Northern Health and Social Care Trust

Minutes of the twenty fourth meeting of Trust Board held on Thursday 23 April 2009 at Trust Headquarters, The Cottage, 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 Community Health and Social Care/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 Acute Hospital Services
Mrs M Mulholland  Head of Communications
Mrs M McDowell  Executive Assistant

Mrs A Milliken, Miss M Trimble and Mr D Lowry from Staff Side and one member of the public were also in attendance.

TB 56/09  Chairman’s business

The Chairman reported since the previous meeting:

2 and  he had met with the Chief Executive;
22 April:

6 April:  he had chaired the interview panel for the post of Director of Planning, Performance Management and Support Services. As no appointment had been made, the post was currently being readvertised and further interviews were scheduled to take place at the end of June 2009;

9 April:  he had met with Mr Paul Archer, Chair of the NI Ambulance Service and had made a very interesting and enjoyable visit to the Ambulance Control Centre at Knockbracken; and
23 April: he commenced his meetings with Non Executive Directors on assessments for 2008/09 and would be completing forms for submission to the Department when requested.

Mr Stewart also advised that he continued to undertake visits as part of the Trust’s HCAI Action Plan and he reported on his visits to Braid Valley Hospital and Inver House during April 2009. Whilst he indicated that he continued to be impressed by the commitment being made by staff, he highlighted some of the problems which existed with infrastructure such as the lack of single rooms for isolation purposes.

In relation to the programme for the next Trust Board meeting on 21 May 2009, the Chairman advised that emergency life support training would be held for members before the meeting that day, commencing at 11.00am.

He said that, following the handover of the keys for the new children’s home in Antrim to the Trust on 1 May, members were invited to visit the unit on 21 May at 1.00pm. Trust Board agreed that the new home would be known as Spring Meadows.

The Chairman also advised that a special meeting of the Trust Board was required to be held in closed session to consider the annual accounts for 2008/09. This had been arranged for 26 May 2008 at 3.45pm and Mr McCann was nominated to chair this meeting in Mr Stewart’s absence.

Mr Stewart drew members’ attention to a press release received of a speech delivered by the Minister at the Annual UNISON Health Conference in Harrogate on 22 April 2009. In supporting the theme of organising to defend the NHS, Mr McGimpsey was commended for recognising the commitment of staff who delivered services and the Trade Unions who supported them.

TB57/09 Minutes of previous meeting

The minutes of the meeting held on 26 March 2009, copies having been circulated, were approved on the proposal of Professor Whittington, seconded by Mr N Guckian, subject to the following amendments being made:

TB49/09 Governance Feedback Committee
Should be amended to read Governance Committee
TB51/09 Declaration of interests
Ms P Montgomery had resigned as a Board Member of the Integrated Education Fund.

TB58/09 Matters Arising

(a) CSR Reform and Modernisation

Ms Donaghy confirmed that the final recommendations which had been agreed at the previous meeting had been submitted to the Minister for his consideration.

To date, the Minister had approved the Trust’s proposal to plan for the replacement of 2 statutory residential homes in Ballycastle and Greenisland and to develop new schemes in both localities to take account of the unique needs of current and future residents.

Ms Donaghy advised that the Trust would be setting up local planning forums to take forward the planning of replacement accommodation and services and the Trust would be working in partnership with staff, residents and local communities in this process.

The Chief Executive reported on her visit to Rathmoyle on 17 April 2009 when she had met and talked to residents. She advised that there had been a general acknowledgement of the difficulties with the current accommodation and acceptance that the current services needed to be modernised and improved. Residents had indicated that they wished to be closely involved in any planned replacement.

Minister’s decision in relation to the other CSR proposals, including acute services reform, was awaited.

It was noted that savings required under CSR would not be achieved until a decision on each proposal had been advised.

Mr Stewart again expressed his appreciation to staff for how the CSR process was being managed and for the commitment being made to the planning process for changes to be made to provide the highest quality services possible for service users.

(b) Unallocated cases for children’s services

Mrs Roulston reported that the highest number of unallocated cases continued to be in the Disability Teams and efforts were continuing to appoint staff to these teams.

