

- **External Reference Group**

The Public Inquiry External Reference Group met in person for the third time on Friday, April 21st.

The External Reference Group has been established to fulfil the role of a “critical friend”, providing independent challenge and support to the Chief Executive and sharing expertise and knowledge in framing the Trust’s response to the learning coming out of the Inquiry process.

Four areas for consideration by the group have been agreed. Each group has an independent member and Trust director as co-chairs:

Governance and Accountability sub Group

Chairs - Robbie Pearson and Stephen Austin

Culture and Leadership sub Group

Chairs - Hugh McCaughey and Vivienne Toal

Quality and Safety sub Group

Chairs - Mary Hinds and Heather Trouton

Analytics sub Group

Chairs - Simon Watson and Stephen Austin

These time-limited groups are working to develop action plans in relation to these areas and to progress an over-all Improvement Plan for the Trust.

2. Urology Lookback Review - summary :

THE CLINICAL ASPECT OF COHORT 1 IS NOW COMPLETE

Lookback Review Stage 1 – Cohort 1

- January 2019 – June 2020 - 2112 patients -

Lookback Review Stage 2 – Review

- Now complete – below is a summary of the triaging of the patient Review Forms

Category	Number	Percent	Action
No concerns	1696	80.3%	Closed to the Lookback
Concerns – <u>not</u> clinical	176	8.3%	Lookback Clinic
Clinical concerns	240	12.4%	Lookback Clinic

Stage 3 - Recall

- 527 patients seen – outcomes from this being included in the Cohort 1 Outcomes Report currently being drafted. To be shared with TB when complete.

LBR Cases Closed

- For the 2112 cohort - 2030 patient cases are now closed **(96%)**.

SCRR Screening

- New total of 125 meet SCRR threshold – 53 original plus 72 additional
- 10 cases remain on the screening list – when screened this work will then be complete for cohort

SCRR Reporting

- 53 original forwarded for full SCRR
- A comparative analysis has been undertaken by the Lookback Team of the 53 returned SCRR reports i.e. reasons patient was screen-into SCRR is compared to the themes identified in the returned SCRR report.
- Learning derived from SCRRs:
 - Incorrect treatment;
 - Un-actioned MDM outcomes including onward referrals and planned reviews;
 - Prescription of unlicensed medication as an incorrect form of treatment;
 - Not following NICE guidelines;
 - Not providing patients with options and choice in relation to their treatment pathway (informed consent).
- One new theme identified (unreasonable delay in progressing care) – 4 cases forwarded for completion.

Summary

- Clinical review / recall aspect of cohort 1 is now complete
- Outcomes report for cohort 1 currently being drafted – due completion by end May 2023
- Closing cohort 1 patients on the administratively LBR database ongoing
- Active planning for commencing cohort 2 in progress with support from the Lookback Review Lay Reference Group Simultaneous planning ongoing – anticipate “start” date for this end June 2023 – to be dictated by the DOH.
- Scope of and numbers in cohort 2 to be confirmed when outcomes report is finalised – working / planning assumptions are:
 - Alive cancer patients diagnosed between 2015-2018;
 - Patients with ureteric/ renal stones including patients with stents inserted between 2015-2018;

Patients added to the waiting list 2015-2018 for surgery and have yet to have their procedure.

3. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	Included at Risk 7
Board Assurance Framework	N/A
Equality and Human Rights	N/A

Minutes of a Confidential Meeting of Trust Board
held on Thursday, 22nd June 2023 at 8.45 a.m. in the Boardroom,
District Council Offices, Monaghan Row, Newry

PRESENT

Ms E Mullan, Chair
Dr M O’Kane, Chief Executive
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Dr S Austin, Medical Director
Ms C Teggart, Director of Finance, Procurement and Estates
Mrs H Trouton, Executive Director of Nursing, Midwifery & Allied Health Professionals

IN ATTENDANCE

Mr B Beattie, Director of Adult Community Services
Mrs L Leeman, Interim Director of Planning and Reform
Ms J McGall, Director of Mental Health and Disability Services
Mrs M Maginnis (for Mr McCafferty)
Mrs C Reid, Director of Surgery & Clinical Services
Mrs T Reid, Director of Medicine and Unscheduled Care
Mrs V Toal, Director of Human Resources and Organisational Development
Ms E Wilson, Director of Planning, Performance and Informatics
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager (Minutes)

APOLOGIES

Ms G Donaghy Non-Executive Director
Mr C McCafferty, Interim Director of Children and Young People’s Services/Executive Director of Social Work

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting. She particularly welcomed Ms Elaine Wilson, newly appointed Director of Planning, Performance and Informatics.

2. DECLARATION OF INTERESTS

The Chair asked members to declare any potential conflicts of interest in relation to any matters on the agenda. None were declared.

3. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 25th May 2023 were agreed as an accurate record.

4. MATTERS ARISING

Members noted the progress updates from the relevant Directors.

5. CYTOLOGY UPDATE

Mrs C Reid provided an update as follows:

- Risk Assessment report has been received from RCPATH. It documents their findings and makes 8 recommendations for consideration and implementation by Trust and / or PHA;
- RCPATH do not recommend a Lookback Review, rather full implementation of HPV primary screening with consideration of bringing higher risk women forward for earlier screening;
- An action plan for the implementation of the recommendations and structure, with joint chairmanship from Trust and PHA for the oversight and accountability for the implementation process is being developed.
- The Trust's Cervical Screening Steering group, which last met on 6 June, has accepted the report, its recommendations and the proposed way forward for implementation.

In relation to the SHSCT Cytology service, Ms Reid advised that the backlog is currently 8,658 (as of 12 June 2023). As regards the region – BHSCT 12,000, NHSCT 6,000, WHSCT 3,000. A regional programme for primary HPV co-testing has commenced to address the backlog in reporting of smears. The risk relating to Cervical Cytology backlog and performance has been added to the Corporate Risk Register and is kept under review by the Senior Leadership Team.

There was discussion on the challenge of the communication of complex information to the range of the different stakeholder and interested parties - public, media interest parties while recommendations are being actioned. Members expressed their unease at this item remaining in the confidential section as opposed to the open section of the Trust Board meeting. It was agreed that an update would be provided at the next confidential meeting to include any associated communication. In the meantime, Dr O'Kane asked that advice is sought from the Regional Ethnicity Committee as to rationale for this item not being discussed in the open section.

Action: Mrs C Reid / Dr Austin/Mrs R Rogers

6. ENDOSCOPY UPDATE

Mrs C Reid spoke to the progress update. She advised that the action plan has 2 actions which are ongoing. Action 3 was discussed in which it was noted that a standardised list of acceptable free text comments for weekly monitoring has now been agreed. A current audit is ongoing with sharing of the learning regionally and working with colleagues on encompass development and implementation. In response to a question from Mr McDonald, it was agreed that the next update would be provided at the open section of a future Trust Board meeting. Mr McDonald also asked if the Trust was assured that this could not happen again. Mrs C Reid spoke of the audits in place, the follow up on outcomes and the regular spot checks. Mrs Toal advised that for any I.T. system where there is free text, there would be the potential for this to happen elsewhere and for that reason, a mechanism for checks and balances is so important. Mrs Reid agreed to check if this potential risk was on a Risk Register. Mrs Leeman advised that the learning has been brought to the Elective Regional Monitoring Group. Dr O'Kane stated that it was important that the Clinical Audit function had oversight of this area as well.

DRAFT

In concluding, Mrs C Reid advised that the Serious Adverse Incident report was submitted to SPPG on 14 March 2023 with 6 recommendations and was closed by SPPG on 31 May 2023. The SAI action plan is being progressed, with completion of action plan by 31 May 2024.

Action: Mrs C Reid

7. Irrelevant information redacted by the USI **UPDATE**

Ms McGall provided an update on the situation within Irrelevant information redacted by the USI which provides supported living for individuals with an intellectual disability.

