

**Minutes of the Board of Directors meeting held on Tuesday,  
18<sup>th</sup> December 2007 at 10.30 a.m. in the Board Room, CAH**

**PRESENT:**

Mrs A Balmer, Chairman  
Mr C Donaghy, Chief Executive  
Mrs R Brownlee, Non Executive Director  
Mr M Dillon, Director of Finance  
Mr E Graham, Non Executive Director  
Mr A Joynes, Non Executive Director  
Dr P Loughran, Medical Director  
Miss E McLoughlin, 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  
Mr Francis Rice, Director of Mental Health and Disability Services/  
Executive Director of Nursing

**IN ATTENDANCE:**

Mr K Donaghy, Director of Human Resources and Organisational Development  
Mrs M McAlinden, Director of Performance and Reform  
Mr J McCall, Director of Acute Services  
Dr G Rankin, Director of Older People and Primary Care  
Mrs J Holmes, Board Secretary  
Ms E Bennett, Communications Manager  
Mrs E Skelton, Office Manager (Minutes)  
Mrs S Cunningham, Southern Health and Social Services Council  
Mrs A McVeigh, Assistant Director of Enhanced Services for Older People and Primary Care

1. **CHAIRMAN'S WELCOME AND APOLOGIES**

The Chairman welcomed everyone to the meeting. She particularly welcomed members of the public and Mrs Angela McVeigh. Apologies were recorded on behalf of Mrs D Blakely, Non Executive Director and Ms H Kelly, Non Executive Director.

2. **MATTERS ARISING FROM PREVIOUS MEETING**

The minutes of the previous meeting held on 11 December 2007 were not available due to the short timescale between meetings.

### 3. **STRATEGIC ISSUES**

#### i) **Re-provision of Hospital Based Respite and the Development of Community Based Services for Older People**

The Chief Executive reminded members of a paper which had been brought to Trust Board in June 2007, following which there has been significant interest from the public, staff-side and politicians. This interest, he said, was very welcome. The Chief Executive said he had met with Mr Simpson MP MLA and Mr S Moutray MLA and they have been re-assured regarding the proposals. A letter has been received from Craigavon Borough Council requesting that the Trust does not go forward with the proposals for Ward 7/8 in Lurgan Hospital. Mr Donaghy will correspond with Craigavon Borough Council following the Board meeting today. Mr Donaghy stated that members were meeting today to discuss the implementation of the proposals. Both UNISON and Mr Simpson decided not to take up speaking rights for this meeting. The Chairman invited Dr Rankin and Mrs McVeigh to make a joint presentation.

Dr Rankin introduced the presentation which focused on the background to the proposal, including the strategic context and the details of the new services. She referred to a recent NI consultation on Stroke services. Dr Rankin said all policy directives, national, regional and local, focus on:

- improving quality of care
- avoidance of unnecessary hospital admission
- preventing unnecessary A&E attendances
- reducing length of stay
- continuing rehabilitation actively at home to restore optimal independence
- specialist rehabilitation team for people with stroke
- support for families and carers

Dr Rankin stated that best care will be provided through specialist stroke teams, with continuing support for families and carers which is very important.

Dr Rankin outlined the strategic context in relation to local policy and stated that very significant consultation has been undertaken; she referred to:

- Southern Health and Social Services Board (SHSSB) – ‘A Strategic Vision for Health and Social Care Services for Older People 2002-2007: This consultation engaged with over 300 people/groups.
- Rehabilitative focus for patients in non-acute beds
- Prevention of admission to hospital
- Support and rehabilitation for people at home
- Services close to people at home
- Phasing out of hospital based respite
- Provision of respite in community settings

There are very clear messages within this strategy, which is the key driver to ensuring that the Trust serve the population as best possible. Dr Rankin referred members to the demographic context which illustrates the projected growth in

population in the over 75s - 34% increase in over 75s in 11 years.

Dr Rankin referred to Ward 7/8 in Lurgan hospital which has 22 beds. A degree of under-occupancy in Lurgan hospital has been documented. Seven beds are currently used by 24 people for respite services. The proposal is to re-provide respite for these individuals in Nursing Homes; one person will receive respite in Thompson House. The respite will be of the same frequency and number of days and no individual will be disadvantaged in this move.