She also advised of a draft protocol for the management of unallocated cases which was currently being processed through the Regional Implementation Team.
Finance

The Director of Finance advised that the Annual Accounts for 2008/09 were currently being prepared and, at this stage, the end of year position had not been confirmed. He anticipated, however, that a deficit would be reported at 31 March 2009, although the actual amount was not yet known.

Members noted that the Financial Strategy for 2009/10 would be considered at the next Trust Board meeting. However, in recognising that the new financial year would be extremely challenging, Mr Guckian advised of the significant work already being undertaken to raise the profile of finance, including detailed discussions at weekly Senior Management Team meetings and monthly accountability meetings with each Director.

Discussion then ensued on capacity and funding issues and members acknowledged that the achievement of the many targets set had significantly impacted on the Trust’s finances. Other areas were identified where the expenditure incurred was outside the control of the Trust.

In advising that the Trust’s two statutory obligations related to safety and finance matters, Mr Guckian said that the non availability of finance may affect the achievement of targets in the future and this would be brought to the attention of Trust Board at the appropriate time.

Ms Evans advised that the Chief Executive of the Health and Social Care Board had requested a meeting with the Trust and Northern Commissioning Leads to discuss issues of ambiguity between the Northern Trust and Northern Board to ensure common agreement on income assumptions and risk management as a basis for the Trust Delivery Plan.

Mr Guckian then advised that training on the new format for the accounts as required for international financial reporting standards and non departmental public bodies had been arranged for 20 May 2009 and an invitation would be issued to other Trust Board members to attend.

Performance Report

In presenting the end of year outturn report on performance and targets for 2008/09, Ms Donaghy advised that, despite this being an extremely challenging year with a number of targets being stepped up and the pressures faced during the C Difficile outbreak over the first half of the
year, all targets had been achieved or almost achieved, with the exception of the target relating to accident and emergency services.

- **Acute services**
  
  Particular reference was made to the significant efforts and improvements which had been made in acute services:

  The target for 13 weeks for an operation and 9 weeks for first outpatient hospital appointment had been achieved. For cancer services, in March 2009 the Trust had achieved 100% for the 31 day target for commencement of treatment and 96% of urgent patients with suspected cancer beginning their first treatment within 62 days.

  100% of urgent breast cancer referrals were being seen within 14 days.

  No patient was waiting longer than 9 weeks for a diagnostic test.

- **Children’s Services**

  The Trust had achieved an increase in the number of foster carers to 460, against a target of 447.

  Family support was being provided to a total of 376 vulnerable young people against a target of 243.

  No patient had waited longer than 13 weeks for an appointment with the Child and Adolescent Mental Health Services.

- **Mental Health and Disability services**

  23 mental health patients and 17 patients with a disability had been resettled into the community.

  No patient had waited longer that 13 weeks for an appointment with a mental health team and no patient had waited longer that 13 weeks for psychological therapies.

- **Community and Older People’s Services**

  67% of all people receiving care management support were receiving this at home, against a target of 44%.

  No patient was waiting longer than 13 weeks for their first Allied Health Professional appointment, which included Dietetics, Physiotherapy, Podiatry, Orthoptics, Occupational Therapy and Speech and Language Therapy.
• **Productivity**

By March 2009, the Trust had reduced administrative and clerical staff to 19.6%, against a target of 20.4%.

With regard to the areas which were almost achieved, Ms Donaghy reported that:

- The Trust was on track to have all children with a disability resettled by 30 June 2009 and this extension had been agreed regionally.

- Although 92% of complex discharges had taken place within 48 hours, 4 discharges had taken longer than 7 days during March 2009. Members noted that this target had been rated amber due to the Service Delivery Unit re-examining definitions.

- 95% of assessments of older people with continuing care needs had been completed within 8 weeks and 95% of all components met within a further 12 weeks.

- With regard to the target to reduce the level of absenteeism to 5.76%, members noted that a cumulative position of 5.81% had been reached at March 2009 and this had been an excellent achievement by the Trust in reducing absenteeism by 10% on the level for 2007/08. Mrs Melaugh also pointed out that for the month of March 2009 absence levels had fallen to 5.23% which was the lowest monthly percentage during the financial year.

