Northern Health and Social Care Trust

Minutes of the twenty third meeting of Trust Board held on Thursday 26 March 2009 at the Leighinmohr House Hotel, Ballymena.

Present:
Mr J Stewart          Chairman
Ms N Evans            Chief Executive
Dr C Ackah            Non Executive Director
Dr P Flanagan         Director of Medicine and Governance
Mr S Forsythe         Non Executive Director
Mr N Guckian          Director of Finance
Ms P Montgomery       Non Executive Director
Mr J Moore            Non Executive Director
Mr R McCann           Non Executive Director
Mr M Rankin           Non Executive Director
Mrs M Roulston        Acting Director of Children’s Services/Executive Director of Social Work
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:
Ms B Donaghy          Assistant Director of Planning and Modernisation
Mr O Donnelly         Director of Mental Health and Disability Services
Mrs J Melaugh         Director of Human Resources
Mr M Sloan            Director of Elective, Acute & Corporate Services
Mrs M Mulholland      Head of Communications
Mrs M McDowell        Executive Assistant

The Chairman welcomed the members of the public, Trade Unions and Staff Side who were in attendance.

TB40/09     Minutes of previous meeting

The minutes of the meeting held on 26 February 2009, copies having been circulated, were approved on the proposal of Dr Ackah, seconded by Mr R McCann.

This was subject to one amendment being made under Property Matters (TB 38/09):

“Trust Board approval was also given for the Trust seal to be used on a lease for units at Kilroot Business Park in Carrickfergus to accommodate staff from the local community mental health team”.

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TB41/09  Modernising Health and Social Services programme

The Chairman reported that the Trust had completed a wide spread consultation on its 20 reform and modernisation proposals under the Comprehensive Spending Review, which required the Trust to achieve a 9% reduction in its spending over a three year period to March 2011. This covered all service areas from acute hospitals, services for children, mental health and disability service, services for older people and a number of general efficiency proposals.

He said that the consultation period had been undertaken in two periods lasting a total of 16 weeks and during this time significant efforts had been made to widely engage as openly and honestly with as many people, organizations and key stakeholders as possible.

Members noted that, during this consultation period, the Trust had:

- received 533 written responses;
- received 10 petitions containing 19,266 signatures;
- held 4 public meetings;
- held 10 Chief Executive staff briefings;
- held 33 specific project staff meetings;
- held 14 specific users and carers meeting;
- attended 15 meetings with local Councils;
- attended 23 meetings with public representatives;
- held fortnightly Staff Side meetings;
- answered 19 Assembly questions;
- answered 39 media enquiries; and
- featured in 204 newspaper articles on CSR proposals.

Mr Stewart advised that, in addition to the proposed service delivery changes, the Trust would be securing efficiency savings of over £20m from reduced administration and management costs and effective management of overtime, locums and absence. The proposals consulted on, however, referred to the service delivery issues only.

Members noted that consideration had been given to the feedback received from the consultation process at a workshop held on 19 March and the proposals being put to Trust Board at the meeting had been formulated by the Senior Management Team for Trust Board’s consideration. When final recommendations were made on proposals, these would be forwarded to the Minister for Health, Social Services and Public Safety for his consideration.

The Chairman then advised that speaking rights had been requested by two organisations in accordance with the Trust’s Standing Orders and he invited Mr Joe McCusker, Regional Officer, UNISON, and Mr Terry Thomas, Regional Officer, NIPSA, to make their presentations.
Mr Stewart thanked both officers for their presentations and spoke on the constructive way that the Trade Unions and Staff Side officers had engaged with the Trust on issues affecting staff.

The Chairman then invited Ms Briege Donaghy to present the consultation findings and draft recommendations for Trust Board consideration.

Ms Donaghy advised that she would present the proposals and recommendations on services as set out in the consultation document.

A summary of these is as follows.