Ms McGall stated that following the Trust Board confidential meeting in March 2023, a senior improvement team was appointed to Irrelevant information redacted by the USI with the aim of stabilizing the service, gaining a further candid insight into cultural and operational issues and driving forth improvement. She referred members to the update in their papers which provides further details on the action plan of the senior improvement team, the progress to date and some of the remaining and ongoing challenges.

The long standing cultural concerns were discussed in which Ms McGall advised that some cultural issues remain with embedding changes in Irrelevant information redacted by the USI. She also expressed her concern at the stability of the service given the challenges of recruitment and retention of a skilled staff team to meet the complex needs of the tenants. Ms McGall acknowledged that a positive culture would take time to grow and it was a direction of travel with evidence gathering and taking appropriate action in line with Trust policies and procedures. Members welcomed the progress made against the action plan. In response to a question from Mrs McCartan on the long standing cultural issues, Ms McGall provided assurance that there are clear expectations as regards HSC values and if staff are not complying with these, this will be addressed in line with Trust policies and procedures and there are no immediate safeguarding issues that are not being addressed. Mr Wilkinson asked how tenants views and carers feed back were being ascertained to inform progress. Ms McGall advised that independent advocates were aligned to each of the tenants, carers feedback was sought and there was a real focus on meaningful lives for the tenants.

DRAFT

Mr McDonald asked about the rationale for this item remaining in the confidential section. Ms McGall stated that if there has been no change to the cultural issues by end August/early September, this item would move to the public section of the agenda.

Ms McGall brought to members' attention her concerns at similar issues in

Irrelevant information redacted by the USI

8. UPDATE ON GOVERNANCE CONCERNS WITHIN UROLOGY AND UROLOGY UPDATE

The Chief Executive provided an update in relation to the Urology lookback review. She advised that the lookback review of patients in Cohort 1 has been completed and a Cohort 1 "Activity and Outcomes Report" to describe the findings of the recall clinics has been drafted. Planning to progress with the second cohort is at an advanced stage. The plan is to progress with the first level review of these patients over the summer.

Recall clinics will be set up later in summer to pick up patients requiring recall. Dr O'Kane stated that it is the view of the Lookback Team that when these patients have been through the lookback, this will complete the lookback process as this will be a Lookback Review of all Mr O'Brien's patients under his care back to 2010.

Mrs Toal asked about the publication of the Cohort 1 report to which the Chief Executive advised that this would be led by the Department and the SPPG.

Mr Wilkinson asked about initial organisational learning from the Urology Services Inquiry and how this was being taken forward. The Chief Executive advised that learning was emerging under different headings in terms of how the Trust does its business, one of which was culture – for example, the normalisation and protection of poor behaviours / practices, as well as systems and processes and the functioning of the multi-disciplinary team. Mrs Toal advised of discussions at the culture and leadership sub group of the External Reference Group in terms of the culture issues. Members were advised that at the next Trust Board confidential meeting, there will be an update from the External Reference Group to include learning to date. Mr Mark Haynes will also attend the next Governance Committee meeting to update on the Urology lookback review.

As regards the USI update, members were advised that the Public Hearings are paused throughout July and August, and are planned to resume in mid-September with some more patients/families giving evidence, and the USI have indicated that the Autumn timetable plan to hear evidence from the Urology Clinicians.


9. ANY OTHER BUSINESS

The Chief Executive advised of the appointment of Mrs Heather Trouton and Ms Catherine Teggart as Deputy Chief Executives. Members congratulated both Mrs Trouton and Ms Teggart on their appointments.

The meeting concluded at 10.00 a.m.

COVER SHEET

Meeting and Date of meeting	Trust Board Confidential June 22, 2023	
Title of paper	Update on Governance Concerns within Urology and Urology Lookback Review summary	
Accountable Director	Name	Dr Maria O'Kane
	Position	Chief Executive
Report Author	Name	Mrs Jane McKimm
	Email	Commercially Sensitive Information redacted by the USI
This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Information	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input type="checkbox"/>	Supporting people to live long, healthy active lives
	<input type="checkbox"/>	Improving our services
	<input type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership

	<p><i>The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).</i></p>	
	<p><i>Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee</i></p>	

1. Public Inquiry Update:

- There are two more witnesses planned to finish off the current module on 27, 28th and 29th June. Public Hearings are paused throughout July and August, and are planned to resume in mid-September with some more patients/families giving evidence, and the USI have indicated that the Autumn timetable plan to hear evidence from the Urology Clinicians. The Trust continues to engage through DLS to the USI on mitigating the service impact while staff attend to give in-person evidence. This engagement has been positive and we continue to do all we can to support both the Inquiry process, and our staff who are required to attend in person.
- To date, 26 Trust witnesses have given evidence in-person since November 2022, with a further 1 Trust witnesses scheduled to appear by the end of June 2023.
- Discovery includes emails, Trust reports, minutes of meetings etc, but of value to the Inquiry are also, for example, handwritten notes and comments, diary entries and personal notebooks. This level of information continues to be retrieved and provided, as the Public Inquiry Team are made aware of its existence.

All hearings are streamed live, and transcripts are available at urologyservicesinquiry.org.uk along with any documents referenced during the hearings.

2. External Reference Group :

The Public Inquiry External Reference Group met in person for the 4th time on 3 June 2023 under the Chairmanship of Dr Tom Frawley.

Task & Finish work on Quality Safety, Governance & Accountability, Culture & Leadership, and Analytics is progressing well.

These time-limited groups are working to develop action plans in relation to these areas to shape direction of an over-all Improvement Plan for the Trust.

The Group plan to meet three more times between now and December: Friday 28th July, Friday 29th September, and Friday 10th November.

3. Urology Lookback Review - summary :

Cohort 1:

- Now complete
- 1696 patients of the 2012 patients in the cohort – no concerns and closed to the Lookback
- 527 progressed to recall – all seen and assessed
- A Cohort 1 “Activity and Outcomes Report” to describe the findings of the recall clinics has been drafted.
- The publishing of this report is currently being considered

Cohort 2:

- Planning to progress with second cohort is in an advanced stage
- Number of patients for this cohort is approximately 150. Final cleansing of these number is currently on-going
- Plan is to progress with first level review of these patients over the summer
- Recall clinics will be set up later in summer to pick up patients requiring recall.

It is the view of the Lookback Team, that when these patients have been through the Lookback this will complete the Lookback process as this will be a Lookback Review of all Mr O'Brian's patients under his care back to 2010.

4. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	Included at Risk 7
Board Assurance Framework	N/A
Equality and Human Rights	N/A

Stinson, Emma M

From: Brownlee, Roberta [Personal Information redacted by the USI]
Sent: 22 September 2020 13:01
To: Devlin, Shane; Donaghy, Geraldine; Leeson, Pauline; McCartan, Hilary; McDonald, Martin; Mullan, Eileen; Wilkinson, John
Cc: Comac, Jennifer; Judt, Sandra; Wright, Elaine
Subject: Confidential Section Agenda 7

Shane/NEDS

Thank you for discussing the detail of Agenda 7 (Confidential) with me this am. The paper I have read and I understand you will forward paper to NEDS later today.

I will leave the meeting for Agenda 7 item and this part will be Chaired by Pauline Leeson in my absence.

NEDS. This is an urgent matter of high risk and I ask that you read this paper thoroughly and come prepared to question.

Roberta

Mrs Roberta Brownlee
Chair
Southern Health and Social Care Trust



Tel: [Personal Information redacted by the USI] (External); [Personal Information redacted by the USI] (Internal)

Email: [Personal Information redacted by the USI]

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Comac, Jennifer

From: Brownlee, Roberta Personal Information redacted by the USI
Sent: 23 September 2020 07:17
Subject: Fwd: Additional Paper for Confidential Trust Board - Item 7
Attachments: Summary for Trust Board Clinical Concerns 24th August 2020 vt.pdf; ATT00001.htm

NEDs

You are aware I am removing myself from this agenda item. However I still have very serious responsibility for this. The CX and I discussed this yesterday and I asked many Qs. I have read this paper and have noted many areas that need further explained.

