Minutes of a meeting of the Board of Directors held on Thursday, 25th November 2010 at 10.00 a.m. in the Boardroom, Trust Headquarters, Craigavon

PRESENT:

Mrs A Balmer, Chairman
Mrs M McAlinden, Chief Executive
Mrs D Blakely, Non Executive Director.
Mrs R Brownlee, Non Executive Director
Mr E Graham, Non Executive Director
Mr A Joynes, Non Executive Director
Mrs H Kelly, Non Executive Director
Mrs E Mahood, Non Executive Director
Dr R Mullan, Non Executive Director
Mr B Dornan, Director of Children and Young People’s Services/Executive Director of Social Work
Dr P Loughran, Medical Director
Mr F Rice, Director of Mental Health and Disability Services/Executive Director of Nursing

IN ATTENDANCE:

Mr K Donaghy, Director of Human Resources and Organisational Development
Dr G Rankin, Interim Director of Acute Services
Mrs A McVeigh, Acting Director of Older People and Primary Care Services
Mrs P Clarke, Acting Director of Performance and Reform
Mrs J Holmes, Board Secretary
Mrs R Rogers, Head of Communications
Mrs S Cunningham, Southern Area Manager, Patient and Client Council
Ms H O’Neill, Assistant Director Finance (for Mr S McNally)
Mrs S Judt, Committee Secretary (Minutes)
1. **CHAIRMAN’S WELCOME AND APOLOGIES**

   The Chairman welcomed everyone to the meeting. An apology was recorded from Mr S McNally, Acting Director of Finance.

2. **MINUTES OF MEETING HELD ON 30TH SEPTEMBER 2010**

   The Minutes of the meeting held on 30th September 2010 were agreed as an accurate record and duly signed by the Chairman.

3. **MATTERS ARISING FROM PREVIOUS MEETING**

   i) **Item 9iv) Disposal of patient records**

   Mrs Clarke confirmed that she had provided a response to Mrs Kelly on the query she had raised at the previous meeting in relation to the disposal of patient records.

4. **STRATEGIC ISSUES**

   i) **ICT Business Plan (ST 280/10)**

   Mrs Clarke presented the ICT Business Plan 2010/11 for approval. This identifies priorities for ICT investment and resources in 2010/11 and Mrs Clarke highlighted a number of initiatives being taken forward. She stated that the ICT programme is challenging and requires a significant amount of capital expenditure. It is hoped that delivery of this programme will assist with the Trust’s Best Care Best Value (BCBV) targets.

   Mrs Clarke drew members’ attention to the Trust’s ICT performance against a range of Key Performance Indicators (KPIs) and stated that this demonstrates how effective the team managing the ICT service is. The Chairman endorsed Mrs Clarke’s comments and paid tribute to Mrs S Hanna, Assistant Director Informatics and members of the ICT team.
Dr Mullan asked about the situation as regards the Filemaker electronic discharge system and the interface with GP systems. Dr Rankin advised that the Filemaker system is being looked at in the Trust currently and the interface with GP systems will require a regional approach. Mr Joynes referred to the 7 key risks identified to achieving the ICT programme and stated that it would be useful to include the risk ratings. Mrs Clarke agreed to provide this information in future.

The Board of Directors approved the ICT Business Plan for 2010/11 (ST 280/10)

**ii) Business Case for Re-provision of Learning Disability Day Care Services in Crossmaglen (ST 281/10)**

Mr Rice presented the Business Case for approval. This sets out a proposal to replace the current learning disability day care services in Crossmaglen and provide a new build 40 place day care centre. He advised that current services are provided in leased accommodation in Rathkeeland House which is not fit for purpose or appropriate to meet the needs of current and future users. Capital funding associated with this project is £3,379,156. Revenue costs are £247,662 and the Trust continues to take forward discussions with the Commissioner to secure approval. A plan has been developed to open the centre incrementally given the current financial climate.

Mrs Brownlee raised concern at the costs involved and asked if the Trust had explored other potential providers. Mr Rice stated that the clients have very complex and challenging needs and advised that the Trust had not explored other Providers. The Chief Executive suggested that the Business Case should be submitted to the Department in the first instance and that the Trust would further assure itself that no other potential providers could provide this service.

Mrs Cunningham referred to the fact that a replacement facility for the provision of learning disability day care services in Crossmaglen has been a lengthy process. She raised the importance of ongoing discussion with the local
community. Mr Rice acknowledged this and outlined the significant involvement that had taken place with the local community in relation to this development.