Dr Rankin detailed the level of engagement with patients and families. Senior Trust staff met with families collectively and individually and are also engaging with staff; this engagement will continue. Staff have been offered redeployment and training. The Trust will be in a position to move on this in the New Year. Staff Side has had membership of the Human Resources sub group throughout the process. Meetings have taken place with a number of local Councils and presentations have been made to a number of community groups, ie, Craigavon & Banbridge Community Forum, Pensioners Actively Lobbying for Services (PALS), and a public meeting was held in Lurgan.

Equality Screening has been completed and it has been concluded that the Trust has paid due regard to Section 75.

Following engagement with families and carers, it was evident that most people understand and support the changes. There is some concern regarding ensuring the same level of care is maintained in Nursing Homes. Dr Rankin assured members that the Trust is working very closely with the contracted Nursing Homes to ensure equal quality of care. Patients and their families/carers were able to choose which of the designated Nursing Homes they preferred.

Dr Rankin outlined the development of a model of Clinical Support for Older People in Care Homes. The Trust has looked at current models across NI and the UK. Dr Rankin stated that there is more the Trust can do in partnership with Nursing Homes. We must look at how we can assure ourselves that people have access to services in Nursing homes when required.

It is proposed to commence this new approach with Nursing Homes for this cohort of patients who will move from Lurgan. It will then roll out across the Trust.

With regard to support for carers, the Trust has looked at how we could be more responsive to carers. It has been agreed that funding will be ring-fenced for increased respite services for carers over a 3 year period.

Mrs McVeigh informed members that the Project Team has been looking at needs assessment. In response to this, she presented details of the Community Stroke Rehabilitation Services and referred to the evidence based approach and multi-disciplinary team composition.

Ms McVeigh also presented details of the One Stop Assessment Centre and explained that they had looked at examples of this in a variety of locations and have adapted a recognised model of care. This involves rapid access (24-48 hours) to a

comprehensive, multi-disciplinary assessment and treatment service. Multi-disciplinary teams will be based in the day hospital in Lurgan and, through care pathways, will link to Geriatric Liaison Team, intermediate care, specialist primary care and day hospital services. The team will work flexibly to maximise better outcomes for patients.

Dr Rankin outlined current patient pathways and proposed patient pathways. The Trust is in discussion with Age Concern NI regarding the provision of advocacy service.

Mr A Joynes raised the issue of quality of care in private Nursing Home settings in relation to the 'softer' issues, eg, stimulation, engagement and motivation. Dr Rankin responded that plans are in place and assured members that this is being addressed.

The Chairman asked what the maximum length of stay was. Dr Rankin confirmed that this was for respite services only with a maximum stay of 2 weeks at any one time.

Mrs Brownlee raised the following questions:

1) *If Nursing Home beds were contracted on a spot purchase or block beds?*

Dr Rankin clarified that there had been a competitive tender for block beds and 3 Nursing Homes were awarded the contracts. These are located in Craigavon, Lurgan and Banbridge. Dr Rankin stated that families will be able to develop relationships with the Nursing Homes.

2) *How often are these beds used? At what cost?*

Dr Rankin informed members that the contracts with the Nursing Homes are not permanent. They are for cohort of patients only. The cost per patient per week is £490 which is the regional rate. The cost per patient per week in Lurgan Hospital is greater, however, there is a range of fixed costs associated with hospital costs.

Mr Donaghy re-assured the Board members that there would be no cost to those patients in Lurgan Hospital. The Trust is bearing the Nursing Home costs for the natural life of these people. This will be monitored very closely.

Mrs Brownlee said she had personal difficulty with these people getting free care whilst others have to pay the full rate.

Mr Joynes requested an update on the status of staff.

Dr Rankin confirmed that 3 out of 29 staff wish to retire, two staff wish to move to the community setting. For those staff whose first choice is to stay in Lurgan Hospital, this can be accommodated. Some staff have chosen to move to Craigavon Area Hospital. Dr Rankin agreed to give an update in January 2008.

Mrs McLoughlin asked if the 3 Nursing Homes was a personal choice of the patients and their families/carers or the choice of the Trust.

