

## NORTHERN HEALTH AND SOCIAL CARE TRUST

### Minutes of the Eighty Seventh meeting of Trust Board held on Thursday 22 January 2015 at 10.00am at 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 S Forsythe	Non-Executive Director
Dr K Lowry	Medical Director
Mr B Graham	Non-Executive Director
Mr J Moore	Non-Executive Director
Ms P Montgomery	Non-Executive Director
Mrs O MacLeod	Director of Nursing and User Experience
Mr L O'Neill	Director Finance
Mrs M Roulston	Director of Children's Services/Executive Director Social Work
Professor D Whittington	Non-Executive Director

#### In Attendance:

Ms B Donaghy	Interim Director Planning and Performance Management
Mrs U Cunning	Director of Primary and Community Care for Older Peoples Services
Mr O Donnelly	Director Mental Health and Disability Services
Mrs C Duffield	Director of Human Resources
Dr B Hunter	GP Medical Director
Mrs M O'Hagan	Director of Acute Services
Mrs M Mulholland	Head of Communications
Mrs M McDowell	Executive Assistant

Staff Side representatives, members of the public and a member of the press were in attendance.

The Chairman welcomed Dr Ken Lowry, newly appointed Medical Director, to his first Trust Board meeting and wished him every success in his role in the Trust.

#### **TB1/15 Conflicts of Interest**

No Conflict of Interests were declared.

#### **TB2/15 Chairman's Business**

Mr McCann advised members that he had received notice from the Director of Finance of his intention to retire with effect from 31 August 2015. Mr McCann paid tribute to Mr O'Neill for the contribution he had

made to the Trust Board over the last five years and said that the expertise and support he had provided had been greatly appreciated.

The Chairman was pleased to advise members that The Rowan had been shortlisted for the UK Sexual Health Awards 2015. He said that this was an excellent achievement and wished the unit every success for the final awards.

### **TB3/15 Chief Executive Report**

Dr Stevens also took the opportunity to pay tribute to Mr O'Neill for his financial leadership and thanked him for the personal support provided since his appointment to the Trust.

The Chief Executive updated members on the progress made with regard to the review of the Executive Structure and advised that the post of Director of Operations/Deputy Chief Executive had been advertised, with a closing date of 4 February 2015.

Dr Stevens referred to the particular pressures on the acute services since December 2014, due to the significant increases in attendance at Emergency Departments. He highlighted an increase of around 6% at Antrim Area Hospital, with ambulance attendances increasing by 11%, and said that attendances would be expected to rise by 3,000 for the year. The Chief Executive highlighted the magnificent efforts made by staff during this difficult period which had resulted in only one 12 hour breach being reported at Antrim Area Hospital during December. It was noted that this breach had been unavoidable, due to its complexity.

The Chief Executive highlighted the significant achievements made by staff to sustain effective peer performance, despite the pressures and challenges, and acknowledged the many areas of success and innovative work being undertaken in the Trust.

### **TB4/15 Account of Patient/Client Experience**

Mrs MacLeod introduced Mrs Fiona Gilmour, Service Improvement Lead for MacMillan Nursing, and invited her to present two personal accounts on the quality of the Trust's end of life care.

Mrs Gilmour read the first account which related to a case where the patient had died peacefully and where the family had been happy with the care given and the communication provided. Members noted the benefits of the case for the patient, the family and staff, which had enabled the right nursing care to be delivered and had allowed the patient to live out their final stage of life in accordance with their wishes.

In the account of the second story which was less positive, Mrs Gilmour highlighted some of the issues which had led to pre bereavement work being limited and the emphasis on acute care and treatment being applied which restricted the planning and coordination of end of life care.

Members noted the learning and actions which had been taken from both experiences to improve the quality of services for the future. The training being provided on palliative care was noted and it was confirmed that this was well attended by staff on a multi disciplinary basis.

Mrs Gilmour was thanked for presenting these two moving accounts of patient experience and she left the meeting.

**TB5/15 Minutes of Previous Meeting**

The minutes of the previous meeting held on 2 December 2014 were approved, on the proposal of Mr Forsythe and seconded by Dr Ackah.

**TB6/15 Matters arising**

**(a) Performance Report**

Mrs O'Hagan advised that the figure of 5.9 days given at the previous meeting for the elective average length of stay in the acute programme of care had been skewed due to one particular case. She confirmed the correct figure as 3.5 days.

**(b) Good Relations Strategy**

Ms Montgomery was pleased to advise that the Trust's Good Relations Strategy, as approved at the previous meeting, would be launched at the "Stronger Together Network" conference to be held in The City Hotel on 10 February 2015.