This paper references many HR areas. I am would have liked to see in this paper in chronological order of clinical events listed with Medical input as well for ease of reference

Why has an alert/ paper on this area never come to Trust Board before or to Governance - Eileen did this ever or any aspect of it come /get discussed at Governance? You will note an early alert only went to DoH in recent weeks (during CX most leave) sorry don't have actual date at hand.

This is also a Performance issue again did it ever come to be discussed? I am not aware of this coming to performance even in relation to one consultant with such long waiting lists? Or did we miss this ? Have we missed anything on reporting?

At performance was there a comparison of all consultant urologist Individual waiting lists ?

Have we had any concerns raised by GPs Primary Care in relation to long waits and outcomes of referrals?

Have we had any complaints concerns raised by patients Re waiting and pre and post op treatments?

In this paper, I did ask CX, there is NO mention of other consultant urologist colleagues observations, intervening or escalating. Did they ever notice anything and if so what did they do about this.

Also there is no mention of Consultant A performance management by line management clinically? Where is Continuous Professional Development/ Appraisal process and Revalidation mentioned. Again this is all part of clinical supervision in its widest content.

I would be looking to the Medical Director (their deputy at the meeting) to answer these Qs.

When you read this extremely serious situation we are now in as Chair I feel this is coming to Trust Board late. I note time delays and the involvement of many senior Medics. Noting CW initially and then was removed why? Then Dr AK then Dr AC. Would need to know in the time line why so long for intervening from when first noted and the action taken and supervision. Who was supervising medically at AMD/ Medical Director level? There involvement.

I also would like to see what is the immediate learning and what action taken to prevent reoccurrences? How was learning shared.

Have the longest waits of high risk patients been spoken to and now planned to be seen by Urologist as matter of urgency. Again not listed in this paper. I read the first paper yesterday and asked for changes due to Consultant A named in pages and then his name named fully in many others. I have not fully check your attached version now.

Whilst I'm stepping out of this item, not due to any aspect of content included, I still wish to know many of these answers. I will be looking to NEDs To challenge this and have well recorded the answers.

Please be mindful of the BHSCT and their challenges around similar.

We would need to discuss with CX 1:1 meeting at 8.30 due to its seriousness.

Roberta

Sent from my iPad

Begin forwarded message:

From: "Toal, Vivienne" <[redacted]> Personal Information redacted by the USI
Date: 23 September 2020 at 00:29:02 BST
To: "Brownlee, Roberta" <[redacted]> Personal Information redacted by the USI, "Wilkinson, John"
<[redacted]> Personal Information redacted by the USI >, "Mullan, Eileen"
<[redacted]> Personal Information redacted by the USI >, "Leeson, Pauline"
<[redacted]> Personal Information redacted by the USI >, "McDonald, Martin"
<[redacted]> Personal Information redacted by the USI >, "McCartan, Hilary"
<[redacted]> Personal Information redacted by the USI >, "Donaghy, Geraldine"
<[redacted]> Personal Information redacted by the USI >
Cc: "Devlin, Shane" <[redacted]> Personal Information redacted by the USI, "Judt, Sandra"
<[redacted]> Personal Information redacted by the USI >, "McClements, Melanie"
<[redacted]> Personal Information redacted by the USI >, "Gormley, Damian"
<[redacted]> Personal Information redacted by the USI >
Subject: Additional Paper for Confidential Trust Board - Item 7

Dear all

Further to Chair's earlier email, please find attached report for Confidential Trust Board meeting – agenda point 7 – Urology.

Sandra – I would be grateful if you could upload to Decision Tree please.

Vivienne



Southern Health
and Social Care Trust

Quality care – for you, with you

BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 24 th September 2020
Title:	Clinical concerns within Urology
Lead Director:	Dr Maria O'Kane Medical Director
Purpose:	Confidential – For Information
<u>Key strategic aims:</u> Delivery of safe, high quality effective care	
<u>Key issues/risks for discussion:</u> This report outlines a summary of the clinical concerns relating to Consultant A, the actions taken to review aspects of his practice and the development of appropriate management plans to minimise risk or harm to patients. There is likely to be significant media interest in this case. Plans need to be put in place to respond to primary care colleagues and to establish a targeted help line for patient concerns. There is likely to be impact on other patients who are awaiting urological appointments/follow up. Consultant A is no longer employed as of 17 th July 2020, having given his notice of his intention to retire from his substantive post as at 30 th June 2020. The Trust declined his request to return given outstanding employment matters relating to a previous MHPS case commenced on 30 th December 2016. Although Consultant A initially challenged this matter, following correspondence exchange between his solicitor (Tughan's) and DLS, he is no longer employed as of 17 th July 2020. There has been no legal challenge in respect of this matter, to date.	

Introduction

On 7th June 2020, Consultant A sent an email to the Scheduling administrative staff for Urology, which was copied to the Associate Medical Director (AMD) – Surgery, in which Consultant A explained that he had added 10 patients to the Trust's list for urgent admission. On the AMD's initial review of the list of patients in his capacity as AMD, he noted that 2 of the patients were stated to have been listed on 11th September 2019 and 11th February 2020, both requiring *“Removal/Replacement of Stent and Right Flexible Ureteroscopic Laser Lithotripsy”*.

It appeared to the AMD that these patients had been assessed on the dates given by Consultant A (11th Sept 2019 and 11th Feb 2020), but the outcomes of these assessments did not appear to have been actioned by him as required i.e. to add the patients to the inpatient waiting list on the Trust's Patient Administration System at that time. These patients therefore appeared on the face of it to fall outside the Trust's systems with all the potentially very serious clinical risks attendant on that.

As a result of these potential patient safety concerns a review of Consultant A's work was conducted to ascertain if there were wider service impacts. The internal reviews, which considered cases over a 17 month period (period 1st January 2019 - 31st May 2020), identified the following:

- The first internal review concentrated on whether the patients who had been admitted as an emergency had had a stent inserted during procedure and if this had been removed. There were 147 emergency patients under the care of Consultant A listed as being taken to theatre. Of these, information was not available on NIECR for 46 patients. Following further review of inpatient notes, it was identified that 3 patients had not had their stent management plans enacted. Management has been subsequently arranged for these 3 patients.
- The second internal review was for 334 elective-in patients admitted under Consultant A's name during the same period. Out of the 334 patients reviewed there were 120 of cases who were found to have experienced a delay in dictation ranging from 2 weeks to 41 weeks, a further 36 patients who had no record of care noted on the regional NIECR system.
- To date five patient cases have been identified through screening for Serious Adverse Incident review - this screening has indicated potential deficiencies in the care provided by Consultant A. A further two cases, managed by Consultant A, have been identified and these are being screened as Serious Adverse Incidents. These seven patients' care is now being followed up by the Urology Team.

Immediate actions following discovery of concerns in June 2020

- Advice sought from NHS Resolutions (formerly NCAS) who recommended restrictions of clinical practice.
- Referral of these concerns in respect of Consultant A was made to the GMC.
- Up until the date of termination, restrictions were placed by the Trust that Consultant A was to no longer undertake clinical work and that he did not access or process patient information either in person or through others either in hard copy or electronically. A request was also made that he voluntarily undertake to refrain from seeing any private patients at his home or any other setting and same was confirmed in writing via Consultant A's solicitor.
- Given that Consultant A is no longer employed, the handling of this case is now through the GMC, relevant solicitors and Trust.
- The Trust has set up a panel for the Serious Adverse Incident Reviews and this is being chaired by an independent Chair, with a Urology Consultant recommended by the Royal College of Surgeons as a Urology Subject Expert (from England).
- An Early Alert has been sent to the Department of Health advising them of the issues.
- Two separate weekly meetings have been established:
 - Internal oversight meeting - chaired jointly by Director of Acute Services and Medical Director;
 - External – Chaired jointly by Medical Director and Director of HSCB with representatives from Trust, PHA, HSCB and Department of Health.