Dr Rankin explained that the Trust went to tender on this and block contracts were

awarded to 3 Nursing Homes; but only where the Trust could be assured of the level of service. This could not be guaranteed through spot purchase. Discussions have taken place between the families and the Nursing Homes and in the New Year each family will choose which Nursing Home they prefer.

The Chairman asked that all staff be thanked and she congratulated all those involved in this very difficult exercise.

**The Trust Board approved the plans.**

Mrs McVeigh left the meeting.

**ii) Dermatology Services – Proposal to Improve the Provision of Services within the Southern Trust Area**

The Chief Executive stated that this proposal was another high profile issue.

Mr McCall presented this proposal to members. He stated that this proposal was to inform and advise of work currently taking place and to ask Trust Board for approval in principle.

Mr McCall stated that this was a starter paper, using the success and achievements of the service in the past as a platform to move forward and modernise the existing services.

Mr McCall outlined the strategic issues surrounding this proposal and made particular reference to the DHSSPS having set very challenging targets in relation to waiting times for skin cancer treatment. The 62-day maximum wait from referral to treatment is a major issue for the Trust. Mr McCall stated that the Trust would wish to achieve the targets. New model will be based on the NHS Modernisation Agency's Good Practice guide. Mr McCall outlined the current service model which is successful in delivering a range of services.

Mr McCall gave a synopsis of the service review. A review of admissions suggests that there is scope to reduce the current 10 beds to 7 by introducing new ways of working. A number of conditions currently managed within the dermatology inpatient service could be managed by alternative means within inpatient acute beds, outpatients and community services. An analysis of capacity and demand for outpatient services indicates that the presenting demand could be met within the current consultant-led service. However, this does not highlight the current inability to assure cancer access times are met or the need to move consultant capacity into day case activity to address cancer access targets. The capacity of consultant led service to respond to cancer waiting times and cancer network objectives needs to be assured. Mr McCall referred to the development of the Nurse-led service and stated that because the service is often dependent upon the specialist skills of individual nurses, there is a major sustainability issue when those members of staff leave, have periods of sickness or annual leave, etc.

Mr McCall made particular reference to the following services:

- ***Hub and Spoke Service Model***

Mr McCall outlined the new ways of working for the service and proposed the Hub and Spoke service model; with CAH being the Hub with services provided at locations in Dungannon, Armagh, Lurgan and Newry. This would improve access to very skilled clinicians and other professionals.

- ***Integrated Clinical Assessment and Treatment Services (ICATS)***

It is proposed that an ICATS model be developed within the Trust's Dermatology service, providing an intermediate service (non-consultant) to treat the most common dermatological disorders. Appropriately training staff should deliver this service with defined competencies integrated into secondary care. This will be incorporated into the reformed service model for the Southern Trust.

- ***Teledermatology***

Mr McCall stated that the Trust proposes to introduce a new Teledermatology service based on the Hub and Spoke model. A high resolution photograph is taken of urgent referrals and transmitted to the Hub where it would be analysed by a Dermatologist and the patient would then be directed to the most appropriate treatment pathway. The benefits of this service are that the patient does not need to have a consultant out-patient appointment; only where the condition merits it. The implementation of telemedicine will be essential to ensure that cancer targets can be achieved.

- ***Photodynamic Therapy***

It is proposed that Photodynamic therapy be introduced to treat some cancers. Again this implementation will be essential to ensure that cancer targets can be achieved.

- ***Enhancement and Extension of Nurse Led Clinics***

It is proposed that there will be an extension to the number of nurse led clinics for the management of chronic conditions. The management and governance arrangements for this service will be strengthened and standardised.

An initial screening for equality purposes has been undertaken and no material or adverse impact has been identified. A report will be prepared to support the full business case and to provide assurances that Section 75 has been complied with and that the outcome of the screening has been taken into account in the decision making to date.

Mr McCall outlined the next steps as follows:

- Quantification of capacity requirements for hub and spoke model and assessment of reinvestment and additional capacity required
- Analysis of impact on current patterns of activity, including in relation to consultant job plans

- Finalising appropriate locations of the hub and spokes
- Agreement of the ICATS model with commissioners and securing investment for same

Mr McCall asked the Trust Board for approval in principle to enable the Trust to proceed to engage with key stakeholders.