**TB7/15 Finance**

The Director of Finance presented the report of the Trust's financial position as at 31 December 2014, advising that the current Trust deficit after nine months was £3.037m. He said that the projected best estimate for the year was £822,000 and presented a breakdown of this best estimate deficit, which assumed full achievement of the 2014/15 QICR savings target of £8.9m and full delivery of contingency savings of £6.9m.

Mr O'Neill drew attention to the best estimate sensitivity analysis projection. This assumed that some of the QICR savings, contingency and savings plans would not be achieved and additional funding for

backlog work in urology and breast surgery would not be received from the Commissioner. This showed that the deficit could rise to over £3.5m.

Mr O'Neill referred to the additional contingency proposals totalling £6.94m and advised that £4.140 had been achieved to date. He indicated that there were firm plans for a further £762,000 to be delivered and highlighted the challenges for achieving the remaining £1.538m. Members noted that this included the removal of the £500,000 savings target in respect of the proposed temporary closure of inpatient services at Dalriada Hospital and that no alternative proposal had yet been identified.

In considering the performance within directorates, Mr O'Neill highlighted the particular pressures within acute services as a result of the costs associated with escalation beds and unscheduled care activity. The significant pressures facing PCCOPS for additional care packages and intermediate care and permanent care placements as a result of the pressures within hospitals were also noted. In addition, Mental Health and Disability services also continued to experience significant spend to the independent and domiciliary care sectors.

On noting the key assumptions used in constructing the best estimate forecast year end outturn, members acknowledged that a deficit against the statutory break even requirement was projected.

The position at the end of December with regard to QICR savings proposals was noted. This showed that, with £4.825m having been achieved and a further £3.097m anticipated, there remained an in year savings target of £973,000 to be achieved.

On consideration of the key risks, members noted that the main issue was the significant higher demand on the Emergency Departments and the resultant demand for extra beds as well as the knock on impact on services in the community. It was noted that this had an unknown cost impact, which may not be funded.

In response to a query from Mr Moore regarding the recent ruling on the inclusion of overtime in holiday pay, Mrs Duffield explained that this issue was being considered at the regional HR Director Forum.

Members recognised the significant challenges of the current financial position and acknowledged the importance to continue to deliver savings plan and contain /reduce spending over the next three months.

**TB8/15 Capital Programme 2014/15**

**(a) Position at 31 December 2014**

Members noted the report on the capital position as at 31 December 2014. This showed that the Trust had spent £8.32m, equating to 34.4% of the total CRL of £24.191m. It was noted that spend was on track as this compared to the projected profile spend of 37.15%.

**(b) Breast Imaging Equipment Replacement**

Members noted that replacement of Breast Mammography equipment was a result of a recommendation from a PHA Quality Assurance Reference Centre in November 2014 that two obsolete mammography machines in the Antrim Breast Imaging Unit were replaced as a service priority.

Ms Donaghy advised that a capital slippage bid for £460,000 had been successful to cover procurement, installation and commissioning costs and that the revenue costs were cost neutral.

Approval was given to the Outline Business Case for the purchase of this equipment.

**TB9/15 Performance Report**

Ms Donaghy presented the Performance Report for December and indicated that the focus would be on Unscheduled Care this month.

Members noted that the 12 hour target was still being maintained at Causeway Hospital, which was the case since August 2013, and one breach had been reported at Antrim during December. Challenges had continued to maintain the 4 hour target, with performance noted as 61% at Antrim and 75% in Causeway.

Ms Donaghy circulated detailed information on unscheduled care and highlighted the significant increase which had been seen in activity during the winter period from 18 December 14 and 7 January 2015, compared to the same period the previous year. This showed that attendance at Antrim had increased by 9%, GP referrals by 2.3% and ambulance arrivals up by 19%. Increased activity at Causeway was also noted with attendance increasing by 2.1%, GP referrals up by almost 11% and ambulance arrivals by 2%.

It was noted that this high level of demand had led to 41 breaches of the 12 hour target being reported to the present date at Antrim. With the pressures of increased attendance continuing, it was expected that further breaches would be reported.

Members noted that on one particular date, the highest number of attendances, reaching 269, had been seen and they acknowledged the significant challenges for patient flow during such periods of high activity.

With this high and unprecedented number of attendances, 75 of which had arrived by ambulance, Ms Donaghy advised that there would be an expectation that an average of 90 patients would require admission within a 12 hour period. She highlighted the difficulties this presented due to the lack of bed capacity on the Antrim site.

Members noted the preparations which had been made to address these winter pressures. These included a revision of the Trust's escalation plans, with desktop exercises being undertaken at both Antrim and Causeway Hospital, and funding from HSCB creating additional capacity into additional acute beds, minor injury nurses and hospital diversion and discharge teams to support and facilitate discharge.