- It was also noted that the Trust had achieved the annual targets in respect of MSSA/MRSA. Although the annual target on the number of C Difficile cases for patients aged 65 years had been exceeded due to the outbreak declared during 2008, figures had shown that the Trust had been achieving the target since November 2008.

Ms Donaghy advised that the only area where non achievement had been reported was in relation to accident and emergency services and she distributed copies of a detailed report on A&E targets and the performance of the Trust. Members recognised that this was a whole system challenge which was measured in Accident and Emergency and the target was impacted on by community services, the whole breadth of unscheduled inpatients services and elective/planned care. It was also noted that the Accident and Emergency departments had no limit to their potential capacity and that there had been increased attendance and activity at all hospitals Trust wide.

Members noted the age profile of patients attending Antrim Area Hospital, which showed a significant increase in older people attending,
the referral sources, which showed an increase in GP referred patients, and the outcome for those attending the department showing 26% of patients being admitted which equated to 285 additional admissions in an 18 week period.

Ms Donaghy advised members of the progress being made to address this position, including closer engagement with the Service Delivery Unit and ongoing audits to deal with some of the inefficiencies and opportunities. Detailed programmes of pilots for each work stream were being prepared to address the recommendations from the audits and there was also recognition that medical bed capacity at Antrim Hospital needed to be addressed.

Whilst it was recognised that staff were committed to achieve improvements and had already made strenuous efforts in this regard, the importance of keeping staff engaged and focused was noted and that support was required from all directorates to build ownership and accountability throughout the system.

Some concern was expressed regarding the public perception of the reasons for the delays in accident and emergency services and it was agreed that consideration needed to be given to how best to communicate this information to the public. Mrs Mulholland advised that the Minister’s office would be making a press release on the achievement of 2008/09 targets regionally and the Trust planned to follow this with a statement in relation to the performance of the Northern Trust.

In conclusion on the performance report for 2008/09, the Chairman congratulated staff for the tremendous achievements made and the significant improvements which had been reported in many areas. He also thanked the staff who had been involved in compiling the various reports for Trust Board and for providing such detailed and well presented information. In referring to the new year, with many additional pressures and demands, he acknowledged that in some areas it would be challenging to maintain the current performance but he was confident that new opportunities would be taken and the current commitment and dedication of staff would continue during 2009/10.

TB61/09 Governance

(a) Infection Control

Dr Flanagan advised that 20 cases of C Difficile had been 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.

He also informed members that work was being completed on an Assurance Framework and Accountability Arrangements for HCAI and
this would be brought to a Trust Board meeting for consideration in the near future.

The Chairman advised that the Public Inquiry Team into the C Difficile outbreak in the Trust had now been established and he and the Chief Executive would be meeting the panel members on 7 May 2009. He undertook to keep members informed of developments.

(b) Risk Register

Dr Flanagan presented the Corporate Risk Register showing the risks at April 2009 which were scoring a risk rating of 20 and above.

Members recognised that the risk of having no level 3 cots available on occasions within neo natal units was a regional capacity issue and the Trust continued to work closely with the Regional Neonatal Network to facilitate closer working between the 4 neonatal services in Northern Ireland.

(c) Personal and Public Involvement Strategy

Mrs H Baird, Head of Governance and Patient Safety, was invited to present the PPI strategy which had been produced by a Steering Group consisting of representatives from various directorates and Staff Side.

She advised that PPI had been adopted by DHSSPS to describe the engagement, active participation and partnership working with those who had an interest in the business of the Trust. This included anyone or any group of people who used services directly or indirectly and the communities served by the Trust.

Mrs Baird informed members of how the strategy defined the five levels of community engagement, ranging from information giving to supporting, and advised how the strategy set out strategic themes, with a three year action plan to manage progress towards the theme goals.

In noting the main responsibilities of Trust Board in the strategy, which included seeking reassurance that the strategy was afforded priority, that progress was being monitored and that PPI was integral to all business processes in the Trust, some concern was expressed about the significant scale of the work required, taking account of all other challenges, targets and resourcing constraints. Whilst there was agreement to the principles contained in the strategy, the concern was around delivering action within the required time frames.