Comments were invited from members.

Dr Mullan asked for clarification on the 5-day week (Mon – Fri) service and what would happen when someone required treatment over the weekend.

Mr McCall clarified that the treatment in Lurgan Hospital is only provided on a 5-day week. Dr Loughran confirmed that, should a patient require admission over the weekend, this will be provided in an acute ward in CAH. Mr Donaghy stated that the trend in dermatology services is to provide the service on an out-patient basis.

Mr Joynes asked if there were any staff issues. Mr McCall informed members that early discussions have taken place with staff and no difficulties have been identified to date. The Trust will ensure that there is a sufficient number of properly trained staff to deliver the service.

Mrs Brownlee stated that, as a service user, she has found this service to be excellent.

Mrs McAlinden informed members that one of the key drivers is to meet cancer targets. The Trust must look at how we can work differently. It is important for the Trust to look sensibly at resources.

Mr Rice stated that, through enhanced services there is increased capacity and this is very positive for staff.

Ms Cunningham stated there was some public anxiety over the move from Lurgan to Craigavon and concern over the increased difficulty in accessing services at CAH. Mr McCall responded by saying that CAH was considered the logical and natural place for this service. The level of provision required to support the service is at CAH. He will bring a paper back to the Board after having tested this.

Chairman requested costings for the redesign of the service. Mr McCall stated that costings will be included in the next paper he brings to the Trust Board.

**The Board approved this proposal in principle.**

iii) **Transformation of Business Services in Health and Social Care – Shared Services**

Mr Donaghy informed members that this is the Trust's response to the DHSSPS following the Deloitte paper regarding shared services. The outcome of this will be a 5-Trust approach.

Mr Dillon presented this paper to the Board. This consultation relates to 6 services:

Finance (payroll), Human Resources, Estates, Information, ICT and Supplies & Procurement. The DHSSPS claim that the benefits of shared services are: operate at a lower cost, and, high quality service. Mr Dillon stated that, whilst we cannot argue with the concept, the levels of efficiencies of shared services have yet to be proven; in historical/existing cases it has shown that these kinds of arrangements do not always deliver savings. Mr Dillon informed members that, at present, replacement Finance, Human Resources and Supply systems are required and that these should be unbundled from Shared Services.

The paper highlights that 3000 staff would be affected and potentially 500 job reductions. At the request of Staff Side, the DHSSPS have extended the consultation period. Need to see full equality impact done by DHSSPS. Mr Dillon stated he would like to see the DHSSPS taking evolutionary rather than revolutionary approach.

The Chairman invited comments from Board members.

Mr Joynes commended the paper and stated that his experience was also that Shared Services did not work and did not deliver on savings.

Dr Mullan stated that the bundling of new IT systems with shared services was unhelpful. As a Trust we need to know quickly what is happening financially; we need to have control.

The Chairman asked if other Trusts have gone ahead with developing financial systems. The Chief Executive stated that some systems need to be replaced on a NI-wide basis.

Mr Donaghy agreed with Mr Dillon that systems should be unbundled and business case progressed for systems. He also stated that Deloitte's paper is compelling at face value and one can see why this is the route the DHSSPS is keen to take. At this stage this case could yield £11M. Therefore, if DHSSPS do not accept, this money will have to be found in other ways.

The Chairman asked Mr Dillon to keep the Board updated.

**The Board approved the paper.**

#### iv) **Comprehensive Spending Review**

The Chief Executive referred to a letter that is going to Government which is the Trust's response to the overall budget. He also shared with members a copy of the Reform and Efficiency Plan.

The Chairman stated that the Trust Board had looked at this previously.

**The Board approved this response.**

#### 4. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

##### **Risk Management Strategy**

Dr Loughran presented this paper to members and stated that this strategy was written in consultation with stakeholders within the Trust. It is consistent with DHSSPS guidance and our governance arrangements. The intention of the strategy is to identify and measure risk and take action to reduce/manage that risk. Dr Loughran outlined the risk management responsibilities and processes and the operation of the risk management system. He said the Board of Directors are responsible for ensuring that the organisation consistently follows the principles of good governance applicable to HPSS organisations. The Chairman asked if the Board of Directors will participate in risk assurance processes as defined in paragraph 2.6.1. It was agreed that they would oversee the risk assurance processes.