The following are the areas that have been identified that immediately need to be concentrated on and actions being taken on these patients to mitigate against potentially preventable harm:

1. A concern identified in the SAIs is that a Cancer MDM treatment recommendation for a patient was not enacted. As a result, all notes for post MDM follow-up patients for Consultant A are being reviewed to ensure MDM treatment recommendations have been actioned. (This data is currently being collected as this is a manual exercise)
2. A further concern identified is patients have had diagnostic tests and the results have not been actioned or communicated to the patients, including results with significant findings. The diagnostic tests identified are Pathology and Radiology results. A total of 1711 results are currently being looked at by two of the Trust's Clinical Nurse Specialists. Where they identify that follow-up may not have been actioned, this is escalated for a Consultant Urologist to review and provide input.

Where the reviewing consultant feels that there is a possible issue with care provided, a Datix will be completed by the Consultant Urologist.

3. A further review of inpatients who had stent procedures performed by Consultant A from January 2018 to December 2018 is being carried out to ascertain if any further patients require stent management plans.

In addition, a significant number of patients who are overdue follow up on Consultant A's Oncology Outpatient Review Waiting List (patients who are past their review date) are having their outpatient assessment provided by a recently retired Urologist who has been engaged by the Trust - 235 patients.

A preliminary discussion has been undertaken with the Royal College of Surgeons Invited Review Service regarding Consultant A's practice and potential scope and scale of any independent external review, if required.

Timescales

The above reviews and scoping exercises are either completed or under way so timescales still need to be clarified. The Department of Health is keen to manage the oversight of the review process. The Minister will be required to share details of this with the Assembly and this is likely to be mid- October, subject to the outcomes of the review exercises. A resource plan is in development to identify clinical capacity for communication, patient information and clinical assessment and management plans. This will present significant challenge given the current workforce issues within the Urology speciality.

Previous concerns relating to Consultant A

Previous concerns relating to Consultant A were being addressed since March 2016, and under Maintaining High Professional Standards from December 2016. The timeline for these previous concerns is detailed below:

March 2016

On 23 March 2016, Mr EM, the then Associate Medical Director (Consultant A's clinical manager) and Mrs HT, Assistant Director (Consultant A's operational manager) met with Consultant A to outline their concerns in respect of his clinical practice. In particular, they highlighted governance and patient safety concerns which they wished to address with him.

Consultant A was provided with a letter dated 23 March 2016 detailing their concerns and asking him to respond with an immediate plan to address the concerns. Four broad concerns were identified:

- **Un-triaged outpatient referral letter**

It was identified at that time that there were 253 un-triaged referrals dating back to December 2014.

- **Current Review Backlog up to 29 February 2016**

It was identified at that time that there were 679 patient's on Consultant A's review backlog dating back to 2013, with a separate oncology waiting list of 286 patients.

- **Patient Centre letters and recorded outcomes from clinics**

The letter noted reports of frustrated Consultant colleagues concerned that there was often no record of consultations / discharges made by Consultant A on Patient Centre or on patient notes.

- **Patient's hospital charts at Consultant A's home**

The letter indicated the issue of concern dated back many years. No numbers were identified within the letter.

April to October 2016

During the period April to October 2016, discussions were on-going between Acute Directorate and Medical Director about how best to manage the concerns raised with Consultant A in the letter of 23 March 2016. It was determined that formal action would not be considered as it was anticipated that the concerns could be resolved informally. Consultant A advised the review team he did not reply to the letter but did respond to the concerns raised in the letter by making changes to his practice.

November 2016

Consultant A was off work on [REDACTED] leave from 16 November 2016 and was due to return to work on 2 January 2017.

Personal information redacted by USI

An on-going Serious Adverse Incident (SAI) investigation within the Trust identified a Urology patient (Patient 10) who may have a poor clinical outcome because the GP referral was not triaged by Consultant A.

An SAI investigation was commenced in Autumn 2016. Through the SAI it was identified that the referral for patient (Patient 10) had not been triaged by Consultant A. An initial look back exercise was undertaken and a number of other patients were identified as not having been triaged by Consultant A. Further assessment of the

issue identified a significant number of patients who had not been triaged by Consultant A.

The issues of concern relating to patient Patient
10 were wider than the referral delay. There were issues of concerns in respect of the radiology reporting on diagnostic images however from a urology perspective, it was felt that the symptoms recorded by the patient's GP on the initial referral should have resulted in the referral being upgraded to a 'red-flag' referral and prioritised as such.

December 2016

The concerns arising from the SAI were notified to the Trust's Medical Director, Dr RW in late December 2016. As a result of the concerns raised with Consultant A on 23 March 2016 and the serious concern arising from the SAI investigation by late December 2016, the Trust's Medical Director determined that it was necessary to take formal action to address the concerns.

Information initially collated from the on-going SAI of Consultant A's administrative practices identified the following:

- from June 2015, 318 GP referrals had not been triaged in line with the agreed / known process for such referrals. Further tracking and review was required to ascertain the status of all referrals.
- there was a backlog of 60+ undictated clinics dating back over 18 months amounting to approximately 600 patients, who may not have had their clinic outcomes dictated. It was unclear what the clinical management plan was for these patients, and if the plan had been actioned
- some of the patients seen by Consultant A may have had their clinical notes taken back to his home, and are therefore not available within the hospital. The clinical management plan for these patients was unclear, and may be delayed.

As a result of these concerns, work was undertaken to scope the full extent of the issues and to put a management plan in place to review the status of each patient. The management plan put in place was to provide the necessary assurances in respect of the safety of patients involved.

28 December 2016

Advice was sought from the National Clinical Assessment Service (NCAS) on 28 December 2016 and it was indicated that a formal process under the Maintaining High Professional Standards Framework was warranted.

30 December 2016

Consultant A was requested to attend a meeting on 30 December 2016 with Dr RW, Medical Director and Ms LH, HR Manager during which he was advised of a decision by the Trust to place him on a 4 week immediate exclusion in line with the Maintaining High Professional Standards (MHPS) Framework to allow for further preliminary enquiries to be undertaken.

A letter was issued to Consultant A in follow up to the meeting detailing the decision of immediate exclusion and a request for the return of all case notes and dictation from his home. The letter also advised Consultant A that Dr AK had been appointed as Case Manager for the case and Mr CW was identified as the Case Investigator.

03 January 2017

Consultant A met with Mrs MC, Head of Service for Urology to return all case notes which he had at home and all undictated outcomes from clinics in line with the request made to him by Dr RW on 30 December 2017.

20 January 2017

During the period of the 4 week immediate exclusion period notified to Consultant A on 30 December 2016, Mr CW wrote to Consultant A to request a meeting with him on 24 January 2017 to discuss the concerns identified and to provide an opportunity for Consultant A to state his case and propose alternatives to formal exclusion.

23 January 2017

On 23 January 2017, Mr CW wrote to Consultant A seeking information from him in respect of 13 sets of case-notes that were traced out on PAS to him but could not be located in his office and which had not been returned to the Trust with the other case-notes on 3 January 2017.

24 January 2017

The meeting between Mr CW and Consultant A took place on 24 January 2017 with Mrs SH, Head of Employee Relations present.

26 January 2017

In line with the MHPS Framework, prior to the end of the 4 week immediate exclusion period, a case conference meeting was held within the Trust to review Consultant A's immediate exclusion and to determine if, from the initial preliminary enquiries, Consultant A had a case to answer in respect of the concerns identified.

A preliminary report was provided for the purposes of this meeting.

At the case conference meeting, it was determined by the Case Manager, Dr AK that Consultant A had a case to answer in respect of the 4 concerns previously notified to him and that a formal investigation would be undertaken into the concerns.

The matter of his immediate exclusion was also considered and a decision taken to lift the immediate exclusion with effect from 27 January 2017 as formal exclusion was not deemed to be required. Instead, Consultant A's return to work would be managed in line with a clear management plan for supervision and monitoring of key aspects of his work.

These decisions were communicated to Consultant A verbally by telephone following the case conference meeting on 26 January 2017.

6 February 2017

A letter was sent to Consultant A on 6 February 2017 confirming the decisions from the case conference meeting on 26 January 2017 and notifying him of a meeting on 9 February 2017 to discuss the detail of the management plan and monitoring arrangements to be put in place on his return to work.