It was recognised, however, that the Department proposed to introduce a new statutory duty of public involvement and consultation for HSC organisations and that demonstrating improvement of patient and client experience would become a priority during the current year.
Reference was made to the baseline audit of PPI activity across all services which had been undertaken in 2008. Through the audit, the main strategic themes had emerged and these had been consulted on at a stakeholders event held in November 2008.

Recognition was also made to the work being undertaken on Community Development within the Trust and Mrs Baird advised that she was working closely with Mrs Mary O’Neill, Community Development Manager, on community development initiatives, particularly under the theme of tackling health and wellbeing inequalities. It was recognised that the completion of a Trust Community Development Strategy would further inform the implementation of PPI across the Trust.

With regard to leadership and accountability arrangements, Mrs Baird advised that elements of PPI would be lead by different Directors but they would be linked and fed into the clinical and social care governance arrangements within the Trust. The User Feedback Committee would be responsible for monitoring the progress being made and would keep Trust Board informed as appropriate.

Despite the constraints of resources and other competing demands, Trust Board indicated their commitment to the principles of PPI and members recognised that the Trust was required to make all possible efforts to undertake this function in line with the DHSSPS programme.

The PPI Strategy was approved, which included the establishment of a PPI Interim Reference Group.

(d) Patient Safety Progress

Dr Flanagan presented a report on the progress of the Patient Safety Quality Improvement Programme (PSQIP) at 31 March 2009.

This report provided details of the Trust’s progress in relation to specific targets for PSQIP under Priorities for Action 2008/11 which included surgical site infections in C-Sections, Ventilator Acquired Pneumonia, Central Line Infection, Crash calls and mental heath targets.

It was noted that the leadership walkrounds introduced as part of the Safer Patients Initiative had been extended to cover 5 of the Trust’s hospitals and from May 2007, a total of 102 walkrounds had taken place.

The report also advised that the Trust was continuing to measure and spread the work of the Safer Patient Initiative in other areas which were not included in PIA targets such as critical care peri-operative and medicine management. Whilst continuing to measure compliance with
the 43 measures introduced through phase 2 of SPI, the Trust had agreed to participate in phase 3 of the initiative, lasting from October 2008 to October 2009.

Special reference was made to the work of the Mental Health Patient Safety Team on the development of an Integrated Care Pathway for acute admissions and Mr Donnelly highlighted that the Trust had been requested to lead on this work on a regional basis. The importance of communicating on risk assessments was referred to and it was confirmed that this area was being addressed.

The report as presented was noted and members recognised the focus being given to delivering safe and effective services to patients and clients.

**TB62/09 Corporate Plan 2009/12**

In presenting the Trust’s Corporate Plan 2009/12, Ms Donaghy advised that this was a very important document which set out the strategic direction for the Trust. It contained the Trust’s key priorities, corporate goals and principal objectives and would be used along with the Trust Delivery Plan to set the agenda for the year.

At Mr Stewart’s suggestion, it was agreed that Non Executive Directors should be included on the structure chart contained within the plan.

Under the goal of Performance Management, Mr McCann referred to the need to develop and implement appropriate benchmarking to support continuous improvement. Ms Donaghy provided some examples of the benchmarking already undertaken and recognised the importance of this continuing to demonstrate that efficient and effective care was being delivered when agreeing activity levels with the Commissioner.

The Trust’s Corporate Plan for 2009/12 was approved and would now be placed on the Trust’s intranet/internet sites.

**TB63/09 European Centre for Connected Health**

Mrs Una Cunning, Assistant Director Primary Care and Older People’s Services, was invited to make a presentation of the work of the Northern Local Design Group on the Long Term Conditions Model.