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>Children’s Services</strong></td>
<td></td>
</tr>
<tr>
<td>Princes Gardens</td>
<td>The Trust should maintain this home whilst an appropriate salaried foster carers or other alternative appropriate care would be put in place to enable children and young people to be supported in family settings and within their local community.</td>
</tr>
<tr>
<td>Cherry Lodge</td>
<td>Although the Trust remained committed to developing a family based service model, in light of the concerns raised by families and carer, the proposal to replace this home should not be taken forward within the CSR timeframe.</td>
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<tr>
<td>Linden Services</td>
<td>The Trust should proceed to renegotiate and review the service commissioned from the Extern organisation for the provision of Linden Services, with a view to reprioritising the resource already committed.</td>
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<tr>
<td><strong>Disability Services</strong></td>
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<tr>
<td>Broadway Workshop</td>
<td>Day care provision for adults with learning disabilities should be modernised by improving access to education, vocational training, supported employment, befriending and leisure schemes. This would reduce the reliance on traditional adult centre service and lead to the provision of alternative day opportunity services for clients at Broadway Workshop.</td>
</tr>
<tr>
<td>Community Respite</td>
<td>The Trust should redesign respite services for people with a learning disability by implementing a number of flexible alternatives to bed based respite, such as a host care service.</td>
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<tr>
<td><strong>Mental Health Services</strong></td>
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<tr>
<td>Personality Disorders</td>
<td>To proceed to plan, prepare and put in place a local community based personality disorder service to reduce referrals to specialist services outside Northern Ireland.</td>
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<tr>
<td>Home treatment</td>
<td>The Trust should invest in a Home Treatment Service to offer patients an alternative to inpatient admission and allow for earlier discharge. This would lead to a reduction in inpatient provision and beds at Ward 8, Whiteabbey Hospital would be reduced in a phased and managed way.</td>
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<tr>
<td>Proposal</td>
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<tr>
<td>Community Rehabilitation</td>
<td>The Trust should move ahead to secure and put in place community based rehabilitation accommodation and services to enable more access to rehabilitation outside a hospital setting.</td>
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<tr>
<td>Community Dementia</td>
<td>To redesign dementia services by providing more local, non-institutional facilities, which would lead to the closure of Inver 4 ward, Holywell Hospital.</td>
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<td>Older Peoples Services</td>
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<tr>
<td>Statutory residential</td>
<td>To plan for the replacement of 2 of the statutory residential homes from the 5 identified in the proposals within the CSR period. The two homes would be Rathmoyle, Ballycastle and Greenisland House and new schemes would be developed in both localities to take account of the unique needs of current and future residents. The Trust would set up local planning forums to take forward the planning of replacement accommodation and services across the other identified localities beyond the CSR period.</td>
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<tr>
<td>Domiciliary Care</td>
<td>To work with independent providers to provide a greater proportion of domiciliary care services whilst ensuring that Trust based services continued to be provided.</td>
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<tr>
<td>Acute Hospital Services</td>
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<tr>
<td>Reconfiguration of Acute Services</td>
<td>Within the CSR period, it was proposed to take forward the changes to acute inpatient and accident and emergency services at Whiteabbey Hospital. The full anticipated changes to acute inpatient and accident and emergency services at Mid Ulster Hospital should not be completed in advance of the new ward block at Antrim Area Hospital. In the interim period, significant effort would be made to retain and support services at Mid Ulster to ensure services could be sustained until the additional capacity at Antrim was in place, subject to clinical risk and patient safety issues which may emerge.</td>
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<tr>
<td>General Efficiencies</td>
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<tr>
<td>Traffic Management</td>
<td>To move ahead on the introduction of a managed car parking system at Antrim Area and Causeway Hospitals, putting in place concessions for specific service user groups.</td>
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<tr>
<td>Renegotiation of existing contracts</td>
<td>Negotiate with individual contracted organisations to secure efficiencies commensurate with the value and nature of the contract.</td>
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The Chairman advised that the Trust had given a commitment that there would be no compulsory redundancies as a result of the proposals and that, where applicable, no changes would be made until new alternatives were put in place.