9 February 2017

Consultant A attended a meeting with the Case Manager, Dr AK on 9 February to discuss the management arrangements that were to be put in place on his return to work following the immediate exclusion period. Mrs SH and Consultant A's son were in attendance at the meeting. The action plan was accepted and agreed with Consultant A at the meeting.

20 February 2017

Between 27 January 2017 when the immediate exclusion was lifted and 17 February 2017, Consultant A was unable to return to work due to ill health. He returned to work on 20 February 2017 in line with action plan agreed at the meeting on 9 February 2017.

As part of the action plan agreed, monitoring mechanisms were put in place to continuously assess his administrative processes to safeguard against a recurrence of the concerns raised with regards to his outpatient work. This monitoring arrangement was in place up until Consultant A's date of leaving. There were 3 occasions when there were deviations from the agreed actions, and on two occasions Consultant A offered acceptable explanations. On the third occasion, Consultant A had no acceptable explanation for the delay in dictation, however all dictation was completed at the point of retirement.

January and February 2017

During January and February 2017, Consultant A made a number of representations to Dr RW, Medical Director and Mr JW, Non-Executive Director in respect of process and timescale. In considering the representations made, it was decided that Mr CW should step down as Case Investigator prior to the commencement of the formal investigation. Dr NC, Associate Medical Director and Consultant Psychiatrist was appointed as Case Investigator.

16 March 2017

The terms of reference for the formal investigation were shared with Consultant A along with an initial witness list.

April, May and June 2017

During April, May and June 2017 the Case investigator met with all witnesses relevant to the investigation. Witness statements were prepared and issued for agreement.

14 June 2017

Dr NC, Case Investigator wrote to Consultant A requesting to meet with him on 28 June 2017 for the purpose of taking a full response in respect of the concerns identified.

19 June 2017

Consultant A requested to reschedule the meeting to secure his preferred accompaniment to the meeting. This was facilitated. A meeting on 29 June, 30 June and 1st July was offered. Consultant A requested to defer the meeting until later in July until after a period of planned annual leave, and a meeting was confirmed for 31 July 2017.

05 July 2017

Consultant A advised the date of 31 July was not suitable and a date of 3 August 2017 was agreed.

03 August 2017

A first investigation meeting was held with Consultant A in order to seek his response to the issues of concern.

At the meeting on 3 August 2017 it was agreed that a response would not be taken in respect of term of reference number 4 in respect of private patients until patient information requested by Consultant A had been furnished to him. It was agreed that

a further meeting date would be arranged for this purpose once all information had been provided. Consultant A's responses to the remaining terms of reference were gathered.

16 October 2017

A meeting date for the second investigation meeting was agreed for 06 November 2017.

06 November 2017

A second investigation meeting was held with Consultant A in order to seek his response to the issues of concern in respect of term of reference 4. At the meeting of 6 November 2017, Consultant A advised Dr NC that he wished to make comment on both his first statement and also the witness statements provided to him. He further advised that his priority for November and December was completion of his appraisal and that he would not be able to provide his comments during this period. It was agreed his timescales would be facilitated.

15 February 2018

By 15 February 2018, Consultant A had not provided the comments he had previously advised he wished to make and therefore this was queried with Consultant A and an update sought.

22 February 2018

No response was received and a further email reminder was sent to Consultant A on 22 February 2018. On the same day, Consultant A responded to advise that he had not had time to attend to the process since the meeting in November 2017. He requested a copy of the statement from the November meeting and indicated he would provide commentary on all documents by 31 March 2018.

Consultant A was asked to provide comments by 9 March 2018 rather than 31 March 2018.

16 March 2018

Comments on the documents were not received on 9 March 2018 and a further reminder was sent to Consultant A requesting his comments no later than 26 March 2018. It was advised that the investigation report would be concluded thereafter if comments were not provided by 26 March 2018.

26 March 2018

No comments were received from Consultant A.

29 March 2018

A final opportunity was provided to Consultant A to provide comments by 12 noon on 30 March 2018. It was advised that the investigation report would be thereafter drafted.

30 March 2018

No comments were received from Consultant A.

2 April 2018

Comments on the statements from the meetings of 3 August and 6 November were received from Consultant A. Consultant A also queried requested amendments to notes of meeting on 30 December 2016 and 24 January 2017.

21 June 2018

In the interests of concluding the investigation report without further delay, all comments from Consultant A were considered and a finalised report was provided to Consultant A on 21 June 2018 for comment.

14 August 2018

The Case Manager, Dr AK wrote to Consultant A acknowledging receipt of his comments and advising he would consider these along with the final report and reach his determination in terms of next steps.

1 October 2018

Dr AK, Case Manager met with Consultant A to outline outcome of his determination that the case should be forwarded to a Conduct Panel under MHPS.

The Findings from the investigation

There were 783 un-triaged referrals by Consultant A of which 24 were subsequently deemed to need upgraded and a further 4 with confirmed diagnoses of cancer (plus the original SAI patient.) There was therefore potential for harm of 783 patients.

Consultant A stored excessive numbers of case notes at his home for lengthy periods. 288 charts were brought by him from his home and returned in January 2017. This is outside normal acceptable practice. There were 13 case notes missing

but the review team is satisfied with Consultant A's account that he does not have these.

There were 66 clinics (668 patients) undictated and 68 with no outcome sheets, some going back a few years. Consultant A gave an explanation of doing a summary account of each episode at the end. He indicated patients were added to waiting lists at the point they should have been in any event.

Some of Consultant A's private patients were added to the HSC waiting list ahead of HSC patients without greater clinical need by these private patients.

27 November 2018

Consultant A submitted a lengthy and detailed grievance of 40 pages, with 49 Appendices. It was lodged along with a request for information. The grievance was held in abeyance pending completion of the information requests.

9 April 2019

Consultant A was advised by Dr AK, Case Manager that a GMC referral was to be submitted following a discussion regarding the case with the GMC Liaison Officer.

Timeline for grievance process – November 2018 to June 2020:

The requested information relating to the information request was provided to Consultant A in 2 returns – one on 21 December 2018 and one on 11 January 2019.

Consultant A wrote to the Trust again on 12 March 2019, and advised that he had sought the advice of the Medical Protection Society and also Legal Counsel, and that he was therefore submitting a request for further information. Consultant A advised that following its receipt, the Trust would be advised whether any further information was to be requested, and /or whether the Formal Grievance was to be amended.

HR Director wrote to Consultant A on 3 June 2019, seeking further clarity on information requested in his 12 March 2019 letter. The Trust advised him that the information request was extensive in nature and would require significant time and resources within the Trust to compile. The Trust advised him that all reasonable efforts were being made to gather the requested information, however within his request there were elements which were much too wide and not properly defined.

Consultant A was therefore asked to refine and clarify the specifics of his request in respect of a number of points.

Consultant A responded on 24th June 2019, clarifying the information plus seeking 2 additional items. The request for information was still significant in nature, and took significant time and resources for the Trust to compile. The requested information was delivered to Consultant A's Secretary for his attention on 30th October 2019.

Since Consultant A had indicated that, following receipt of the requested information, he would advise whether or not his formal grievance was to be amended, the Trust awaited hearing from him in this regard. However, no further correspondence was received from Consultant A in respect of his grievance, or any amendments to it.

At this stage, from November 2019 through to end of January 2020, the Trust suffered significant disruption to its services and its HR function by reason of widespread Industrial Action by health service trade unions.

Furthermore, work was ongoing to finalise the SAI (Serious Adverse Incident) processes in respect of the patients affected by the original concerns in respect of Consultant A's practise.

In recent months the Trust's services and normal HR processes has been very severely impacted by the Covid – 19 pandemic. This prevented any employee relations work, including the hearing of grievances, being taken forward for a 3 month period from March to start of June.