Dr Loughran said Trust Directors are required to ensure a local risk management strategy and procedures are established for their area of responsibility based on the Trust-wide strategy and procedures including risk assessment, adverse incident reporting and risk registers.

The Chairman advised that in paragraph 3.2.4 it was incorrect to state that the Corporate Risk Register is a standing item at monthly Trust Board meetings.

The Chairman invited comments from members.

Mr Joynes said we do not want to let risk manage us. This is a tool for us to use to ensure we don't get caught out. Dr Loughran stated that there is an enormous amount of risk in health and social care which we have been managing. It is not there to bring the service to a standstill, rather it allows us to control risk.

Mr Rice said that people will identify what the risks are. It is proposed to bring people together to take this forward and only identify those things that are a risk for the organisation. Workshops are currently being organised to operationalise this.

**The Board approved the Risk Management Strategy subject to the amendments requested above.**

## 5. OPERATIONAL PERFORMANCE

### - Performance Report

Mrs McAlinden presented the Performance Report to the Board in the form of an exception report. She referred to the principal PFA targets and informed members that 2 targets have been achieved: learning disability and older people services.

#### Low Risk:

Five of the targets are low risk; timely discharge now moved to low risk. Complex discharges is 98%; the NI average is 77%. Mrs McAlinden informed members that the Trust's performance has been recognised.

#### Medium Risk:

5 targets are medium risk. Elective targets continue to perform strongly. The 2 breaches reported were due to equipment failure; this was accepted by the DHSSPS. Diagnostics are showing significantly reduced waiting lists.

One particular risk in AHPs is Paediatric Occupational Therapy. Mr Dornan and Dr Rankin are currently working on an action plan to address this. Mr Dornan reported that there are problems with recruitment of staff due to long delays in POCVA checks. Managers are providing clinical services to help meet the target. Mr Dornan stated progress is being made and the target should be met by the end of February 2008 at the earliest. This will be a massive service improvement. The total AHP waiting lists have been reduced by half since the monitoring commenced.

Access to Cancer Services: this continues to perform well. Mrs McAlinden informed members that the Trust has been working with Joy Youhart from DHSSPS to address particular areas. DHSSPS is working with other cancer sites and is fully satisfied with progress made. Trust is currently treating 80% of cancers that we are supposed to be reporting on. Medium risk will be maintained. The Chief Executive said the Southern Trust is performing better than other Trusts.

#### High Risk:

Mrs McAlinden reported that Foster Care is now high risk. This is as a result of new guidance from the DHSSPS. Mr Dornan stated that fostering contracted from the private sector cannot now be included in Trust figures. There is currently very close monitoring of children. Mr Dornan reported that the Southern Trust has the highest percentage of children moved to permanency; these children leave fostering.

Chairman asked about the decreased number of foster carers in the Craigavon/Banbridge and Newry/Mourne areas. Mr Dornan stated that in some cases fostering becomes adoption. In legacy Armagh/Dungannon Trusts there was a drive to reduce fostering in private homes.

Mrs McAlinden said the Trust recognised that Foster Care is a high risk area; not a well defined target.

Mr Dornan stated that there are no great changes in December but the next 3 months will give a better indication.

The Chairman asked for best estimate for end of March 2008. In response Mr Dornan stated that there would be difficulty meeting the target.

Mr Donaghy stated that a number of Trusts have had an agreement on a revision in their baseline. The issues of permanency/adoption have not been factored into this target. There is currently ongoing discussion regionally.

Mr Joynes asked about waiting list for OT assessments for older people. Mrs McAlinden stated that this was covered by the AHP target. Dr Rankin stated that the legacy Trusts had long waiting lists. It is planned to meet the target by the end of February 2008; from 3 years waiting to 26 weeks. In 2008/2009 this will be decreased to 13 weeks.

Mr Joynes asked if the Trust had the resources to deal with the backlog and new referrals. Dr Rankin stated that, with the current staff complement, the Trust can meet the 26 week target (funding has been secured from SHSSB for administrative support staff).