The Chairman then invited questions from Trust Board members.
With regard to the closure of Princes Gardens Home, Mr McCann was assured that staff would work through care plans with each affected child on an individual basis to ensure that there were no detrimental effects in relation to such issues as education. Mrs Roulston also advised that she was confident that the Trust would be able to recruit the number of salaried foster carers required.

In response to a query from Professor Whittington, members were advised that the importance of meeting the needs of staff required to change their roles would be recognised. Appropriate training would be provided for staff to ensure they would have the required skills to deliver services to users.

With regard to the plans for the statutory residential homes for older people which would not be replaced in the current CSR period, Ms Donaghy confirmed that the Trust would be setting up local Planning Forums that would take forward the planning of replacement accommodation and services across the localities to ensure that in the future older people had options and choices that could meet their changing needs within their local community.

At this stage, the Chief Executive clarified that, in identifying the homes for replacement, the Trust had adopted the use of a weighted scoring/criteria matrix comparing each of the homes on the basis of accessibility, quality of physical environment, impact on other services flexibility for future development, restrictions of privacy and costs. On the basis of the scores achieved and giving consideration to the sector that the homes was located in, Rathmoyle and Greenisland had been identified as the 2 homes scoring least from that process.

The Chairman expressed his view that the recommendations being made reflected the feedback received from the consultation process and confirmed that the process had been open and transparent, with views and comments being duly considered and taken on board. In endorsing these comments, Non Executive Directors indicted that they had felt fully involved in the process by attending and participating in workshops, visits, meetings and discussions and they were satisfied that they had been offered the opportunity to contribute to the process and challenge the Senior Management Team, as necessary.

Due to some of the proposals not being recommended to proceed, it was recognised that there would be a shortfall in the amount of CSR savings being achieved and therefore the Senior Management Team would be required to identify other schemes through the Trust Recovery Plan.

In proposing that the recommendations put forward be adopted, the Chief Executive said that, as Accounting Officer, she was required to ensure that the Trust achieved the identified savings and advised that
these would be reinvested in front line services. She also indicated that the proposals were not solely based on financial savings but they had also been made in line with best practice to meet required strategies and policies and to reform and modernise services to ensure that they were fit for the future.

The proposal was seconded by Professor Whittington and Trust Board unanimously agreed that these final recommendations should be forwarded to the Minister for his consideration.

The Chairman then invited questions from the members of the public present.

In relation to the replacement of statutory homes, it was confirmed that there would be no changes made to Lisgarel, Rosedale and Clonmore House during the present CSR period but discussion and planning would commence on taking services into the future and this would involve working in partnership with staff, residents and local communities. Further clarification was provided on the criteria for selecting Rathmoyle for replacement and again it was emphasised that the aim was to replace the current services with more modern, improved services to meet identified needs of the locality and that planning would involve the local community.

Assurance was provided that the Trust would continue to work closely with Commissioners, the Belfast Trust, NI Ambulance Service, primary care colleagues as well as staff and service users and representatives to plan and take forward the changes for acute inpatient and accident and emergency services at Whiteabbey Hospital.

With regard to mental health services, the current demands on hospital beds were recognised but it was stated that the development of a home treatment service would avoid the need for hospital admission for some people and there would be greater capacity to deal with more service users and provide greater choice of care. Mr Donnelly advised that a bid with the Northern Board for investment of £1m in the phased development of a home treatment services had been agreed in principle and the reduction of beds at Ward 8, Whiteabbey would be managed on a phased basis as alternative services became established.

The concerns expressed about working with the private sector to provide services for people with dementia service were also acknowledged but assurance was given that the Trust would be developing sound joint working with the private sector to both reduce the likelihood of admissions from community to hospital and support direct discharge from inpatient services for those people with ongoing high level needs.
One member of the public applauded the Trust Board for listening and responding to the views and feedback received during the consultation process and welcomed the fact that local communities were now becoming involved in the planning for the modernisation of services. Following his enquiry on capitation funding and equality of services in the Northern Trust, it was reported that this was a very complex issue and there were issues around underfunding for elderly services in the Trust’s area.