On 26th April 2020, Consultant A wrote to the Trust's HR Director again, highlighting that a number of pieces of information from original requests had not been provided, and he requested these by 15th May 2020. On 15th, 22nd May and also on 8th June the Director of HR wrote to Consultant A with responses to these requests. The Trust believes that all substantial and detailed information requests have now been responded to.

June 2020 – September 2020

Grievance process ongoing. The grievance panel is due to conclude by mid October 2020.

As Consultant A is no longer employed, the Conduct Hearing under MHPS cannot be concluded. The GMC processes will continue regarding Consultant A's fitness to practise in light of both the previous concerns and the most recent concerns.

Summary of previous Serious Adverse Incidents – from 2016 onwards

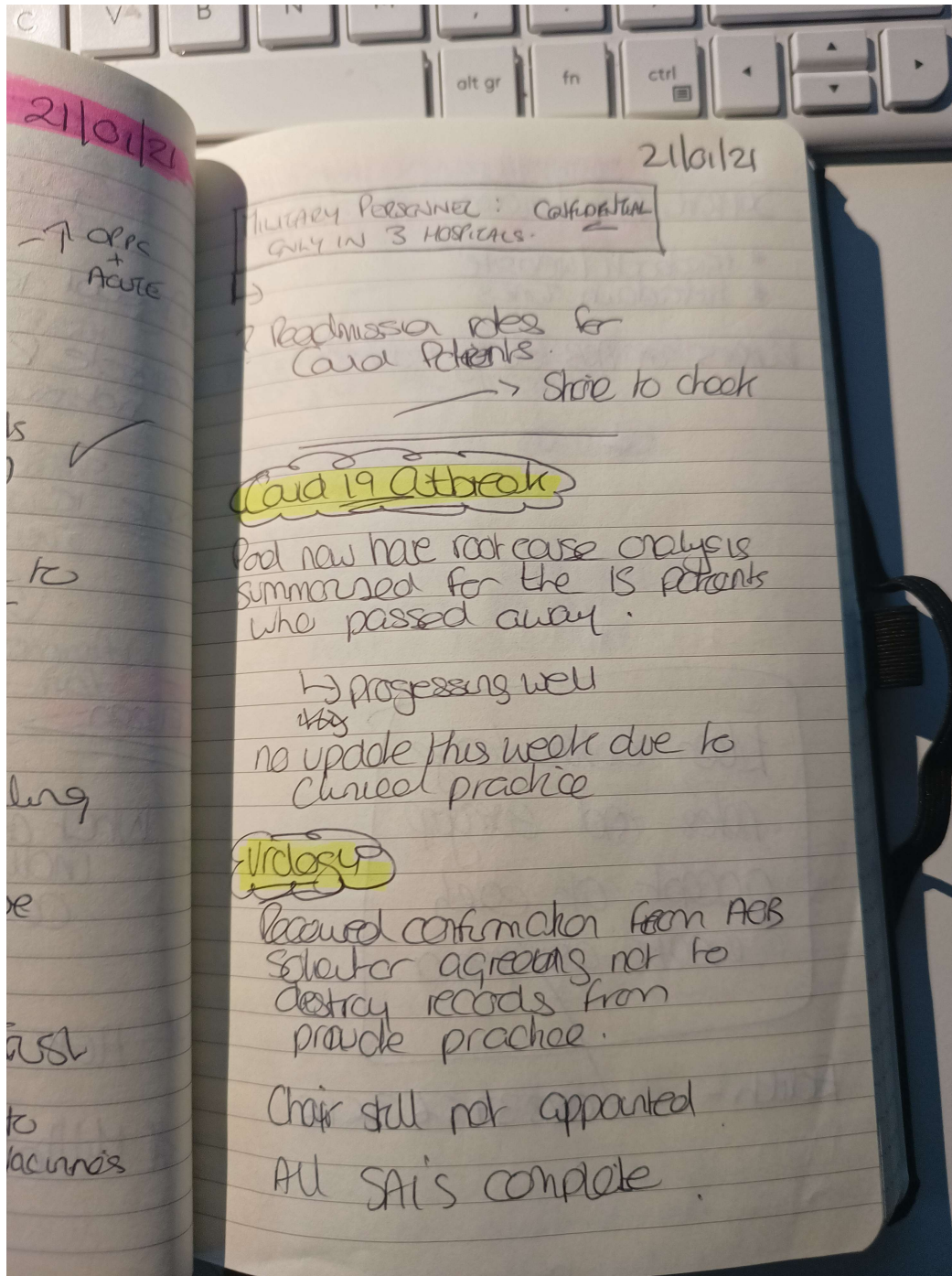
Following the SAI Index Case (Patient 10) which triggered the first MHPS case, the Trust identified a number of GP Urology referrals who were not triaged by Consultant A. 30 patients should have been red-flag referrals and of these 4 had cancer. A fifth patient, discovered during an outpatient clinic, was included as he was also not triaged and subsequently had a cancer confirmed. These five cases were subject to a further SAI review process.

Lessons Learned from the 5 SAI's

1. The clinical urgency category allocated by GPs to 30 patients referred to Urology were incorrect. The referrals using NICE guidance should have been referred as a Red Flag. Four (plus 1) of these patients were subsequently shown to have cancer.
2. The process of triaging Urology cancer referrals from Primary Care to Secondary Care, under the direction of the HSCB, appears to be less efficient than it could be, bearing in mind that NICE NG12 guidance has not been adopted and electronic referral using CCG is not being used as efficiently as it could.
3. GP's are not mandated to provide HSCB with an assurance that they comply with the most up to date NICE or other guidelines. Therefore, HSCB are unaware of any risks consequent upon the non-compliance with NICE and other guidance within GP practices.
4. GP's are not mandated to refer patients using CCG clinical criteria banners; this can lead to error and delay.
5. There is no Regional or Trust guidance or policy on what is expected of clinicians when triaging referral letters. Triage of patient referrals is obviously viewed as extremely important but does not seem to be at an equivalent level of importance when ranked alongside other clinical governance issues. Despite being an evident problem for decades and requiring considerable time and effort to find a solution, it only really surfaced within the Trust after an Index case forced the situation out into the open.
6. Despite it being absolutely clear to Consultant A (based upon his close proximity to the development and signing off of regional guidance) of the consequences of non-triage, he did not routinely triage referral letters. The

Review Team consider that Consultant A's refusal to triage to a level similar to other clinicians, led to patients not being triaged, and this resulted in delays in assessment and treatment. This may have harmed one patient.

7. Consultant A confirmed that despite the Trust reminding him of the requirement to triage, he did not consistently triage referrals. He argued that, due to time pressures, he felt he was unable to perform the duties of the Consultant of the Week and his triaging duties. He has highlighted those views to Trust operational and management teams over a number of years.
8. The Trust made efforts to address Consultant A's non-triage over time. However, the Trust failed to put systems, processes and fail safes in place to ensure Consultant A consistently triaged patient referrals until 2017. However, this safeguarding process is heavily dependent on the Head of Service checking triage is completed when Consultant A is Consultant of the Week.
9. The Informal Default Triage process allows patients who should be red flagged to remain on a waiting list of routine or urgent cases.



08/06/21 1:1 Shane

- > Leadership Walks
- > Trust Board Workshop
- > MHPS => role of Non Executive
- > Urology - leaked report + sharing what has been done
- > Helen - leaving 18th - T.B

① Duty of Candour Consultation
 Chairs to respond to Consultation
 => Put on agenda for Ministers Meeting

② Delta Variant - Mid Scotland 40-60%
 2-4x more likely to hospitalise
 - Mobilisation of
 Vaccine Adherence ScfO against Delta
 => Early Sept - surge 300-400 beds
 Delta Variant becoming dominant

14/06/21 1:1 Shane

Personal Information
 redacted by the USI

Family + HSCB
 Coe Hon. Attribe
 Out Over + regional work
 B-structure
 Urology leaked report - Department View
 Delta Variant - Minister pushed the "worried but"

Meeting with Mara -

01/03/22

- ① Inaccurate Covid results - request Urology lab confirmation
- ② Interim removal of Emergency Surgery DH
- ③ Length of stay, staff absence causing long waits in ED

Ders Confidential Agenda

Dersy
Irrelevant information
redacted by the USI

} update to be provided

Eulus - update a plan

Cyps - Colm to refine paper
+ present current position

Urology - Refined letter to be issued detailing purpose - line
- line HQ Kimm
named Director responsible
- lock books / QA
- current protocols
- running inquiry

DH - Restocking staff
- opt / add'l figures for transfers 28th Feb -
- procedure

27th & 29th
SMT planning
Derm.

