NORTHERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Ninety Fourth meeting of Trust Board held on
Thursday 28 January 2016 at 10.00am in the Lecture Theatre, Fern House, Antrim Area Hospital

Present:
Mr R McCann Chairman
Dr T Stevens Chief Executive
Dr C Ackah Non-Executive Director
Mrs L Ensor Non-Executive Director
Mr B Graham Non-Executive Director
Mr O Harkin Director of Finance
Dr K Lowry Medical Director
Mr J Moore Non-Executive Director
Mrs O MacLeod Director of Nursing and User Experience
Mrs M Roulston Executive Director Social Work/Director Women, Children and Families

In Attendance:
Mrs U Cunning Divisional Director Community Care
Mrs C Duffield Director or Human Resources and Organisational Development
Ms B Donaghy Divisional Director Strategic Development and Business Services
Mr O Donnelly Divisional Director Mental Health, Disability Services and Community Development
Mrs M O’Hagan Divisional Director of Surgery and Clinical Services
Mrs W Magowan Divisional Director of Medicine and Emergency Medicine (Interim)
Mrs M Mulholland Head of Communications
Mrs M McDowell Executive Assistant

Apology:
Mrs P McCreedy Director of Operations/Deputy Chief Executive

One member of the press and one member of staff were present. Two Observers from the Northern Ireland Audit Office were also in attendance.

The Chairman expressed the condolences of members to Mrs McCreedy following the recent death of her mother.

TB1/16 Conflicts of Interest

No Conflict of Interests were declared.
**TB2/16  Chairman’s Business**

Mr McCann firstly paid tribute to staff for their commitment and efforts to continue to deliver services in the Trust over the Christmas/New Year holiday period. He said that he had visited some hospital wards over this period and had recognised the high level activity at this time.

The Chairman reported on the visit that he and some of the Non Executive Directors had made to the new Ballymena Health and Care Centre on 5 January 2016. He said that those who had attended had been most impressed with the facilities and that when fully operational, over 650 staff would be based from this site.

Mr Graham highlighted the need to ensure best utilization of the centre. Ms Donaghy referred to the Benefit’s Realisation Plan which had been produced as part of the Business Case and indicated that this would be closely monitored. She was pursuing opportunities and ownership under property management.

Members also heard a positive report of the Chairman’s visit to the Rapid Assessment Interface Discharge Service (RAID) at Antrim Area Hospital. Mr McCann said how this work was an excellent example of integrated health care and that the feedback to date on this pilot model had been very encouraging.

Mr McCann was also pleased to congratulate Ms Briege Donaghy on being appointed Divisional Director of Strategic Development and Business Services on a permanent basis.

**TB3/16  Chief Executive Report**

The Chief Executive was pleased to report that successes of Trust staff had continued at the recent 2016 Advancing Healthcare Awards when Karen Walls, Clinical Lead Occupational Therapy, had received the Manager Award for Initiatives to Encourage Everyday Independent Living with her project providing GPS devices for persons with dementia. Lisa Lafferty, Acute Dietician, had also won an Ulster University Rising Star award. Dr Stevens congratulated the staff for these achievements and said that these awards contributed to the Trust’s continued pursuit of excellence.

Dr Stevens reported that positive engagement had continued during the last month with key stakeholders. The Minister had visited some of the new innovations at Antrim Area Hospital, including the new neo natal and dental units and the Permanent Secretary had visited to hear about the implementation of RAID.

Dr Stevens had been pleased to accompany local public representatives to visit the new Ballymena Health and Care Centre.
He also referred to the potential for this development to drive true integrated and person centre care and highlighted the importance of the benefits realisation as the Trust bid for a range of services across the Trust area.

The Chief Executive advised members of the very significant pressures which continued on the Trust’s unscheduled care services. He said that, with winter pressures starting much earlier this year, there had been a significant increase in attendances and in patients arriving by ambulance. Of particular interest was the increase in the number of patients over the age of 75 years which was increasing the length of stay in hospital and more acuity of illness. This had an impact on performance on completing complex discharges and the challenges in securing domiciliary care packages were noted.

Dr Stevens advised that the Northern Trust had hosted a very successful workshop on 20 January with Professor R Ben goa, Chair of the Expert Panel appointed by the Minister to lead the debate on delivering world class health and social care for NI. This had been part of a three day programme which had been attended by senior staff from other Trusts. An undertaking to provide further opportunities to contribute to this review had been given.

