

NORTHERN HEALTH AND SOCIAL CARE TRUST

**Minutes of the Eighty Eighth meeting of Trust Board held on
Thursday 26 March 2015 at 10.00am at
the Multi Disciplinary Education Centre, Causeway 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 and members of the public were in attendance. Mrs J Champion from the HSC Leadership Centre was also attending as Observer.

TB18/15 Conflicts of Interest

No Conflict of Interests were declared.

TB19/15 Chairman's Business

Mr McCann advised members that it had been necessary to issue a revised agenda in advance of the meeting, in accordance with Standing Orders, to include discussion on Savings through Reform and Modernisation in 2015/16. This would be considered at item TB26/15.

The Chairman was pleased to advise that the appointments of the three Non-Executive Directors whose terms of office were due to expire on 31 March 2015 had been extended to 30 September 2015. It was noted that the Department would be working towards undertaking a competition to secure new appointments in the Northern Trust to be effective from 1 October 2015. Mr McCann expressed his thanks to Mr Forsythe, Professor Whittington and Ms Montgomery for their continued support and commitment to Trust Board.

Members were delighted to note the recent successes achieved by Trust staff. The Sexual Health Clinic at The Rowan winning the UK Sexual Health Awards 2015 for its work with victims of sexual abuse and violence was noted as a significant achievement, given that this was a national award.

Members were pleased to hear of the Trust's success in the Regional Social Work awards organised by the Health and Social Care Board, in partnership with Trusts, Northern Ireland Social Care Council and NI Association for Social Work to recognise and celebrate excellence in social work practice. It was noted that the Trust had won the following three of the seven categories and had been awarded overall winner.

- Winner of the Children's Services category and Overall Winner: Sharing the Care Team.
- Winner of the Adult Services category: Physical Health and Disability Services Team
- Winner of the Partnership Team Award: Dementia Friendly Communities Scheme

Mr McCann also advised that the Trust's acute and community hospitals catering service had been awarded a Customer Service Excellence award, which assessed five standards of customer insight, culture, information and access, delivery of service and timeliness and quality of service.

It was noted that an event to celebrate this success and other recent achievements by Trust staff would be held after the Trust Board workshop on 30 April 2015.

TB20/15 Chief Executive Report

Dr Stevens took the opportunity to reflect on a meeting held with the Permanent Secretary and Department officials on 18 March with regard to Turnaround and Support in the Northern Trust. He indicated that the improvement in performance and governance arrangements had been acknowledged by Mr Pengelly, who endorsed the Trust formally

moving from Turnaround and Support to a period of Reform and Modernisation. This was welcomed by members as recognition of the hard work and efforts of both managers and staff to service improvement.

The Chief Executive referred to the significant challenges which continued in acute services, mainly due to the increased attendances at Emergency Departments. He said that the past month had been particularly difficult, with an outbreak of norovirus affecting three wards at Antrim Hospital and he praised the efforts made by staff to cope with the situation. Members acknowledged that these factors would have an effect on the performance figures during March 2015.

Dr Stevens mentioned the pledges which had been made by managers and staff as part of the NHS Change Day on 10 March 2015. He reported on his time spent with the District Nursing Team as part of this initiative and he acknowledged the important work undertaken by nurses in delivering care in the community.

With regard to the strike action taken by the public service unions on 13 March, members noted that Trust management and unions had worked collaboratively to ensure that safe service were maintained. Mrs Duffield was thanked for her leadership in this matter.

The various events and initiatives being undertaken over the region to respond to the Donaldson Review were noted and the Chairman confirmed that a workshop for Trust Board members would be held later that day to consider the Trust response to date. The need for openness and transparency for the Board in this process was recognised.

TB21/15 Account of Patient/Client Experience

This month Dr Ackah read an account from a patient who had been admitted to Antrim Area Hospital in February 2015. Whilst the patient advised of the expert medical care and compassionate nursing care they had received during their stay in hospital, they had raised some concerns with regard to the Discharge Lounge with regard to the environment, catering services and waiting times.

Mrs MacLeod informed members of the action being taken to address the issues raised, including the review of the process for the issue of discharge letters and medication. It was noted that a maximum of three hours had been set as the standard waiting time and this was being monitored on a daily basis.