In conclusion, the Chairman thanked the public for the interest shown during the consultation period and for all the responses and feedback that had been received. He also paid tribute to staff for how the process had been managed and to all Trust staff for their commitment and dedication to ensuring that the highest quality services were being delivered and provided for service users.

The final recommendations would now be submitted to the Minister for his consideration and the documents detailing the final proposals and feedback received during stage 2 consultation would now be placed on the Trust internet site.

At this stage, only one member of the public and three Staff Side Officers remained as Observers at the meeting.

**TB42/09 Chairman’s Business**

The Chairman advised that since the previous meeting:

9 March he had attended a meeting with Chairs of Trusts and PriceWaterhouseCoopers regarding the job evaluation exercise being undertaken on Senior Executive Pay;

9 March he met with Bishops of various churches when they had visited Antrim Hospital, following the tragic events at Massereene Barracks on 6 March;

13 March he had visited the night staff working in the Accident and Emergency Department at Antrim Area Hospital and had met with staff who had been on duty on the evening of the Massereene Barracks incident at Antrim. He took the opportunity to praise the staff who had been involved in the major incident in the hospital on 6 March;

17 March he had made a presentation to Ballymena Rotary Club on his role as Chair of the Trust;
19 March he had attended the Trust Board workshop of the Trust’s CSR proposals; and

26 March he had shortlisted applicants for the post of Director of Planning, Performance Management and Support Services and advised that interviews would take place on 6 April 2009.

Mr Stewart also advised that, as part of the Trust’s Action Plan on Hospital Acquired Infection, he had made the following visits:

5 March Holywell Hospital
11 March Whiteabbey Hospital
16 March Mid Ulster Hospital
23 March Antrim Hospital

**TB43/09 Performance Report**

In presenting the performance report for February 2009, Ms Donaghy drew members’ attention to the areas which were continuing to present significant difficulties for the Trust and which were currently being shown with a red status.

Members noted that, whilst the Trust was meeting the annual targets in respect of MSSA/MRSA, the target on the number of C Difficile cases for patients aged 65 years had been exceeded due to the outbreak declared during 2008.

Ms Donaghy advised members that a key challenge for the Trust continued to be related to the targets in Accident and Emergency Services, with 125 patients in excess of the 12-hour target during February 2009. Capacity issues, problems with medical staff recruitment and rotas and training of medical staff continued to be the main factors attributing to this situation.

Miss Scott advised that work was continuing with the Service Delivery Unit to address the current difficulties and she advised that practices in other Trusts were also being examined to identify if there were any other measures which could be implemented in hospitals in the Northern Trust.

Miss Scott indicated that, commencing in April 2009, performance reports would contain a detailed section on the difficulties, targets and actions for accident and emergency departments.

In recognising the implications for elective and acute services as a result of this high demand in medical services, Miss Scott referred to patient safety and governance issues of dealing with the 12-hour
accident and emergency target and the need to admit patients where this was required.

Although highlighting that there were currently over 300 patients waiting more than 13 weeks for an operation and 84% patients with suspected cancer beginning their treatment within 62 days against a target of 95%, Mr Sloan advised that all efforts were being made in these areas to achieve the required targets by 31 March 2009.

Mr Stewart congratulated staff on the efforts being made to achieve as many targets as possible by the end of March 2009 and said that a final report on performance against the targets for 2008/09 would be noted at the next Trust Board meeting.

TB44/09 Governance - Infection Control

Dr Flanagan advised that, although there had been a slight increase in the number of C Difficile cases reported during March 2009, there had been no evidence of transmission between patients and the HCAI Action Plan continued to be implemented and closely monitored.

TB45/09 Finance - Position at 28 February 2009

The Finance Director presented the report on the financial position as at 28 February 2009 which showed:

- Summary of month end financial positions 2008/09
- Financial position at February 2009
- Narrative by Directorate
- CSR progress report
- Other performance indicators.