TB4/16

Account of Patient/Employee Experience

The Chairman highlighted the importance of members hearing first hand from services users on their experience of Trust services. He was pleased to welcome Stephanie to the meeting to advise of her experience of the support she received as a carer to her husband.

Stephanie gave a very frank and personal account of how she cared for her husband for the past six years after he had suffered a stroke at the age of 59 years and how her life had been transformed as she had become his full time carer. She spoke of the stresses and strains of this role and how she had received support from the Trust through Ms Cummings, Carers Coordinator and the Carers group. Stephanie also advised of the areas which needed attention through better integration/coordination of Trust services and the need for appropriate respite hours to be provided to carers in such positions.

Mrs Cunning suggested that a named worker would be helpful to coordinate the help and support that was required by Stephanie.

Members acknowledged the challenges and demands on Stephanie and those in similar situations caring for family members and it was agreed that consideration would be given to those items highlighted at the meeting.

Stephanie was thanked for providing such a personal, frank and powerful account of her experience and it was noted that Mrs
Cummings would return to the next Trust Board meeting on 24 March 2016 to discuss the Trust’s Carers Strategy.

TB5/16  Minutes of Previous Meeting

The minutes of the previous meeting held on 28 January 2016 were approved, on the proposal of Dr Ackah and seconded by Mrs Ensr.

TB6/16  Matters arising

- Smoke Free Premises (TB107/15)

Dr Lowry advised that smoke free premises would be implemented on all Trust sites from 9 March and that a further allocation of £10,000 had been received towards this implementation.

TB7/16  Performance Report

Ms Donaghy presented the Performance Report for December 2015, highlighting the following issues.

- Outpatient Services

Ms Donaghy advised that, with the recent allocation of additional funding to address waiting lists, a modest reduction had commenced in the number of patients waiting more than 18 weeks for their first outpatient appointment. This was being achieved through a combination of in house capacity and the use of the independent sector. However, members acknowledged the significant challenge of meeting this target due to the continued increase in the number of referrals being received and demand continuing to outstrip the capacity available in a number of specialties.

In response to a query from the Chairman, Mrs O’Hagan advised that improvement plans were in place for specialties that were not delivering SBA and this had resulted in some recovery of volumes. Further plans were under development which aimed at achieving further improvement. She indicated that, with the additional funds allocated, over 6,000 patients had been transferred to the independent sector to receive appointments by 31 March 2016 and additional clinics had been established in house since November 2015. These measures were expected to continue to improve performance and reduce waiting lists.
• **CAMHS**

Members were pleased to note that, with the implementation of a breach reduction plan, there had been no breaches of the 9 week target since September 2015. It was hoped that this performance would continue in the future.

• **Psychological Therapies**

Ms Donaghy advised of the issues of increased demand, limited capacity and recruitment difficulties within the service which were causing increased numbers of patients having to wait longer than 13 weeks for their first appointment for psychological therapy.

It was reported that ongoing engagement was taking place with referring agents with regard to other models of provision during periods of reduced capacity within the service.

• **Cancer Services**

Ms Donaghy focussed on breast cancer services which showed that performance on the 14 day target had reduced to 11% at December 2015. She indicated that, whilst 100% performance had been achieved up to September 2015, a significant increase in referrals had been received since that date and this increase was continuing to grow, with the number of red flag referrals up by 35% over the last three months.

Reference was made to the linkage of this increase with the regional breast cancer awareness campaign run by the Public Health Agency which was affecting performance in all Trusts.

Mrs O’Hagan spoke of the actions that were being taken to address the position, including additional breast outpatient clinics and inpatient theatre sessions being held. She was hopeful that the Trust would be back to achieving previous performance levels in early 2016.

All breaches against the 31 day target were noted as being in breast surgery and due to the significant increase in demand as already discussed.

Mrs O’Hagan also indicated that, whilst the number of referrals to cancer services had increased, there had been no evidence that the number of incidences of the disease had increased.

• **Unscheduled Care**

Members noted that challenges continued to be experienced in Unscheduled Care, resulting in 82 breaches of the 12 hour target
being reported at Antrim Hospital and 7 at Causeway Hospital at the end of December 2015.