Members welcomed this feedback which had identified learning and would help to improve the user experience.

TB22/15 Minutes of Previous Meeting

The minutes of the previous meeting held on 22 January 2015 were approved, on the proposal of Dr Ackah and seconded by Mr O'Neill.

TB23/15 Performance Report

Ms Donaghy presented the Performance Report for February 2015, highlighting the main issues and challenges for the Trust.

- **Elective Care**

Ms Donaghy drew members' attention to the number of patients waiting for more than 9 weeks for a diagnostic test. She advised that activity had already exceeded the level agreed with the Health and Social Care Board through the Service and Budget Agreement and said that a downturn in the numbers waiting was starting to be seen as a result of the additional funding recently allocated by the Commissioner.

- **Unscheduled Care**

Members noted that, whilst the 12 hour target continued to be maintained at Causeway Hospital since August 2013, 80 breaches had been reported at Antrim during February. Challenges had continued to maintain the 4 hour target, with performance noted as 55% at Antrim and 68% in Causeway.

Ms Donaghy highlighted the significant increase in attendance and activity which continued at Antrim Hospital, including the increase in patients arriving by ambulance. She indicated that demand for services had continued to rise during March and said that further 12 hour breaches would be reported for the current month. An increase in activity was also noted at Causeway Hospital.

In addition to this increased volume, members noted that another main factor contributing to the pressures was the increase in acuity of patients. Whilst it was noted that performance on the number of complex discharges being made within 7 days had improved, Ms Donaghy expected that this increased acuity would mean a rise in the number of delayed complex discharges reported during March.

On recognising the effects of delays on individual patients, Mrs O'Hagan advised of the focus being given to discharge planning and said that discharges were reviewed on a daily basis. At the Chairman's request, Ms Donaghy undertook to provide further details on the length of waits over the 7 day period.

Members also noted an increase in the number of patients being admitted with specified long term conditions. Although it was confirmed that the majority of admissions were related to respiratory conditions which required hospital intervention, Ms Donaghy advised of some of the shift left projects recently funded through the Integrated Care Partnership which aimed to improve services for patients with long term conditions.

It was noted that, as a result of the recent winter pressures on unscheduled care, it had been necessary to postpone some non urgent elective work, a position which had also been experienced by other Trusts.

Giving his observations, the Chief Executive advised that, whilst all efforts would continue to achieve the required targets, the Trust's priority would remain focused on providing safe services to patients. He said that the wide range of actions aimed at improving and sustaining performance, such as improving length of stay and discharge arrangements, would continue to be progressed. However, with the bed occupancy constantly remaining at 98%, attendances and acuity continuing to increase and the lack of bed capacity on the Antrim site, Dr Stevens intimated that breaches would be unavoidable at times of peak demand. He said that the Department and the HSCB had been advised of the capacity gap and had acknowledged that some action needed to address this situation was outside the Trust's control.

Ms Donaghy said that she was examining a new set of outcome measures as part of the improvement work and would provide a report on a project to project basis to Trust Board.

The significant pressures on community services were also acknowledged and members heard details of some of the initiatives which were continuing to be developed to address these pressures and provide alternatives to hospital admission.

Mr McCann referred to the increase in the number of emergency hospital readmissions. Mrs MacLeod explained some of the reasons for these readmissions, including patients' home environment and social conditions, and access to community services. It was noted that Ms Donaghy was currently pursuing the issue of cardiology patients being transferred to the Belfast Trust and being included in figures when readmitted back to the Northern Trust. She advised that, once resolved, this would enable a full analysis of readmissions to be undertaken and identify actions to be taken.

- **Cancer Services**

Breast Cancer - Members were pleased to note that the 100% performance on urgent breast cancer referrals being seen within 14

days had been maintained since August 2104, due to the additional recurrent resources provided to increase capacity in the core service.

Urology - Mrs O'Hagan reported that the situation with regard to urology services remained unchanged, with work continuing to be done in collaboration with the Western Trust to ensure that patients requiring emergency/cancer urology treatment were being provided with safe and effective services. With the suspension of all routine surgery continuing, members noted the implications for patients with non urgent conditions.

It was hoped that the workshop being organised by HSCB on 30 April would progress the production of a regional strategy and longer term plans for a sustainable service.