The Board of Directors approved the Business Case for Re-provision of Learning Disability Day Care Services in Crossmaglen (ST 281/10)

iii) Business Case for replacement Volumetric Infusion Pumps (ST 282/10)

Dr Rankin, in presenting the Business Case, advised that whilst the preferred option was to replace all volumetric infusion pumps, the Trust’s share of the Invest to Save funding is to be limited to a maximum of £450,000. On this basis, the Trust will proceed with Option 2 which is to replace all infusion pumps that have exceeded their useful economic life which is deemed to be seven years. Mr Joynes commented that it was unfortunate that funding was not forthcoming to replace all volumetric infusion pumps across the Trust and asked about the way forward if slippage funding does not become available. The Acting Chief Executive stated that there are many competing demands for slippage money at the year end and replacement medical equipment is given priority due to patient safety. Dr Rankin noted the benefits of this replacement approach which will result in an improvement in clinical effectiveness, improve compatibility of infusion pumps across the Trust, improve patient safety and improve operational maintenance. She added that should slippage money become available, the Trust could move quickly to replacing all infusion pumps within the framework of the existing contract.

The Board of Directors approved the Business Case for replacement Volumetric Infusion Pumps (ST 282/10)

iv) Business Case for replacement of Oakridge Social Education Centre, Dungannon (ST 283/10)

Mr Rice presented the Business Case for a new build 60 place Day Care Centre on the Drumglass site, Dungannon
for approval. He advised that the capital funding associated with this project is £3.8 million.

The Chairman referred to agenda items 4 ii) and 4 iv) and asked that Directors consider the way forward for day care in a strategic context. She asked Mr Rice to bring a proposal to a future Board meeting for discussion. Mr Joynes raised his concern at the revenue implications and asked that Mr Rice take these into consideration.

**The Board of Directors approved the Business Case for the replacement of Oakridge Social Education Centre, Dungannon (ST 283/10)**

v) **Primary Care Partnerships – Oral Nutritional Supplements Pathfinder Prescribing Project**

Members were advised of the development of Primary Care Partnerships in the Southern Area being taken forward by the Southern Local Commissioning Group. The Chief Executive stated that a number of GP practices in the Newry and Rathfriland areas have agreed to participate in the development of a Pathfinder project on the prescribing of Oral Nutritional Supplements and the Trust has agreed to provide Dietetic support.


Mr Dornan presented the SH&SCT response to the consultation on the 10-Year Strategy for Social Work in Northern Ireland. He stated that the Trust welcomes this first ever strategy for social work in Northern Ireland as it provides an effective framework for addressing some of the challenges faced by the profession and by the Health and Personal Social Services in Northern Ireland. Mr Dornan went on to say that it is a robust strategy, providing clarity and direction for the social work profession, with emphasis on the protection of children and vulnerable adults. Dr Mullan asked about the education and training of social workers and how this is kept under review. Mr Dornan stated that one of the successes of recent years has been
the introduction of the assessed year in practice and Post Qualifying training.

5. **PATIENT/CLIENT SAFETY AND QUALITY OF CARE**

i) **Unallocated Child Care Cases**

Mr Dornan spoke to the performance management report on unallocated child care cases as at October 2010. He advised that there has been little change in the situation, with referrals to Gateway remaining at a significantly high level. He reported an increase in the number of disability cases and referred to the good progress made by the disability team in Newry to eradicate their waiting list of 30 cases. Mr Dornan advised that across Gateway and Family Intervention Team (F.I.T.) services, a number of staff remain on sick leave and maternity leave and this has a significant impact on the service. Mr Joynes asked if the Gateway service has a particularly high sick leave rate due to the demands of the service and if this was something the Trust should be concerned about. Mr Dornan responded by advising that sickness absence is monitored very closely and there is no evidence to suggest a particularly high sick leave rate in Gateway. Mr Donaghy spoke of the arrangements in place to support staff returning from sick leave and of proactive measures to prevent staff going on sick leave.

ii) **RQIA Review of GP Out of Hours**

Mrs McVeigh advised that this was the first RQIA Review of GP Out of Hours services in NI and was undertaken in September 2010. The review makes 27 recommendations and the action plan combines the recommendations from the Regional Report and the Trust specific report and will be discussed in detail at the Governance Committee meeting on 7th December 2010. She stated that overall the review report was very positive and went on to say that the Trust is represented on project groups taking forward recommendations regionally.
iii) Standards for improving the Patient and Client Experience – Monitoring report for quarter ending September 2010