Mr Guckian advised that the Trust deficit after 11 months was £3.3m and at the end of February 2009 the end of year deficit had been estimated at £3.6m, which was £1.9m higher than the previous month. This increase in deficit was explained as solely related to a retraction of £1.9m of the anticipated Elective Care Reform (ECR).

Mr Guckian further advised that, with an allocation of £2.5m being received during March after the month end he now expected the end of year deficit to be in the region of £2m and, with this prediction, the Trust was unlikely to meet its statutory obligation of achieving a break-even position at the end of the year.

Members were assured that all efforts were continuing to reduce the level of deficit and they recognised that the amount of deficit at 31 March 2009 would be carried forward into the new financial year.

Although Mr Stewart acknowledged the efforts being made on financial management by Directors to contain expenditure as far as possible
within difficult circumstances and to meet the present demands and pressures, he paid particular attention to the progress report on CSR savings and highlighted the many challenges which would continue in 2009/10.

**TB46/09 Absence Report**

Mrs Melaugh presented detailed information on absence levels at the end of February 2009 which had been broken down by departments, Directorate and occupational families. Although the month of February saw absence levels at 5.93%, the lowest since October 2008, Mrs Melaugh had to advise that the report presented a cumulative position of 5.86%, which was slightly higher than the target figure of 5.76%.

Members also considered the regional comparison figures and were advised that work was being undertaken to ensure that comparisons with other Trusts were being made on a like for like basis.

**TB47/09 Trust Delivery Plan**

Ms Donaghy presented the draft Trust Delivery Plan 2009/10 for consideration and drew members’ attention to the summary of performance targets for the year.

Particular reference was made to the following targets to be achieved by March 2010, which would present challenges for the Trust:

- to achieve a reduction of MRSA, MSSA and C Difficile infections by 35% compared to 2007/08; at present the targets had been identified as:
  - C diffilce: 10.5 cases per month
  - MSSA: 3.75 cases per month
  - MRSA: 2.25 cases per month
- the requirement to adopt patient and client experience standards in relation to respect, attitude, behaviours, communications and privacy and dignity and standards and to monitor and report performance against these standards on a quarterly basis;
- the waiting time for specialist drug therapies for arthritis to reduce from 18 months to 9 months;
- the target time for waiting for referral for AHP treatment to reduce from 13 weeks to 9 weeks ;
- unplanned hospital admissions for severe chronic conditions to be reduced by 50%;
• from April 2009 the 13 week maximum waiting time from referral to assessment and commencement of treatment at Child and Adolescent Mental Health Services reduced to 9 weeks;

• 75% of patients with a mental illness admitted for assessment and treatment being discharged within 7 days with all other patients being discharged within a maximum of 90 days;

• introduce an 18-week maximum waiting time for 90% of all specialist wheelchairs to be provided; and

• lifts and ceiling hoists to be installed within 22 weeks from OT assessment and option appraisal and urgent minor housing adaptation to be completed within 10 working days.

Mrs Donaghy advised that further guidance was awaited in relation to certain targets for improving children’s services.

It was also noted that many of the targets continuing on from 2008/09, including the performance targets for accident and emergency services and cancer targets, would continue to present significant challenge for the Trust in the new period.

Mr Guckian then referred to the section contained in the Plan on resource utilisation and explained how the underlying deficit of £7.7m for 2009/10, as shown in the income and expenditure statement, had been derived. He further highlighted that this figure was after assumed Recovery Plan savings. The gross deficit would be between £25-£30m.

Mr Sloan referred to areas where additional income would be required to improve performance beyond 2008/09 levels and it was agreed that the Plan should be amended to show the areas which were dependent on the allocation of additional funding.

In conclusion, members recognised the significant challenges faced by the Trust of having to meet 64 targets going into 2009/10. Whilst it was acknowledged that strenuous efforts would be made to meet all targets, the Chairman said that special attention was required on the 6 areas which were currently being shown with a red achievability colour code.