Ms Donaghy explained how the number of attendances continued to increase, with significant peaks in demand being reported at certain times. An example of this was one daily attendance of 270 patients, compared to an average expected attendance around 210, and over 80 of these patients had arrived by ambulance which would indicate a higher degree of acuity.

Particular reference was made to the Trust having the highest elderly population in its catchment area and the disproportionate increase in the number of people attending the Emergency Departments aged over 75 years. This had led to increased attendances by 10% year on year, ambulance arrivals increasing by 18% and non elective admissions significantly increased for this group of patients. Members recognised that the increase in frailty and complexity of these patients increased length of stay in hospital and put pressure on inpatient capacity.

Ms Donaghy advised of the effects this position had on ensuring that 90% of complex discharges would take place within 48 hours of decision to discharge. The reasons for the delays in facilitating discharges were noted and members also acknowledged that levels of demand in emergency departments and subsequent acute bed based services were placing significant levels of demand in facilitating discharge to community settings.

With these notable increases in attendances and admissions, Ms Donaghy referred to the limited capacity on the Antrim site and indicated that current demands required a further 60 beds to enable the service to operate at efficient occupancy levels.

In referring to performance on the 4 hour target, Mr Moore expressed some concern at the rate of progress being made to implement the unscheduled care improvement plan to address the challenges presenting in unscheduled care and to improve performance. In acknowledging Mr Moore’s concern, Dr Stevens reflected on the wide range of issues affecting current performance which had been mentioned and he also made reference to some of the difficulties in recruiting to nursing and medical posts. He intimated that, on occasions, the Trust could have the highest emergency attendances in the province but it did not have the capacity to match this demand.

Dr Stevens reported on the improvements which had been made in the system to address the current challenges and the initiatives being implemented which sought to avoid attendance and admission to hospital. These included the expansion and extension of the Direct Assessment Unit and radiological access being
available on a 7 day basis. The Chief Executive spoke of the much improved medical leadership and the increased engagement with clinical staff through the implementation of the new management structures. Reference was also made to the Antrim Emergency Nurse Practitioner led Minors stream which was achieving a 100% performance on the 4 hour target and it was noted that the ENP working practice was being enhanced and extended. The Trust's high performance on ambulance turnaround of 93%, which was the highest in the province, was also acknowledged.

Dr Stevens also spoke of the recent visit by Mr S McGirr, Director of Clinical Development and Director of Nursing at Salford Royal NHS Foundation Trust, to review process issues and improvement opportunities in the Emergency Departments. He advised that a report was awaited from Mr McGirr on his findings from his study.

Mr Moore suggested that a workshop would be helpful for Non Executive Directors to become more familiar with the actions being taken to address the challenges within unscheduled care and it was agreed that this would be pursued.

**TB8/16 Finance**

**(a) Position at 31 December 2015**

Mr Harkin presented the report of the Trust’s financial position as at 31 December 2015, advising that the current deficit after nine months was £395,000, with a year-end projected best estimate of breakeven. He indicated that after nine months, £10.276m savings had been delivered, leaving £7.272m to be achieved in the remaining three months of the financial year. However, corporate funds had been identified to address the balance of this shortfall in savings on a non recurrent basis. Mr Harkin highlighted the challenge of having recurrent savings plans in place from 1 April 2016.

Noting the details of Directorate budgetary positions, Mr Harkin advised that the forecast outturn position of each directorate was close to that of the projected roll forward position. However, he advised of issues in the Community Care and Women, Children and Families Directorates which were being addressed.

Mr Harkin highlighted the key issues which had elements of estimation and could thus impact on the year end estimate. However, he acknowledged that, with three months remaining of the financial year, it was not deemed a high risk to the projected position. Mr Harkin drew members’ attention to a number of minor risks which could impact on the Trust’s ability to maintain break even, but again, at this stage in the year, these were considered to be manageable.
Members were assured that the Trust would be in a breakeven position by the 31 March 2016 and, whilst 2016/17 would continue to be challenging, this was a good starting position for the year ahead.

The Chairman paid tribute to the efforts made by the Management Team and staff in achieving this position.

**B) New Banking Contract**

The Finance Director advised that, following the regional HSC procurement exercise, the Bank of Ireland would be providing banking services to the Trust from 1 February 2016 for a period of five years, with a provision for three 12 month optional extension periods. He also said that that the resolution with the Bank included a request that Bank of Ireland would make available to the Trust the BACSTEL – IP Service.