- **Children's Services**

On referring to the progress being made to reduce the waiting list for Child and Adolescent Mental Health Services, Mrs Roulston indicated that this progress was expected to continue with the recent appointment of additional staff to the service.

Although it was noted that the recovery plan agreed with the Commissioner had planned for breaches to be reduced to zero by July 2015, Mrs Roulston advised that this had been based on the assumption that demand would remain at the same level. She highlighted that, although the service remained on target to meet this projection, the recent increase in referrals would need to be monitored closely to ascertain impact.

- **Use of Resources**

The Chief Executive highlighted the need for the Trust to examine its capacity and to ensure the delivery of efficient and effective services. He make reference to the ever increasing demands and pressures, particularly on emergency departments, outpatient services and red flag referrals, and said that discussions would continue with the HSCB on capacity/demand issues.

It was recognised that the work being undertaken by the Medical Director and Director of Acute Services on Consultant Job Planning would be helpful to inform this exercise.

TB24/15 Finance

The Director of Finance presented the report of the Trust's financial position as at 28 February 2015, advising that the current Trust deficit after 11 months was £371,000. He said that the projected best estimate for the year was £508,000 and he 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 detailed the factors which had influenced this improved position, including the allocation of additional income, additional service development slippage becoming available and reduced cost for heat, light and power. He indicated that the remaining £508,000 deficit represented the shortfall on the temporary closure of Dalriada Hospital and said that the Trust was unable to close this gap with a further savings scheme.

With regard to savings proposals, members noted that the Trust had secured £8.204m of the QICR savings requirement of £8.895m. The balance of £700,000 was noted as relating to acute services and, given the pressures from demand and other challenges to reform, members acknowledged that this was not going to be delivered. However, the improvement in the overall position would allow this to be offset non recurrently.

It was anticipated that the additional contingency proposals totalling £6.94m would be achieved, with the exception of the £500,000 in respect of the Dalriada scheme and discussion was on-going with the Commissioner on how this should be treated.

Mr O'Neill advised of the key issues which had significant elements of estimation and could therefore impact on the end of year estimate. He also highlighted the risk of the higher demand on the Emergency Departments and the resultant demand for extra beds as well as the knock on impact on community services. He concluded by advising that, at this stage, no significant change to the projected deficit position of £508,000 was anticipated.

Mr Moore congratulated the Finance Director and the Executive Team on this excellent financial management and control and paid tribute to Trust staff for their efforts in contributing to this tremendous achievement.

TB25/15 Capital Programme 2014/15

(a) Position at 28 February 2015

Members noted the report on the capital position as at 28 February 2015. This showed that the Trust had spent £13.704m, equating to 54.6% of the total CRL of £25.097m. It was noted that this spend compared to the projected profile spend of 55.57%.

Mr Graham suggested that additional information be included in future reports to show actual and expected expenditure against each scheme and this was agreed.

(b) Outline Business Cases

- **Centralised Decontamination of Podiatry and Dental instruments**

Dr Lowry referred to two summary business cases which identified and assessed the options available for the implementation of arrangements to improve the decontamination of community dental and podiatry instruments within the Northern Trust. He highlighted that the preferred option for both business cases was to purchase reusable instruments and have them centrally decontaminated in the Antrim Hospital HSDU.

On noting the capital and revenue funding requirements for each scheme, members acknowledged that the revenue funding would be phased to allow the Service Models for the Ballymena Health and Care Centre to be fully implemented as the design of the treatment suites did not facilitate local decontamination.

Trust Board approval was given to these Outline Business Cases and for their onward transmission to DHSSPS and the Health and Social Care Board.

- **Relocation of Pharmacy Department, Mid Ulster Hospital**

Members considered a summary of the Outline Business Case for the relocation of the Pharmacy Department at the Mid Ulster Hospital into the former Rehabilitation Ward in the Thomson House building. They noted that work would be due to commence in April 2015 and the scheme would also include the installation of Cool stores to facilitate the centralised dispensing and Cold Chain Distribution of Vaccines and other specialist refrigerated medicines in the Northern Trust catchment area. It was further noted that the location of the new building at ground level would enable more efficient dispensing and distribution process being implemented.

Members approved this scheme, noting that the capital funding of £457,000 and revenue consequences of £4,286 per annum had been allocated.