Mrs Cunning set out the background to this tele–health medicine initiative and explained its aims and objectives. The many benefits for patients with long term conditions were highlighted, including contributing to a reduction in patients being admitted to hospital thus minimising reliance on the acute sector and providing a means through which medicine management and mediation compliance could be supported.
Whilst noting the opportunities that this scheme presented, members also noted the challenges which existed. These included IT infrastructure and engagement with GPs and secondary care. Mrs Cunning advised members of the Procurement Process which aimed to identify a provider by October 2009 to enable the service to go live by April 2010. The plan was that 5000 people would be covered by the scheme by 2011, including 1200 in the Northern Trust area.

Trust Board members were very impressed with this exciting and innovative development and noted that this would be an enhanced service for the patients involved in the pilot exercise, with existing services remaining in place.

**TB64/09 Equality Update Report**

Ms Donaghy advised that, as part of the Trust’s Statutory Equality duty, Trust Board was required to be formally updated on the progress of the implementation of the Trust’s Equality Agenda. She advised that the report which had been circulated highlighted progress on the main areas of work completed during the period April 2008 to March 2009.

On noting the continuing high demand for interpreting and translation services and that the Trust’s Interpreting Services budget had been overspent at the end of March 2009, Ms Donaghy undertook to provide further details on the funding for these services.

Members also noted the work undertaken by the Trust’s Equality Unit in consultation exercises on a range of policies and service developments, including the Comprehensive Spending Review proposals.

**TB65/09 Visits by Mental Health Commission**

Members had received copies of reports on two visits by the Mental Health Commission to Holywell Hospital during November 2008. Copies of the Trust’s responses to these visits, which had been made to the Regulation and Quality Improvement Authority following the restructuring of services from 1 April 2009, had also been circulated.

- **12 November 2008**
  The purpose of this visit had been to inspect the provision of adult psychiatry on the Holywell site and to interview patients who had expressed an interest to be seen.

  In the Trust’s response, it had been suggested that, as all reports of Serious Adverse Incidents were made through RQIA, they might wish to consider producing a regional composite report on lessons learnt from SAI reviews.
The response had also advised that home treatment was being implemented in two phases with the timing of bed reductions reflected in this phased approach.

- **27 November 2008**
  
The Mental Health Commission had carried out an unannounced visit to Tobernaveen Centre and Tobernaveen Upper admission wards to retrospectively review the care of adolescent patients admitted to those wards during 2008.

  The Commission had acknowledged the efforts made by staff to provide an optimum level of service in a situation which was less than desirable. Recognition had also been made of the difficulties for the Northern Trust in accessing beds within the Donnard Unit at Knockbracken. In its response, the Trust had indicated that it would be discussing this issue with the Commissioner, with a view to achieving a more equitable share of bed availability and Mr Donnelly advised that this was now being considered.

  The Trust had also welcomed the Commission’s intention to continue to draw Departmental and Ministerial attention to the unmet needs of children and adolescents in relation to mental health issues.

**TB66/09 Social Care Contracts**

Members noted the report on the renewal/award of social care contracts facilitated by the Trust’s Contract Department for the period 1 February – 31 March 2009. This included details of organisations, the type of social care provided and the annual value and duration of the contract.

**TB67/09 Communications**

The communications report, which provided an update on media, public affairs and event activity, was noted by members.

Mrs Mulholland made particular reference to the Sharing Excellence Awards event to be held on 6 May 2009, Launch of Life Story book and guideline on 12 May and the Fruity Friday campaign on 15 May and she encouraged attendance/participation at these events.

**TB68/09 Mrs Marie Roulston**

On noting that Mr Cecil Worthington would be taking up appointment as Director of Children’s’ Services/Executive Director of Social Work on 1 May 2009, the Chairman took the opportunity to thank Mrs Roulston for covering the post for the past three months and for the help and support she had provided over this time.
TB69/09  Public Questions

In response to a question regarding the decision to replace Rathmoyle Home in Ballycastle, assurance was again given that homes would not close until alternative services were available and that local planning forums would be set up involving the local community.

Mr Lowry also advised that RCN was working with the Trust to secure funding for a nurse consultant post for long term conditions and it was hoped that the required funding would be made available.

TB70/09  Date of next meeting

It was noted that next meeting would be held at 2.00pm on Thursday 21 May 2009 at the Conference Suite, Holywell Hospital.