As the Trust was aware of and accepted the authority and indemnity required in relation to this service, approval was given for the resolution to be signed by the Chief Executive and Director Finance.

**TB9/16 Capital Programme 2015/16**

Members noted the current position on the capital programme as at 31 December 2015. This indicated that the Trust had spent £13.782m, equating to 83.44% of the total CRL of £16.517m. Ms Donaghy highlighted that an additional allocation of general capital was expected and prioritised bids were being considered by the Executive Team.

Members noted the report on the number of outstanding post project evaluations and that efforts were continuing to have these completed as soon as projects had finished.

**TB10/16 Outcome of Public Consultations**

The Chairman advised that, following approval at the Trust Board meeting on 28 August 2015, three public consultation exercises had been carried out and the feedback reports were being presented to Trust Board for consideration.

**(a) Future of Whiteabbey Hospital Minor Injuries Unit**

Ms Donaghy reflected that the Minor Injuries Unit at Whiteabbey Hospital had been closed temporarily from 1 December 2015 to contribute to the in year savings required that year. This had been achieved by redirecting the skilled staff from this unit to Antrim Hospital and to other services at Whiteabbey and had also consolidated safe services on acute sites with less dependency on locum and agency staff.
Initial analysis indicated that the impact on alternative services was minimal, leading the Trust to consult on the permanent closure during a 12 week period which ended on 4 December 2015.

Ms Donaghy advised how the communication and consultation processes had been undertaken with over 1500 groups, organisations and individuals being contacted and all GPs in the area being informed.

Members noted that a total of 18 written responses and a petition containing 1524 signatures had been received. They noted the summary of these responses, the key themes emerging for the feedback and the Trust’s response to each theme.

With regard to one of the themes being that the decision was financial instead of clinically driven, the Chief Executive stressed that, although the temporary closure of the unit had been set in the context of financial savings, there had been challenges in recruitment and retaining sufficient numbers of skilled professional staff across a number of acute services, including nursing staff. The service model therefore needed to take account of the challenge and the need to make best use of the available skilled workforce, ensuring that safe services were being delivered.

Many of those who responded had been concerned that the permanent closure of Whiteabbey MIU would put more pressure on acute hospital Emergency Departments. Members noted from the report that the Trust had assessed the impact on other unscheduled/urgent care services since the temporary closure. This showed that there had been no significant impact on the already increasing trend for Antrim ED attendances or that there had been no change to the overall activity at Antrim in relation to minor injuries.

Ms Donaghy advised that no concerns had been raised by GPs in the Trust area. She highlighted that the Belfast Trust had indicated that this analysis illustrated a modest increase in attendance at their Emergency Departments from some areas of the Northern Trust, however, it was acknowledged that an increase in ED attendance was reflective of an increase in demand regionally.

Members were also advised that, whilst the Trust was supportive of the NI Ambulance Service new initiatives to enable appropriate patients to be conveyed to the nearest suitable Minor Injuries unit for suitable conditions, the volume of such cases at this stage was very low and the location of the unit would not have a material impact on travel times for ambulances.

Mr Graham suggested that a reference be made in the document to the Reform and Modernisation Programme being undertaken in the Trust and this was agreed.
Following consideration of the feedback received and the Trust responses, Trust Board approved the recommendations in the outcome report and would be submitting these to the Health and Social Care Board and DHSSPS for approval.

**(b) The Future of Norfolk Court Supported Living Schemes**

Mr Donnelly advised that a 12 week public consultation had been carried out until 27 November 2015 and he reported on the three responses received. He indicated that the Trust had embarked on a modernisation programme for mental health services, in line with the strategic direction set by the Bamford Review, including the development of supported living services for people who no longer needed inpatient treatment and to live within community settings.

There was acknowledgement that the Norfolk Court buildings were no longer fit for purpose and did not meet the minimum standards applicable to a newly built facility. Mr Donnelly added that the last tenant had moved from the unit to more suitable supported living accommodation in July 2015 and there had been no new applications requesting tenancy from 2014.

It was highlighted that the Trust would be considering in the longer term if there was any alternative use for the Norfolk Court properties. In the shorter term, staff were working with Woman’s Aid and Choice Housing Association for the use of the facility as part of a service decant for an 18 month period to allow refurbishment of their permanent refuge to be completed.