Mrs McVeigh spoke to the report which provides an overview of the Trust’s compliance with the Patient Client Experience Standards in Quarter 2 2010 and the adoption of new methodologies in line with Priorities for Action requirements and analysis of compliance with the standards across all settings tested to date. She referred members to the results of Phase IV, obtained from the patient satisfaction survey undertaken in three Acute Surgical Wards. Dr Rankin advised that a more detailed action plan for each of these wards has been produced and will be discussed at the next Patient and Client Experience Committee meeting. Mr Joynes commented that, he felt that in some cases, the sample size was inappropriate to validate findings and he expressed his reservations about the validity of the information obtained and the standards themselves. The Chairman asked that the Patient and Client Experience Committee take on board Mr Joynes’ comments.

iv) Winter 2010 Flu update

Dr Loughran provided a verbal update. He informed members that the Chief Medical Officer and the Chief Nursing Officer have advised that front line health and social care staff should avail of the seasonal influenza vaccination. The Chief Medical Officer also strongly advises that everyone in the at risk groups, including pregnant women, should be vaccinated and midwifery and obstetric staff should support this. He went on to say that the vaccine provides cover against the 2 strains which are currently prevalent in the community and the H1N1 virus which created the pandemic last year.

Members were advised that the uptake for the seasonal influenza vaccination has been poor to date. The Chief Executive stated that the Trust has released additional resources to promote and enable the
vaccination of staff and Dr Loughran and Mr Rice have issued a joint letter to staff strongly encouraging them to avail of the seasonal flu vaccine.

6. OPERATIONAL PERFORMANCE

i) Performance Report (ST 284/10)

Mrs Clarke presented the Corporate Performance Management report for October 2010 and the supplementary Corporate Performance Dashboard report.

She outlined the key areas of risk as follows:-

i) Elective Access – the number of Outpatients waiting longer than 9 weeks for a first appointment continues upwards. However, in-year non-recurrent funding has now been confirmed for additional clinics to be provided to address this position. Diagnostic Test – at the end of October 2010, 610 patients waited longer than 9 weeks for a diagnostic test. A capacity gap has been defined for Neurophysiology for which a regional solution is required as this is a visiting service. MRI and DEXA proposals have been submitted to the HSCB; an additional clinic has been put in place for MRI.

ii) IP/DC treatment - the Trust anticipates achieving the 13-week target for all areas, except endoscopy, orthopaedics and urology which is estimated at 36 weeks, general surgery at 31 weeks and pain management at 23 weeks.

iii) A&E – members noted the high level of attendances and were advised of the ongoing efforts to increase performance. In response to a question from Mrs Brownlee, Mrs Clarke advised that the Unscheduled Care Network is looking very actively at A&E attendances.

iv) AHP – Mrs Clarke reported that the breaches in performance predominantly relate to Occupational Therapy. Improvement plans are in
place to ensure that AHP services deliver on the 9 week target by March 2011.

v) Autism Services – part of this target (commencement of treatment) is being met. The referral rate had been increasing, but has started to vary over the last few months and achievement of the assessment target is possible by year-end.

vi) Primary Mental Health Assessment and Treatment - an Improvement Plan is in place and the position is being closely monitored.

vii) Fractures – this target is not being consistently met. The Trust is working to develop a pathway for flow of trauma demand from Newry and Mourne locality to increase activity in line with recurrent investment.

viii) Renal Services – performance at the end of October 2010 slightly decreased to 42.6%.

ix) Diagnostic Reporting Turnaround Time – the Trust is preparing an improvement plan to improve performance for both imaging and non-imaging areas.

x) Wheelchairs – the position greatly improved in October, with 12 patients out of 121 now waiting over 13 weeks.

xi) OP Review Backlog – actions are ongoing at speciality level to manage the backlog.

xii) Pre-operative assessment – regionally the Trust is comparing favourably.

xiii) HCAI – the high performance trend continues.

The Chairman commended the Chief Executive and the Senior Management Team for their efforts in achieving a good overall performance at this point in time. Mr Graham commented that it was unfortunate that access performance had been allowed to drift out beyond target times for over six months before corrective action was taken. The Chief Executive explained that detailed negotiations have been taking place with the HSCB over the past number of months and it was only over the past few weeks that resolutions were achieved. The Chief Executive stated that for some specialties there have been agreed
backstops and Mrs Clarke stated that detail on these backstops will be made available in the future.