It was further recognised that a similar position of demand had been seen in other Trusts, which had led to the postponement of some non urgent elective procedures across the region.

Ms Donaghy drew attention to the trends outside of the winter period which showed an overall increase of 6.3% for 2014, when compared to the previous year. She indicated that this equated to 3,000 more patients being seen and 900 more patients requiring admission to hospital. The issue of lack of bed capacity was again identified which had led to difficulties with the flow of patients, particularly at peak periods.

Members noted that the action being taken through the daily safety meetings was showing evidence that earlier intervention for discharge was having a positive impact on end of acute episode performance. They also acknowledged that the Trust was performing well against peer group data on the average length of stay for non elective admissions.

Performance was also continuing to improve complex discharges, with delayed discharges over 48 hours having reduced to 8 during the previous week.

This discussion showed that the key challenges remained around increasing attendances, increasing acuity of patients, and increasing complex cases with post acute care causing discharge delays on occasions.

Members noted the work being done through the Unscheduled Care Improvement Programme on the work streams to prevent ED attendance, avoid hospital admissions, examine emergency

department processes, patient flow and bed capacity and to improve timely and effective discharge.

Comments were made on the unprecedented demand and members considered that the response from the Trust had been planned, measured and controlled.

Dr Stevens indicated that the evidence of increased attendance and acuity had been shared with the Health and Social Care Board and DHSSPS. He said that the additional resources which had been secured through the temporary closure of the minor injuries at Whiteabbey Hospital had been essential during this period and no detrimental effect on minor injuries had been reported.

Mr Moore recognised the efforts that were being made to address the additional demand and he paid tribute to the efforts of staff over this particular challenging time. However, he remained concerned that the current performance against the 4 hour target needed to improve.

This was endorsed by the Chief Executive who indicated that the improvement work would continue to be actively progressed. He said that improvements were being seen against 6 hour performance and that attention was also being given to enhancing the quality and safety of services being provided.

Ms Montgomery enquired about the alternative services available for those patients with less serious conditions who did not require hospital admission. In response, Mrs O'Hagan advised of the high acuity of patients presenting, particularly over this period, and said that all attendances had been seen and treated, according to their condition.

With regard to other areas of performance, members noted an underdelivery in some specialties against the Board's required volumes, due to the growing demand exceeding the available capacity. Particular reference was made to out patient referrals which had increased by 8% last year, and in the current year by a further 5%, with a particular increase in red flag referrals. The significant impact of this activity on waiting times was highlighted.

Members were updated on the situation with regard to urology services, as a result of the significant medical staff shortage in this speciality. The work being done in collaboration with the Western Trust, as the nominated lead Trust, was noted to ensure that patients requiring emergency urology treatment were being provided with safe and effective services. It was noted that discussions continued with the Health and Social Care Board and other Trusts on a regional strategy and the longer term plans for a sustainable service.

## **TB10/15      Re provision of Mental Health Inpatient Services**

Mrs A Irwin, Head of Equality Services, joined the meeting for this item.

Mr Donnelly outlined that the Trust Board, at its meeting on 26 June 2014, had approved an Outline Business Case for mental health inpatient services and had agreed for public consultation to be undertaken on the proposals for the re provision of services. He presented a report detailing the consultation feedback received during the period 1 July – 21 October 2014 and the Trust's response to that feedback.

It was highlighted that significant engagement and discussions with stakeholders had taken place to help shape and inform the proposals. Although only a limited number of written responses had been received, it was noted that these were very detailed and informative. Mrs Irwin also explained the other methods used to obtain feedback and said that a targeted stakeholder approach had been adopted to encourage feedback and direct engagement.

Members heard that feedback had been generally positive and had recognised that the current facilities at Holywell Hospital and the Ross Thomson Unit were not fit of purpose in providing modern therapeutic mental health inpatient care.

Ms Montgomery raised the issue of using the main hospital entrance to access the new unit which would reduce stigma for mental health patients. However, it was accepted that none of the two acute hospital sites had adequate ground space to facilitate one entrance and that other services also had separate entrances.

Mr Donnelly indicated that the development of community services had resulted in the majority of people receiving mental health assessment and treatment in their own home and communities. It was recognised that investment had been made in the voluntary and community sector to support community services and the Trust needed to continue to work with the Commissioner to ensure funding for continued development of community services, in light of the decrease in inpatient facilities. The value of the voluntary and community sectors and that of carers was acknowledged. It was also noted that the Trust had engaged with Commissioners in determining bed numbers and the projected number was in line with those across the province.

Mr Donnelly further advised of the engagement and partnership opportunities with the new super Councils to maintain healthy communities and to ensure that a full range of the required services was introduced.