Following consideration of the feedback received and the Trust responses to this feedback, Trust Board approved the recommendations in the outcome report and would be submitting these to the Health and Social Care Board and DHSSPS for approval.

**(c) Commissioning services for the community and voluntary sector**

Ms Donaghy advised that, as a public sector body, when funding the community and voluntary sector, the Trust had to ensure that it could demonstrate that value for money was being received when spending public money. Hence, to ensure that funding to the voluntary and community sector was maintained in a fair and transparent manner, the Trust had carried out a review of contracts. Ms Donaghy highlighted that the consultation which was undertaken from 28 August - 20 November 2015 had focussed on effective engagement with voluntary and community sector, including four locality workshops being held.

Members noted that the majority of those who had provided feedback were in support of the review process and the use of criteria to carry
out an assessment. Trust Board acknowledged that the Trust had considered the views of those who had responded and approved the amended criteria suggested in the outcome report. They also approved the implementation of Step 2 and Step 3 of the review process using the amended criteria.

Members noted that the Trust had been commended for undertaking this consultation and for providing such a clear and informative report on the engagement. They were also pleased to note the positive feedback received on the Trust’s approach to ensuring that fair, transparent and equitable services were in place across the Trust area.

Ms Donaghy advised that, following endorsement by the Health and Social Care Board and DHSSPS, the Trust would continue to engage with community and voluntary sector organisations to progress the implementation of the recommendations.

At this stage of the meeting, Dr Stevens, Mr Harkin, Mrs Duffield and Ms Donaghy left the meeting.

TB11/16 Personal and Public Involvement

Mrs Irwin, Head of Equality, presented the PPI Annual Report at January 2016 which advised on the consultation and engagement activities across the organisation.

She advised that, in March 2015, DHSSPS had launched five regional PPI standards and the Trust was committed to meeting these standards in all the PPI work undertaken. These standards related to Leadership; Governance; Opportunities for Involvement; Knowledge and Skills; and Measuring Outcomes.

Members acknowledged the excellent work undertaken to involve service users, patients and carers which demonstrated the Trust’s commitment to PPI but also recognised the need for a further proactive approach to be developed in other areas.

Mr Graham highlighted the need to ensure that this PPI report was widely published, both to demonstrate the work undertaken by the Trust and to encourage people to become involved in this initiative. Mrs Irwin advised of some of the plans to promote the work which included developing the information available on the Trust’s website.

Mr McCann referred to the recent opening of an Information Pod in Causeway Hospital in partnership with McMillan Cancer Support. He said that this pod was invaluable in providing the opportunity to access high quality, reliable information about the different aspects of cancer in a comfortable setting and suggested that a similar service would be beneficial in Antrim Area Hospital.
Particular reference was made to engagement with family carers and Mrs MacLeod advised that she would be working with Mrs Irwin and Ms Cumming to improve on going engagement in this area. Further details would be discussed when Ms Cumming returned to the March meeting to make her presentation on the Carers Strategy.

**TB12/16  Assurance Committee**

Mr McCann presented the minutes of the meeting of the Assurance Committee held on 10 September 2015 and these were noted.

**TB13/16  Property Matters**

Members considered a paper requesting the transfer of the site at Rathmoyle, Ballycastle, from the Department and of Health and Social Care Services and Public Safety to enable the development of a new build and service design, under a supported living model.

It was reported that the Resource Centre would be remaining on the site and the necessary work would be undertaken to re provide services and create a gap between the proposed development and the Resource Centre. This work to provide services to the Resource Centre and demolition of the building would cost approximately £150,000 and would be the responsibility of the Trust.

Trust Board approval was given for the site at Rathmoyle to be declared surplus to requirements, in accordance with the requirements of the Central Advisory Unit Disposal of Public Sector Property in NI Guide.

**TB14/16  Use of Trust Seal**

Members noted that the Trust seal had been used on two occasions since the previous meeting:

- Award of contract for Chiller Plant Upgrade at Antrim Area Hospital
- Lease with Boots Pharmacy for accommodation at Ballymena Health and Care Centre

**TB15/16  Date of Next Meeting**

It was noted that the next meeting of Trust Board would be held at 10.00am on Thursday 24 March 2016 in Fern House, Antrim Area Hospital.