**The Board of Directors approved the Performance Report (ST 284/10)**

**ii) Finance Report (ST 285/10)**

The Chief Executive presented the Finance Report for approval. As at 31st October 2010, the Trust has an outturn position of £432k deficit, after taking into account the capitation allowance of £1m year to date. The Chief Executive assured members that the Senior Management Team continues to monitor the situation very closely and that a £1.5 - £2m year end deficit position is anticipated.

At this point, Mrs Brownlee queried the situation as regards domiciliary care services and the Chief Executive gave assurance that the Trust continues to monitor domiciliary care services closely to ensure that hospital discharges are not delayed. Dr Rankin and Mrs McVeigh jointly chair the Timely Discharge Steering Group and there is daily contact in respect of patient flow from the hospital to community services. Dr Rankin advised that a lot of detailed work is ongoing at present to prepare for the 2 Bank Holiday weekends over Christmas and the New Year.

The Chairman asked that agency costs are separated out in future reports and Ms O’Neill agreed to progress.

**The Board of Directors approved the Finance Report (ST 285/10)**

**iii) Human Resources Report (ST 286/10)**

Mr Donaghy spoke to the Human Resources Report and summarised the key points. He advised that this report focuses on the third strand of the People and Organisational Development Strategy and outlines the progress and ongoing work in promoting education, learning and development.
In discussion on the update on general Human Resources activities and issues, Mr Joynes asked about the impact on the Trust as regards hard to fill medical posts in some areas and the action the Trust is taking to address this difficulty. Mr Donaghy advised of activity both regionally and locally to manage the current shortages. Dr Loughran advised that there is a shortage of Doctors in training in Northern Ireland and the Deanery is unable to attract Doctors into specialties such as Emergency Medicine, Obstetrics and Gynaecology and General Surgery. Dr Rankin stated that a detailed plan is in place for each of the specialties. The dilemma is keeping costs contained against the need to maintain safe services.

The Board of Directors approved the Human Resources Report (ST 286/10)

iv) Regional Autistic Spectrum Disorder Network (RASDN) Quarterly Performance Report

The Chairman welcomed Mrs L. Waugh, Autism Coordinator, to the meeting. Mrs Waugh provided members with an overview of the Trust’s progress in implementing and delivering the Regional ASD Strategic Action Plan. She drew members’ attention to the positive approaches being taken and commented on areas where work needs to be done.

Mr Dornan referred members to the RASDN performance report as at 23rd September 2010 and stated that the Southern Trust is in a lead position in terms of Autism Services and has been significant in shaping how services are delivered in Northern Ireland.

The Chairman, on behalf of Board members, paid tribute to Mrs Waugh and the staff involved for their commitment to continuous improvement through innovative and creative approaches to those with autism in the SH&SCT area.
7. **BOARD ASSURANCE FRAMEWORK**

Due to time constraints, the Chairman asked that the Board Assurance Framework and Corporate Risk Register be deferred for discussion at the Governance Committee meeting on 7th December 2010.

8. **BOARD REPORTS**

i) **Environmental Management Annual Report 2009/10 (ST 287/10)**

Mrs Clarke presented the above-named report for approval. She advised that this sets out the Trust’s position with regard to Environmental Management issues during the year 1st April 2009 to 31st March 2010. It also advises of the controls and systems in place to manage the natural environment and adhere to current and future environmental legislation.

*The Board of Directors approved the Environmental Management Annual Report 2009/10 (ST 287/10)*

ii) **Waste Management Annual Report 2009/10 (ST 288/10)**

Mrs Clarke presented the Waste Management Report for approval. This details progress with respect to Waste Management arrangements over the period April 2009 – March 2010 and updates on the controls and systems in place to support waste management and ensure the Trust conforms to current waste legislation.

*The Board of Directors approved the Waste Management Annual Report 2009/10 (ST 288/10)*
iii) **Medical Devices and Equipment Management Annual Report 2009/10 (ST 289/10)**

Dr Loughran presented the annual report for approval. This sets out the Trust’s position with regard to Medical Devices and Equipment management during the period 1\(^{st}\) April 2009 to 31\(^{st}\) March 2010. It also advises of the controls and systems in place and the plans to maximise benefits and minimise risks to patients and staff through the application of a Quality Management System to the standard of ISO 9001:2008 for the management of Equipment and Medical Devices.