## **- Finance Report**

Mr Dillon presented this report to the Board. He reported that there is currently a £188K surplus which has been brought about by non-recurring funding. Mr Dillon reported an over-spend in Nursing of £1.7M; projected to be £2M by the end of the financial year. Work is progressing well within the new structures and new budgetary reporting will be aligned with new POC/ Directorate structure.

Mr Dillon informed members that the financial balance has been achieved through non-recurrent funding.

Mr Joynes asked what the Trust is doing to address the overspend; in particular the use of Agencies for Nursing/Social Services. The Chief Executive referred to the reform paper that details the major initiatives that the Trust is undertaking. This gives a clear indication of what the Trust is doing, specifically with regard to Nursing. Mr Dillon reported that he was meeting with Directors to look at containing costs. Mr McCall reported that, within acute sector, there has been a turnaround scheme set up to focus on bank/agency nurses. There is a need to restore good discipline with effect from the beginning of January 2008.

Mr Rice informed members that 2 nursing workforce reviews are being taken forward in Craigaon Area Hospital and Daisy Hill Hospital. This work will be completed by end January 2008 and submitted to SHSSB. This paper will come to Trust Board in January 2008 for approval.

Dr Loughran stated that the discipline with regard to the use of agency staff in legacy Trusts has slipped.

Dr Rankin stated that with regard to Domiciliary Care, a steering group had been set up to look at efficiencies in processes and systems. Dr Rankin and Mr Dillon to discuss the realignment of budgets for domiciliary care, nursing and residential home care.

Mr Joynes asked for reassurance that this will be done. The Chief Executive gave this reassurance to the Board.

Dr Mullan asked why there was a £1.7M overspend in medical records. Mr Dillon explained that 'medical records' is a sweep up 'heading' so does not give an accurate reflection. Mr Dillon assured members that this would be presented in a more accurate way in future.

Dr Mullan said he was not convinced about the financial balance at end of year, taking into account the non-recurring funds. Mr Dillon explained that the figures presented showed 7/12ths of the full non-recurring funding and not the whole amount.

### **The Board approved the Finance Report.**

#### **- Human Resources Report**

Mr K Donaghy presented the revised Human Resources report to the Board and made reference to the productivity indicators.

The vacancy rate for the Trust is 2.16%.

Staff turnover is 8.8 %. This figure is reduced to 7.5% when medical staff rotations are excluded. The average for the health sector is 17%.

The overall Trust sick leave rate as at the end of September 2007 was 5.7%.

The training expenditure for the period April to October 2007 represents 0.5% of the total payroll expenditure. However, this excludes professional training provided through the Social Care Training Unit and the Beeches Management Centre.

Mr K Donaghy stated that in some areas, eg, domiciliary care, there are difficulties with recruitment and in these cases agency staff are required.

Mrs Brownlee expressed concern as to the amount of money being spent on agency nursing. Mr K Donaghy stated that, where the Trust cannot recruit, we are looking at the skill mix.

The Chief Executive said the Trust does not have aspirations that we will balance the figures in the next 2-3 months. It will be over the next 2-3 years that we will see significant improvement.

Mr McCall referred to the Trauma & Orthopaedics service development, and said this was a good example of where there had been no difficulty whatsoever with recruiting staff.

### **The Board approved the Human Resources report.**

## 6. GOVERNANCE

### - Board Assurance Framework

Mrs Holmes presented the framework which she advised provided the updated position with regard to progress in addressing gaps in controls and assurances; she said that a number of these arrangements will now move in to the category of 'controls', eg, the Governance strategy, the professional governance forum, the performance management framework and revised limits for non pay expenditure.

The framework also included new risks identified, namely:

- POCVA checks – the delays in getting POCVA checks completed are having a negative impact on recruitment and resulting in delays in getting staff in post.
- requirement for final accounts and annual report to be submitted to the DHSSPS by 28<sup>th</sup> April 2008.

Mrs Brownlee commended the Board Assurance Framework.

The chairman asked Mr Dornan for clarification on what statutory reports are due to come to the Board before the end of March. Mrs Holmes informed members that there are 2 reports left to come to Board before the year end. The chairman asked Mr Rice if he had any Patient Safety Reports to bring to the Board and Mr Rice explained that a Statutory Midwifery report will come to the Board on an annual basis.