CX / Chair 1-1 Action Notes

Item	Decision	Action Required	Date Agreed	Date for Completion	Update	Status
Risk Appetite	Trust requires a Risk Appetite statement that is agreed by Trust Board members	Risk Appetite Statement to be developed	28-Feb-23	30-Apr-23	Cosideration of further workshop in Qtr 3 2023	In Progress
Well Led Organisation	Well Led review in 2024 – External Board Effectiveness Review could this be instead – sponsor branch, could the Well Led approach replace this	DoH Sponsor branch to be contacted to ascertain position on this matter	28-Feb-23	30-Apr-23	Chair has written to Jim Wilkinson re Well Led review - Discussion re Dr Mike Bewick input	In Progress
Implimentation of collective leadership	Roles to be clearly defined of deputy and COO	Draft JDs to be formulated	14-Mar-23	02-May-23	Deputy Posts recruited to	In Progress
COVID SAI to make findings public	COVID SAI Executive Summary to Feature in CX Trust Board business	Stephen to speak with Ruth Rogers re TB Business	14-Mar-23	01-Jun-23	In progress	In Progress
Trust Board ERG Update	Trust Board ERG Update	Approach to be made to discuss feedback to be provided to Trust Board on ERG work	19-Apr-22	01-Jun-23	Chair spoke to Veryan Richards and Mary Hinds - date potentially for September 2023	In Progress
Draft partnership agreement	No decision as yet. Current status is that the draft has been sent but no response received. Eileen has sent a follow up email noting further work would be required	Awaiting update from DoH	14-Mar-23	01-Jun-23	Awaiting update from DoH	In Progress
Protected time for Meetings	Chair spoke to Ruth Rogers re scheduling	Chair spoke to Ruth Rogers re scheduling	02-May-23	01-Jun-23	Chair to arrange scheduling with chair staff	In Progress
Legal opinion on statutory provisions	Letter to be drafted re statutory provisions and and financial situation	Letter to be formulated	16-May-23	02-Jun-23	Response received June 2023	In Progress
Urology Governance Committee Update	Bring Urology Updates to Trust Board	Margaret O'Hagan and Mark Haynes to be invited to update Trust Board members on progress	19-Apr-22	01-Sep-23	Margaret O'Hagan and Mark Haynes to be invited to meet with Trust Board members - planned for Governance Committee for September 2023	In Progress
Political Discussion follow up	15 min update calls to be arranged with party leaders re: DHH	Stephen to ask Ruth Rogers to arrange with Jennifer and Nicole	30-May-23	13-Jun-23	In progress	In Progress

CX / Chair 1-1 Action Notes

Leadership Walks – Directors and Non-Executive Directors	Report need to be collated in one place - need to identify the best way to manage going forward	Stephen W to review	30-May-23	13-Jun-23	Stephen W following up	In Progress
ABC Council	Investigate potential of ALMAC funding a research lab	Ruth M to follow up on the work previously undertaken ref: Strength in Places bid	30-May-23	13-Jun-23	Ruth M provided information - see attachments	In Progress
DHH Information Sharing	DHH Information Sharing	Discussion with the Comms team re methods of information sharing regarding DHH progress	19-Apr-22	01-Jun-22	Maria has spoken with comms to progress	Complete
Risk Register ‘Deep Dive’ to be considered in March Trust Board meeting	Deep Dive to be conducted on subject of Unscheduled Care	Stephen to communicate to Sandra Judt on subject of deep dive	17-Jan-23	31-Jan-23	Deep dive on Unscheuled Care on agenda for next Trust Board meeting	Complete
Letter from SPPG 3-5% financial planning	Letter to be placed on decision time pending confirmation from Catherine Teggart re sharing	Catherine Teggart to provide direction on the sharing of SPPG letter, if confirmed then to be placed on decision time ?confidential section	17-Jan-23	31-Jan-23	Actioned	Complete
CX Business for Trust Board	Alignment of CX and Chair’s business to be undertaken with regards to financial planning correspondence.	Stephen to inform Ruth Rogers to contact Chair directly to agree wording of CX Business for Trust Board	17-Jan-23	31-Jan-23	Actioned	Complete
Merseycare visit clashes with Audit Committee (23rd March 2023)	Audit Committee to be considered to move to accommodate visit	Stephen to liaise with Sandra to request the potential for the Audit Committee meeting to be moved	17-Jan-23	31-Jan-23	Actioned - Audit Committee date moved	Complete
Director Post Interviews (SEC and P&R)	Questions have not been received and date for interviews not confirmed	Stephen to confirm with Edel Quinn on arrangements for director interviews	17-Jan-23	31-Jan-23	Interview dates confirmed	Complete
Cytology	To be on confidential agenda	Stephen to confirm with Sandra that Cytology will remain on Trust Board confidential agenda	17-Jan-23	31-Jan-23	Actioned	Complete
Perm Sec Engagement - Justin McAnulty	To be on confidential agenda	Stephen to confirm with Sandra that Cytology will remain on Trust Board confidential agenda	17-Jan-23	31-Jan-23	Actioned	Complete
360 Appraisal Tool	Check if there is a Chair version of the 360 Feedback tool	Stephen to check availability	28-Feb-23	14-Mar-23	Emailed Chair with information	Complete

CX / Chair 1-1 Action Notes

Comms/Jane McKimm	Communications to be developed re organisational learning (not specifically public inquiry related).	Jane to link with Peter Toal to progress this	14-Mar-23	14-Mar-23	Jane progressing with Peter Toal - Peter shared information proposed structures with SLT	Complete
IHRD Workshop	For Board Workshop - Paper needed to inform letter to be drafted to send to Karen Jeffrey in advance relating to discrepancies	For Board Workshop - Paper needed to inform letter to be drafted to send to Karen Jeffrey in advance relating to discrepancies	14-Mar-23	20-Mar-23	Paper and letter drafted	Complete
Newry and Mourne and ABC Council	Meeting with ABC is arranged after Easter, meeting with other two councils to be progressed	Elaine to arrange meetings with 1. Newry and Mourne CEX Marie Ward 2. Mid Ulster - Adrian McCreesh	14-Mar-23	27-Mar-23	Elaine and Jennifer arranging meetings	Complete
<div>Personal Information redacted by the USI</div>	Need to better understand how this debt accrued	To follow up with operational directorate	14-Mar-23	27-Mar-23	Contact made with finance to understand process	Complete
Urology	Jennifer to share updates re urology provided by Jane McKimm to NEDS	Jennifer to progress with Jane	14-Mar-23	27-Mar-23	Stephen emailed Eileen to to confirm format of this	Complete
						Complete
Review of Trust Board / Governance Committee coversheet	Review of completion of report coversheet to include: - What is the assurance is offered by this report? - What has changed?	Stephen to communicate to Sandra Judt on update of coversheet	17-Jan-23	31-Mar-23	Sandra advised to update cover sheet moving forward	Complete
Merseycare CX Visit to Trust	Timetable for Visit of Mr Joe Rafferty to be created that includes conversation with the chair and NED team	Stephen to speak with Maria re scheduling of visit	17-Jan-23	31-Mar-23	In progress - visit taking place on 9/10 March 2023 with individual 1-1 with Trust directors	Complete
Chair Meeting with Tom Frawley and Robbie Pearson	Tom Frawley and Robbie Pearson to meet with Chair (individually)	Tom Frawley and Robbie Pearson to meet with Chair (individually)	19-Apr-22	17-Apr-23		Complete
Governance Structure - Steering Groups	Set up meeting with Eileen, Maria, Stephen etc to discuss progress	Meeting to be arranged	14-Mar-23	27-Apr-23	Discussion at Board Workshop 27th April 2023	Complete
Leadership Walks – Directors and Non-Executive Directors	Jennifer to liaise with Ruth Rogers to pair up NEDs and Directors on upcoming formal leadership walks	Stephen to communicate to Ruth to engage with Jennifer to arrange partnered leadership walks	17-Jan-23	30-Apr-23	Partnership walks programme - Template agreed, walks underway - review at end of April	Complete