Trust Board gave final approval to the Outline Business Case for final submission to HSCB and DHSSPS and noted that the scheme was expected to start on site in 2019/20.

## **TB11/15 Corporate Governance**

The Chief Executive advised that work was underway to implement the recommendations of the review of the Trust's integrated governance arrangements to improve the effectiveness and robustness of integrated governance systems within the Trust. He thanked Mrs Roulston for leading on this project and to the Executive Directors on the Oversight Group and Mrs Suzanne Pullins, Head of Patient Safety and Governance, for their assistance in implementing the action plan.

The Chairman referred to the new Committee Structure and advised that the first meeting of the newly established Assurance Committee, comprised of all Non Executive Directors, would be held on 26 February 2015.

It was noted that one of the recommendations of the review was to develop a more succinct Assurance Framework and revise the Risk Management Strategy. These revised documents were presented for consideration.

### **(a) Assurance Framework**

Trust Board members acknowledged their responsibility for ensuring that effective systems were in place for governance, essential for the achievements of the organisational objectives and in line with the objectives set by the Minister. This Assurance framework provided the structure by which these responsibilities were fulfilled.

### **(b) Risk Management Strategy**

It was noted that this Strategy described the arrangements in the Trust for risk identification, analysis, control and review. Members noted the aim to take all reasonable steps to ensure that the risks to be managed were identified using a comprehensive, systematic process linked to the Trust's corporate objectives.

Both governance documents were approved by Trust Board.

## **TB12/15 Macmillan Volunteer Service**

The Chairman welcomed Mrs Lorna Nevin, and Pearl, a volunteer in the Macmillan unit, to advise Board members of the Macmillan Volunteer Service at Antrim Hospital.

Mrs Nevin set the service in context against the strategic drivers and explained how it linked to other voluntary services across the Trust.

She advised of the formal structure of the service, which was led by a Co-ordinator, that there were currently 72 volunteers who had provided over 3,000 hours and what impact they had on the patients and families within the Unit.

Pearl spoke of how she had become involved with the scheme through personal circumstances and explained the variety of roles and duties she carried out.

Members noted that the main reason for the success of the scheme was the close partnership working between management and volunteers and the commitment of those who were volunteering. The process for recruitment to the scheme was noted, including the necessary training required on governance processes.

On moving forward, Mrs Nevin spoke of the need to sustain medium to long term funding for the Volunteer Co-ordinator, alignment of the management structure with the wider volunteer agenda and vision for growth and partnership.

Mrs Roulston indicated that she would take the points made on board through the review on volunteering which she was leading within the Trust.

Members recognised the holistic approach that was being taken to support the medical care and paid tribute for the work of the volunteers for their commitment, dedication and invaluable contribution to the services.

Mrs Nevin and Pearl were thanked for their attendance and left the meeting.

#### **TB13/15      User Feedback and Involvement Committee**

Dr Ackah presented the minutes of the meeting of the User Feedback and Involvement Committee held on 1 October 2014. She highlighted that a Service User had attended this meeting to provide a personal account of her experience of the Trust's Complaints procedure. The importance of hearing first hand personal accounts was noted in order to make improvements in the process.

The improvements to response times to complainants had been discussed and the circumstances where responses to four cases had exceeded 40 days were explained.

#### **TB14/15      Governance Committee**

Professor Whittington provided an update on the main points of discussion at the Governance Committee held on 22 September 2014.

These included monitoring of quality standards in the independent sector and the Research and Development annual report for 2014.

It was noted that the minutes of this meeting would be circulated once they were approved by the Governance Committee at its final meeting to be held on 29 January 2015.

**TB15/15 Award/Renewal of Contracts**

Members noted the report detailing the award and renewal of contracts for social care and acute service during the period 1 October – 31 December 2014.

**TB16/15 Property Matters**

**(a) Unit 3, Springfarm, Antrim**

Members approved a renewal of a lease for this accommodation to be sealed with the official Trust seal. It was noted that these premises were used to accommodate the Trust's adoption support team and a Strategic Outline Business Case had been approved by Health Estates for this extension.

**(b) Housing Association**

Ms Donaghy advised that the Trust Board had previously approved the disposal of Greenisland House and Site 2 Abbots Cross, Whiteabbey in 2012. She said that Oaklee Trinity Housing Association had subsequently been appointed to develop a Supported Living Scheme on the sites.

Members gave formal ratification for the signing of the contract of sale to proceed. They noted that the Housing Association was paying prices as set by the Land and Property Services.

**TB17/15 Date of next meeting**

It was noted that the next meeting would be held on 26 March at Causeway Hospital, commencing at 10.00am

