discharge policy, Miss Scott indicated that this policy was necessary to guide staff in the management and transfer of patients who were assessed as being medically fit for discharge from an acute hospital bed but who were waiting for either a placement in a particular nursing or residential home or for funding for a package of care. This policy allowed for the transfer of such patients to an interim home or to an intermediate care bed in an alternative facility within the Trust. This would allow acute hospital beds in the main to be protected for patients who were acutely ill and in need of medical treatment.

Miss Scott advised that this policy would greatly help and support staff to manage patients appropriately on occasions when they refused to move and patients/carers would be advised of the policy on admission to hospital and again on assessment as medically fit for discharge.

It was noted that the protocol had been subject to public consultation in the legacy United Hospitals and Homefirst Trusts and a similar policy had been implemented in Causeway.

Following clearance with the Trust's Legal Advisor, it had been agreed that, in circumstances where patients/carers refused to comply with the protocol, legal advice on particular situations could be sought.

On noting that this policy applied to acute hospitals only, the Director of Mental Health and Disability Services indicated that a similar protocol relating to mental health facilities was being developed which would be submitted to Trust Board at a future meeting.

TB28 /07 Strategy for Mental Health Services to Older People

Mr Donnelly invited Mrs N Barton, Assistant Director, Mental Health Services, to join him in the presentation of this service strategy entitled "Adding Life to Years".

Members heard that, in June 2006, Homefirst, Causeway and the Northern Health and Social Services Board had each approved a strategy for Mental Health Services for Older People in the Northern Area to go out for public consultation. The consultation had been completed in October 2006 and the document, as circulated to members, had been reviewed to incorporate as appropriate the outcomes of that consultation and approval from the Trust Board was now being sought to implement the strategy. It was noted that a cost critical implementation pathway document had been completed and this also required approval.

Mr Donnelly reported that within the Northern Area, the population of older adults was expected to rise by 30% between 2003 and 2015 and it was therefore essential that mental health provision for this population anticipated this changing demography as well as developments in best practice and changing use expectations. He also reported that services for younger people with dementia and for people with a learning disability had also been included in the strategy.

The main themes of the 70 recommendations contained in the report were presented and it was noted that that these included views and perspectives from carers and users which had been obtained through a User and Carer Advisory Panel and user surveys. View of staff and professionals and current recognised best practice had also been reflected in the recommendations, including the Bamford Review of Mental Health and Learning Disability.

Members noted that the critical implementation pathway document detailed a costed 5-year action plan for the strategy. This was a working document which would be both project and performance managed and reviewed against actual progress and available resources over the period.

On noting the additional resources that would be required and, with significant demands on funding expected from such other initiatives as the Bamford review, it was felt that this strategy presented an excellent case for bids for the investment required.

Due to the level of education and training which would be required to take the strategy forward, it was agreed, following Professor Whittington's suggestion, that a separate training and development plan should be produced, to clearly indicate the resources required.

Recognising the commitment to reshaping existing services and to change the way of working, members congratulated Mr Donnelly and his staff for this excellent work and were pleased to approve the strategy.

It was anticipated that the Strategy would be approved by NHSSB in June 2007 and the launch would then take place in July 2007.

TB29/07 Strategy for Services to Older People

The Director of Emergency, Primary Care and Older People's Services invited Mrs N Barton to present "Living Well – Ageing Better" which was a strategy creating a vision for the future of services for older people in the Northern Area.

Mrs Barton briefed members on the background to the process, advising that, following approval by the Homefirst Trust Board on 23 March 2006, wide consultation had taken place on the document, including various workshops and information sessions being held in both the Homefirst and Causeway areas.

She advised that the strategy described how services for older people would be developed over the next five years and would provide a vision of how all services would work together to support older people in maintaining better health and well being, stressing that services needed to be much more flexible and integrated.

The three key themes of the strategy were noted as:

Promoting positive ageing – to reflect and promote a positive view of ageing, the potential for older people to maintain independence and enjoy good health and quality of life;

Living independently with support – to enable older people to continue to live in their own homes; and

Living with complex needs – to make sure that older people maintained dignity and security when they had complex health and social care needs and long term medical conditions.

Mrs Barton indicated that the strategy contained 69 recommendations over a 5-year period and a detailed costed implementation plan was being developed which would be circulated to members in due course. This would propose that there would be a project implementation group established and an older people's panel to monitor the implementation arrangements.

Again, members commended the work undertaken to produce this strategy which would allow a much more flexible approach to how services were delivered and, where possible, these would be delivered at home.

Members approved the Strategy and noted that a full copy of the document would be distributed to those engaged in its development, with a summary being made available for wider distribution.

TB30/07 Public Questions

In response to the questions raised, Mr Sloan confirmed that certain information had been omitted from the April 2007 performance report as it had not been available but he was hopeful that this could be included in future versions. Mr Guckian clarified that any review of acute services would be undertaken in accordance with Developing Better Services and the necessary consultation arrangements would be implemented.

In response to a question regarding Agenda For Change raised by Mr D Lowry, RCN, that staff were having to apply for posts without receiving notification of their AfC bandings, the Chief Executive appreciated the concerns of Staff Side on this matter. She stated that, although she could not give assurance that this information would be available to staff before applying for posts, she did indicate the high priority being given by the Senior Management Team to have the process completed as quickly as possible.

TB31/07 Date of next meeting

The next meeting was confirmed for Thursday 28 June at 2.00pm in the WS Tweed Room, Robinson Hospital, Ballymoney.

TB32/07 Resolution for Closed Session

There was resolution to go into confidential session.