TB26/15 Savings through Reform and Modernisation - 2015/16

The Finance Director circulated a paper which set out an overview and context of the DHSSPS Financial Plan for 2015/16, which required the Northern Trust to deliver savings of £17m, representing 3% of annual revenue. He highlighted the extreme challenge of this position as it

followed year on year cash efficient/productivity targets of around 3% per annum since 2008/09. The statutory requirement for all Trusts to achieve a break even position at 31 March 2016 was acknowledged.

Mr O'Neill referred to the approach which had been taken within the Trust to identify and deliver savings opportunities and he outlined the six principles which had been aligned with the proposals. The principle that the appropriate proposals would be subject to public consultation and equality screening/impacts in line with departmental and organisational legislation and guidance was highlighted.

Members noted that the initiatives identified in the paper totalled £10m and fell short of the £17m target. It was considered that these schemes had been assessed as achievable and the Trust wished to progress action plans on these areas. These had been the subject of review and discussion with the Board and the Trust would consider the remainder of the savings, once the amount was confirmed through the Business Planning process.

Ms Donaghy outlined the details of the schemes which fell under four headings:

	Savings:
Acute Reform:	£1.845m
Social Care Reform:	£3.049m
Staff Productivity:	£2.860m
Miscellaneous Productivity:	£2.346m

She advised that work needed to continue on those schemes assessed with an amber rating in the paper to deliver the required savings by the year end. The schemes expected to be subject of formal consultation had also been identified.

- **Acute Reform Proposals**

Ms Donaghy highlighted the schemes which had already been included as part of the Trust's contingency savings in 2014/15. With no detrimental impact having been identified to date, it was proposed to continue with these schemes for the next year.

With regard to the plan to live within SBA volumes in a range of services, it was recognised that the Trust had over delivered on contracted volumes and this scheme may impact on staffing levels and waiting times, whilst prioritising clinical need.

The proposal to centralise acute out patient clinics on acute sites would be progressed in collaboration with a regional outpatient reform plan and would be subject to consultation.

On consideration of the schemes relating to Whiteabbey Hospital, Mrs O'Hagan advised the meeting of the decision recently taken by the Joint Advisory Group (JAG) on GI Endoscopy to withdraw accreditation in Whiteabbey Endoscopy Unit. The Chief Executive advised that he had written to JAG to reconsider their position while surveillance waiting times were being addressed and a response was awaited.

- **Social Care Reform Proposals**

Ms Donaghy advised that the review of the commissioning of community and voluntary services which would be the subject of consultation would be undertaken to increase the efficiency and improve the cost effectiveness and there would be engagement with providers through this process.

The contribution made by the voluntary and community services to the work of the Trust was acknowledged but it was noted that this scheme aimed to provide better collective working and improved capacity.

It was recognised that the detail of this proposal, together with the plans relating to learning disability cash awards, cessation of non statutory transport and reconfiguration of supported living facilities, would be subject to thorough scrutiny through the consultation process. The concerns for the vulnerable groups of services users to be affected by the changes planned were acknowledged and all efforts would be made to address these concerns through the consultation process.

The Chief Executive highlighted that proposals for intermediate care were not included in the plan and were yet to be considered.

- **Staff Productivity**

Members noted the potential savings identified in staff cost areas, the largest being a reduction of management and administration costs.

Mrs Duffield indicated that an analysis undertaken had identified less than 100 Whole Time Equivalent (WTE) staff being affected either through better use of resources, review of management structures and a review of temporary and agency staff requirements. She also indicated that confirmation was awaited from DHSSPS on the availability of a supportive exit scheme to assist in the delivery of these plans.

- **Miscellaneous Productivity**

It was noted that the Trust had also reviewed its discretionary spend areas and had identified proposals on non pay cost management, capitalisation of assets and a review of estates and leases.

Members approved this Savings Plan for 2015/16 for £10m, subject to the necessary consultation processes being undertaken.

TB27/15 Board Governance Self Assessment Tool for 2014/15

The Chairman advised that, on 18 November 2014, the Permanent Secretary had requested all DHSSPS Sponsored Arm's Length Bodies to carry out the annual Board effectiveness evaluation for 2014/15 and submit the self assessment by 31 March. Copies of the completed tool for the Northern Trust, which had been considered at a meeting of the Assurance Committee on 26 February 2015, had been circulated and this was approved. Members also approved the case study which had been completed on the Review of the Trust's systems, processes and structures to support integrated governance arrangements and social care governance.