**The Board of Directors approved the Medical Devices and Equipment Management Annual Report 2009/10 (ST 289/10)**

iv) **Community Development Report**

Mrs McVeigh presented the Community Development Progress Report for 2009/10. This provides an overview of actions identified to enhance community development within the Southern Trust and the progress made against those actions during 2009/10 and the added value provided by utilising an integrated approach through the Promoting Wellbeing Department. Mrs Blakely commented that she would welcome a more high level strategic partnership approach to Community Development.

v) **Community Sector Training Annual Report**

Members noted the content of the Community Sector Training Annual Report which provides an update on the Community Sector Training (CST) programme for 2009/2010 and reflects the progress that has been achieved in terms of delivering Child Protection and Community Development approaches to Health within the community sector.
9. **SECTION 75 ANNUAL PROGRESS REPORT**  
(1\textsuperscript{st} April 2009 – 31\textsuperscript{st} March 2010) (ST 289/10)

Mr Donaghy presented the above-named report for approval. He stated that the content of the annual progress report provides evidence of the Trust’s sustained commitment to fully meeting its statutory obligations under Section 75, NI Act 1998 and 49A of the Disability Discrimination Order 2006 and of significant progress in all areas of the Trust’s Equality Scheme.

The Board of Directors approved the Section 75 Annual Progress Report (ST 289/10)

10. **MID-YEAR ASSURANCE STATEMENT**

Members noted the Trust’s Mid-Year Assurance Statement as at 30\textsuperscript{th} September 2010, the purpose of which is to attest to the continuing effectiveness of the Trust’s system of internal control.

11. **REGISTER OF INTERESTS 2010/11**

The Chairman advised that the Register and Declaration of Interests has been updated for the 2010/11 year and is available, upon request, from the Chair/Chief Executive’s office.

12. **BOARD COMMITTEES**

i) **Audit Committee – Minutes of meeting held on 26\textsuperscript{th} May 2010 (ST 290/10)**

Mr Joynes presented the Minutes of the 26\textsuperscript{th} May 2010 meeting for approval. He referred in particular to the limited level of assurance provided on the system of internal control over Income from Private Patients and advised that he had discussed this with Dr Loughran and had attended a Medical Forum meeting to discuss the concerns raised in the audit with Associate Medical Directors as medical leaders. A draft procedure has been drawn up.
The Chairman asked if the Internal Audit Plan could include assignments such as the risks identified in the Board Assurance Framework. Mr Joynes advised the Audit Committee is the Forum whereby the Internal Audit Plan is agreed and reviewed. The Chairman asked that Mr Joynes and Mrs Blakely give further consideration as to how the strategic risks facing the organisation should be addressed.

The Board of Directors approved the Minutes of the Audit Committee meeting held on 26th May 2010 (ST 290/10)

ii) Audit Committee - Revised Terms of Reference (ST 291/10)

Mr Joynes presented the revised Terms of Reference for approval. He advised that these had been updated to reflect that as Chair of the Audit Committee, he will meet with the Chairman and the Chief Executive following each Audit Committee meeting to provide a briefing and to draw to their attention any areas of concern.

The Board of Directors approved the revised Terms of Reference of the Audit Committee (ST 291/10)

13. SEALED DOCUMENTS

The Chairman advised that the renewal of the Lease for Unit 6, Legahory Centre, Craigavon, had been sealed in the name of the Trust.

14. CHAIRMAN AND NON-EXECUTIVE DIRECTORS’ BUSINESS

A list of the Chairman’s and Non Executive Directors’ business was noted.
15. **VISITS WITH CHIEF EXECUTIVE – INTERNAL DIRECTORS 2010**

A list of the Chief Executive’s visits with Directors to meet with front line staff was noted.

16. **ANY OTHER BUSINESS**

i) Board members congratulated Dr John Simpson, Associate Medical Director for Mental Health & Disability, on winning the Medical Manager of the Year award in London. Dr Simpson was presented with his award at a prestigious ceremony held at the Royal Society of Medicine in London on 16 November. The annual RCPsych Awards mark the highest level of achievement within psychiatry, and are designed to recognise and reward excellent practice in the field of mental health.

ii) **Lean Healthcare Academy Awards**

   Board members congratulated the following winners:-

   **Outstanding contribution to the advancement of Lean**
   - Jacqueline Morton

   **Productive Series** - Phase 1 Releasing Time to Care Wards

17. **Proposed meeting dates for 2011**

Members approved the schedule of meeting dates for 2011 subject to one amendment to accommodate the DHSSPS draft timetable for the 2010/11 annual accounts.