Subject to minor amendments being made, the Trust Delivery Plan for 2009/10 was approved and the final version would be forwarded to DHSSPS.

**TB48/09 Delegation of Statutory Functions**

Mrs Roulston drew members attention to a letter which had been issued by Mr S Holland, Chief Social Services Officer (Acting) clarifying
the position regarding Authorisations and Schemes of Delegation after 1 April 2009, the date on which the provisions of the Health and Social Care (Reform) Act (Northern Ireland) 2009 came into operation establishing the Regional Health and Social Care Board.

This letter stated that legal advice confirmed that the existing authorisations and schemes would continue to have effect from 1 April 2009, with references to the Health and Social Services Boards to be construed as a reference to the Health and Social Care Board. However, the HSC Board would be reviewing existing schemes to ensure that they were fit for purpose and it was intimated that a final draft of a model scheme would be available in the Autumn 2009.

**TB49/09 Governance Feedback Committee**

The minutes of the meeting of the Governance Committee held on 11 February 2009 had been circulated and were noted.

Professor Whittington referred specifically to the risk contained in the Corporate Risk Register relating to the inability to fill 30 medical training posts across the Trust from 1 February 2009 and she advised of the short-term solution of recruiting outside the European Union, which was currently being considered.

Members also heard of a new standard Matrix to be introduced as contained in Draft Guidance on Assurance Framework issued by the Department. They noted that all existing risks in the Trust would require to be translated into the new system and this would have major training and resources implications for the Trust.

Professor Whittington also referred to the discussion which had taken place at the Committee regarding the work being undertaken on the consolidation of ICT across the Trust and advised that Dr G Irwin, Assistant Director Informatics, would be attending a future meeting of Trust Board to provide an update on progress being made.

**TB50/09 Endowments and Gifts Committee**

Mr Moore presented the minutes of the second meeting of the Endowments and Gifts Committee held on 12 February 2009, copies of which had been circulated and these were noted.

At this meeting, the Committee had noted expenditure totalling £634,845 up to 31 December 2008 and this had been projected to a year-end of approximately £846,000. The top ten fund balances had also been considered and Trust Board noted the actions which had been agreed by the Committee.
The following changes to interests had been declared by members.

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<thead>
<tr>
<th>Member</th>
<th>Organisation</th>
<th>Nature of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr C Ackah</td>
<td>Local Government Staff Commission</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td>Industrial Tribunals</td>
<td>Panel Member</td>
</tr>
<tr>
<td>Ms P Montgomery</td>
<td>Integrated Education Fund</td>
<td>Resigned from appointment as Treasurer</td>
</tr>
<tr>
<td></td>
<td>Consumer Council</td>
<td>Member, Chair of Audit Committee and Chair of Water Committee</td>
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<tr>
<td></td>
<td>Victims Support (NI)</td>
<td>Ceased as Treasurer</td>
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The communications report, which provided an update on media, public affairs and event activity, was noted by members.

Particular mention was again made to the detailed list of meetings held as part of the CSR consultation process, which included meetings with representatives of political parties, Councils, services user and representatives, media, trade unions and staff.

The Chairman congratulated Mrs Mulholland and the communications staff for their assistance in facilitating such an extensive communication process.

Trust Board approval was given for the Trust seal to be used on a lease for Glenmona House, Cushendun, for use as a Community Resource Centre.

Questions from Mr Lowry in relation to the Recovery Plan measures were addressed and Miss Scott undertook to provide details in respect of an issue regarding nursing salaries.

At this stage, Mr Lowry referred to the extraordinary engagement that had existed between the Trust and Staff Side Officers during the CRS consultation period and he sought reassurance that this engagement would continue in the future. The Chief Executive paid tribute to Staff Side representatives for the invaluable contribution they had made on behalf of Trust staff and gave assurance that the Senior Management
Team was committed to maintaining the good relations which had been established.

TB55/09 Date of next meeting

It was noted that the next meeting would be held at 2.00pm on Thursday 23 April 2009 at Trust Headquarters.