Dr Mullan referred to the Zero Tolerance Policy and asked if there were any changes to the report. Mr K Donaghy and Mr McCall are currently involved in the regional development of this report. It will have particular focus on what action needs to be taken to reduce risks for staff. This is going to next Trust Senior Management Team meeting.

Mr Dornan stated that the Zero Tolerance was not a reality in Children's homes where some degree of coping with aggression is necessary.

**The Board approved the Assurance Framework.**

### - Organisational Governance (NIAO Reports)

Mr Dillon presented this report to the Board. It included all the NIAO accounts for the four legacy Trusts. These have been through the Audit Committee, unqualified opinions have been issued and all financial targets have been met. Mr Dillon referred to Agenda for Change and said the Trust needs to maintain financial control during the transition.

Mrs McAlinden said that the observations are very varied. Mr Dillon explained this was due to there being two different firms of Auditors used. This will not be the case for the new Trust.

**The Board approved this report.**

- **Integrated Governance Strategy**

Mrs Holmes provided an overview of the Integrated Governance Strategy. The strategy provides a definition of Integrated Governance and the key focus of delivering organisational objectives in a way that has patients/clients, carers and the wider community in focus. The strategy in section 5 refers to the principles that should be embedded within all core business, section 6 defines key roles and responsibilities and section 7 outlines the sub committees that need to be put in place to address key issues. The strategy will be subject to further consultation at a governance workshop being held on 25<sup>th</sup> January with key governance staff and then brought in final form to the next Board meeting. Mr Dornan said that a lot of progress had been made by working together.

**The Board approved the strategy in principle.**

## **7. STANDING ORDERS**

- **Review of Expenditure Limits for Non Pay Expenditure**

Mr Dillon presented this paper to the Board. He informed members that, now that the new structures have been populated, it is necessary to detail the limits to delegated authority. This relates to stock and non-stock expenditure only and excludes capital and legal settlements.

Mr Dillon said, following discussion with the Chairman, it is proposed to increase the expenditure limit for the Chief Executive and the Director of Finance and Procurement to £350K; with the discretion of up to £500K in special circumstances, to be co-signed by both the Chief Executive and the Director of Finance and Procurement.

**The Board approved the revised expenditure limits subject to the amendment for Chief Executive and Director of Finance and Procurement.**

## **8. BOARD COMMITTEES**

- **Audit committee**

Mrs McLoughlin gave a detailed report on the minutes of the Audit Committee meeting held on 19 September 2007. She reported that 2 new members have joined this committee – Mr Edwin Graham and Mrs Roberta Brownlee.

The Chairman raised a query on direct payments. This will be on the agenda of the Directors' Workshop in January 2008.

Dr Rankin informed members that the first 'In Control' project meeting will take place at the end of January 2008. The Chairman asked that an outline of direct payments and In Control Project should be given at Workshop.

**The Board approved the minutes of the Audit Committee.**

## **9. CHAIRMAN'S AND NON-EXECUTIVE DIRECTORS' BUSINESS**

This report was submitted to Board members for information.

## **10. ANY OTHER BUSINESS**

### **- Records Management Strategy**

Mrs McAlinden reported that records management is an important issue for the Trust. The strategy identifies risks and the action plan sets out how to deal with these risks in a strategic way.

The Board approved the Records Management Strategy.

The meeting concluded.

### **Comments from Member of the Public**

#### **- Respite for Younger Adults**

Mr Daniels (member of the public) raised the issue of the lack of respite care for younger adults.

Mr Rice clarified that this referred to the transition stage from child to adult. Mr Rice stated that the Trust is currently looking at how we need to address these issues in the future to ensure there are facilities available. This will form part of the overall arrangements for modernisation and reform.

Mr Donaghy stated that the Trust is very aware of this issue and that we are looking at a number of aspects, including the employment route, ie, from social education centre to employment. Mr Rice has had discussions with DHSSPS regarding this and they are quite responsive; they recognise this is a shared responsibility.

The Chairman referred to current partnership working involving Action Mental Health, where a large number of courses are available.

Mr Rice informed members that the Trust is in the process of opening an 8-place respite centre in Dungannon. A manager has been recruited and the Trust will now be going out to recruit other staff.