Mr McCann also advised of the requirement this year to have ratings independently verified. He said that this was currently being undertaken through the Leadership Centre and was due to be completed before 31 March 2015.

It was agreed that once the report on the independent verification was received it would be forwarded to the DHSSPS with the self assessment by 31 March.

TB28/15 Audit Committee

Mr Moore presented the minutes of the meeting of the Audit Committee held on 21 October 2014, copies of which had been circulated.

He drew particular attention to the concerns expressed at the meeting with regard to the implementation of agreed recommendations from Audit Reports and indicated that Directors were being invited, as required, to attend the next meeting of the Committee to discuss outstanding matters.

TB29/15 Governance Committee

The minutes of the meetings of the Governance Committee held on 22 September 2014 and 29 January 2015 had been circulated and were presented by Professor Whittington.

It was acknowledged that this Committee had now been replaced by the Assurance Committee, as a result of the new accountability arrangements recommended in the Governance Review, and matters such as Directorate Governance Reports and reporting from Specialist Advisory Committees would continue to be addressed through the new structures.

Professor Whittington was thanked for her leadership in chairing the Governance Committee over the past seven years.

TB30/15 Equality Steering Group

Ms Montgomery presented the minutes of the meeting of the Equality Steering Group held on 18 February 2015. She was pleased to highlight that the numbers of staff undertaking equality and diversity training were improving and hoped that this would continue to ensure that training targets would be achieved.

Following the launch of the Good Relations Strategy on 10 February 2015, Ms Montgomery advised that the Group was pursuing funding from Charitable Trust funds to implement some actions from the strategy.

It was noted from the minutes that the future of the Equality Steering Group was being considered, in light of the Governance Review. Ms Montgomery was thanked for her support and commitment to the Group and for championing equality and diversity in the Trust.

TB31/15 Procurement Matters

On referring to the recent issues within the Trust on procurement related matters, the Finance Director provided an update on both the specific issues raised in the reports on Estates management and on general procurement matters.

Mr O'Neill advised how the process for approving Single Tender Actions had been strengthened and that the Trust Procurement Board held meetings twice yearly, in conjunction with the Procurement and Logistics Service.

With regard to Estate Services, members noted that the matters raised in the Internal Audit Report were currently the subject of on-going disciplinary proceedings within the Trust. It was also highlighted that the specific Single Tender Action relating to Day Term contracting, as referred to in the audit report, was being considered with the Health Estates/Central Procurement Unit at DHSPS.

TB32/15 Corporate Nursing Annual Quality Report

Mrs MacLeod was pleased to present the Corporate Nursing Annual Quality Report which demonstrated the commitment made by nurses and midwives during the period October 2013 – December 2014 to providing high quality, person centre care.

Members noted the work on-going to reach normative staffing levels and the recruitment process that was underway to uplift areas of minimum staffing levels in medicine and surgery, which was the first phase of this exercise. It was noted that the next phase of the normative staffing work was concerned with District Nursing and Health Visiting and the workforce required to safely staff Emergency Departments. The report on this work was expected to be published in 2015.

Members were impressed with the commitment demonstrated in this report to learn more effectively from patient feedback and to continue progress towards quality improvement and patient safety.

TB33/15 Extension of Lease of Wards 9 and 10, Whiteabbey Hospital

Ms Donaghy referred to the approval which had been previously given for the NI Hospice to use wards at Whiteabbey Hospital during the works being carried out at their premises on Somerton Road, Belfast. She advised that a request had now been received from the Hospice for a further extension of the lease to 31 March 2016, to provide flexibility in planning for the completion of the capital project and to assist in the transition back to Somerton Road.

Approval was granted for the lease to be extended until 31 March 2016. It was noted that a revaluation of the rental for this period would be sought from Land and Property Services.

TB34/15 Date of Next Meeting

It was noted that the next meeting of Trust Board would be held at 10.00am on Thursday 28 May 2015 at Trust Headquarters, Bretten Hall, Antrim Area Hospital.