CX / Chair 1-1 Action Notes

Political Discussion	CX and Chair to meet with political leaders.	Stephen to speak to Ruth Rogers	02-May-23	01-Jun-23	Stephen to speak to Ruth Rogers - planned for late May 2023	Complete
Remuneration Committee	Paperwork to be drawn up for Remuneration Committee	Stephen Wallace to persue	30-May-23	13-Jun-23	Stephen W following up with Vivienne	Complete
Cytology Update	To be brought to SLT for discussion	Ruth M to ask Nicole to BF as reminder	30-May-23	13-Jun-23	Ruth M to liaise with Nicole Bell	Complete
Chat with the Chief	Enquire with Comms if Chat was downloaded from session on 25th May. Maria would like a further DHH update sesssion scheduled for Wednesday 31/05/23	Ruth M to contact Ruth R and Paula McKeown	30-May-23	13-Jun-23	Ruth M Following up with Comms	Complete
ABC Council pop up gym	Inquire into restarting of in person yoga/pilates within the Trust	Ruth M to follow up with Umatter team	30-May-23	13-Jun-23	Umatter team do not run these sessions in the summer but will be considering for winter months. They will investigate	Complete
Learning and Quality Assurance for Trust Board	Date for Learning and Assurance surrounding the Public Inquiry to be presented to Trust Board by June 2023	Learning and Quality Assurance to be presented to Trust Board by June 2023	28-Feb-23	30-Jun-23	Scheduled for Trust Board 22nd June 2023	Complete
Schedule of Activity	Eileen to work with Sandra Judt to develop 2024 schedule of meetings	Eileen to work with Sandra Judt to develop 2024 schedule of meetings	02-May-23	01-Jul-23	Ongoing	Complete

**Minutes of a Trust Board meeting held in public on
Thursday, 30th November 2017 at 11.30 a.m.
in the Boardroom, Trust Headquarters.**

PRESENT

Mrs R Brownlee, Chair
Mr S McNally, Acting Chief Executive
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Ms H O'Neill, Acting Director of Finance and Procurement
Dr R Wright, Medical Director

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs L Leeman, Assistant Director of Performance Improvement (*for Mrs Magwood*)
Ms F Leyden, Assistant Director of Social Work Governance, Workforce Development and Training (*for Mr Morgan*)
Mrs M McClements, Interim Director of Older People and Primary Care Services
Mr B McMurray, Director of Mental Health and Disability Services / Director of Nursing (Acting)
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (Minutes)

APOLOGIES

Apologies were recorded from Mr F Rice, Interim Chief Executive, Mrs A Magwood, Director of Performance and Reform, Mr P Morgan, Director of Children and Young People's Services/Executive Director of Social Work, Ms G Donaghy Non-Executive Director and Ms E Mullan, Non-Executive Director.

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/iPads are used for assessing Board papers only during the meeting.

The Chair was pleased to welcome four members of Trust staff from the Children and Young People's Directorate. She stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues.

The Chair informed members that going forward, an Assistant Director from each Directorate will attend the Trust Board meeting along with Trust staff on a rotational basis.

The Chair informed the meeting that Mr Rice is on a period of sick leave.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were no conflicts of interest.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: PRESENTATION: WINTER PLANNING

The Chair welcomed Mr Barry Conway, Assistant Director, Acute Services and Ms Roisin Toner, Assistant Director, Enhanced Care to the meeting to present on Winter Planning and the associated challenges

Mr McNally advised the purpose of the presentation was to provide an assurance that processes are in place to manage the anticipated work pressures over the winter period.

Mr Conway spoke of the challenges the hospital encounters on a daily basis and stressed the Trust must discharge enough patients every day to create capacity for new admissions, moving forward into the winter period. He noted the Trust needs to provide short term support for services that are expected to be under most pressure over this period.

Mr Conway advised members the Trust is mindful that it has to create capacity for both our emergency and elective admissions and recognise pressures in key areas such as domiciliary care and nursing homes. He spoke of the numerous schemes in place to help the flow of patients.

Mr Conway discussed the purpose of the 100% challenge days which allows the Trust to take stock and focus on areas that need improving. He also advised that the Acute and Older People and Primary Care directorate are working together to establish an Older Persons Assessment Unit in Craigavon and Daisy Hill Hospital.

In regards to improving performance on the wards, Mr Conway stated senior pharmacists have been appointed to support accurate and timely completion of electronic discharge letters and medications for discharge. Also, there will be additional support for Junior Doctors, which will focus on improving their training experience, whilst better managing their workload. Mr Conway explained his team is working with the Communications department in launching a 'home for lunch' ethos on day of discharge. Ms Toner highlighted the new campaign that the Trust will be launching '#HelpUsHelpYou' which list 5 ways everyone can do to help during this Winter period.

Mr Wilkinson expressed his concern at the public's perception of cancelling elective operations due to winter pressures and asked if this has been given consideration. Mr Conway stated the Trust endeavours to maintain the elective lists, however, he highlighted the challenges and advised steps have been put in place to reduce elective lists being cancelled. He advised that the Trust is exploring options to create additional bed capacity to support elective patients which will help alleviate pressures.

Following a question asked by the Chair, Mrs McClements commented on the additional focus being placed on Acute Care at Home in preventing patients being admitted to hospital. Mrs Gishkori said her team review the red flag cases on a daily basis to ensure the sickest patients are prioritised.

Mr McDonald welcomed the news on the assessment units which will be operational in CAH and DHH sites. Mrs McCartan asked how the learning has been embedded from the 100% challenge days that took place in June to which Mr Conway explained that the learning has been achieved in how the control room should function.

The Chair thanked Mr Conway and Ms Toner for their informative presentation and added she will be looking forward to seeing the results in a future performance report. She also commended the excellent working relationship between Acute and Older People and Primary Care Directorates.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTOR'S BUSINESS AND VISITS

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

Mr McNally presented a summary report of the Chief Executive's Business and Visits undertaken since the last meeting.

6. MINUTES OF MEETING HELD ON 26TH OCTOBER 2017

The minutes of the meeting held 26th October 2017, were agreed as an accurate record and duly signed by the Chair.

The Board approved the minutes of the meeting held on 26th October 2017

7. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the progress updates from the relevant Directors to issues raised at the previous meeting.

8. STRATEGIC ISSUES

i) Update on the Daisy Hill Hospital Pathfinder Project

The Chair welcomed Dr Telford, Project Director to the meeting. Dr Telford reminded members that the key task of the Pathfinder Project is to develop a long term plan to stabilise the ED and to identify additional measures across primary, community and hospital services to deliver a sustainable service.

Dr Telford reported that positive progress has been made and she referred members to the detail in the Phase 2 interim report and the ED Workforce report in their papers.

Dr Telford stated that the Phase 2 interim report was submitted to the Department of Health's Emergency Care Regional Collaborative (ECRC) on 18th October 2017 and the ED workforce report was endorsed by the Transformation Implementation Group (TIG) on 1st November 2017.

Members noted that three Task and Finish groups have been established. The purpose of these groups is to conclude the requirements of Phase 2 of the project. The groups have been focusing on improving patient access to urgent and emergency services, patient flow and strengthening services for the sickest patients. The recommendations will be included in the final report.

Dr Telford gave an overview of the proposal for the development of a new direct assessment unit in DHH. This would provide same day emergency/urgent care services, including telephone advice to GPs and the NIAS, in a non-inpatient setting.

Members noted that the SMT has recently agreed funding for the expansion of Acute Care at Home across the Newry and Mourne area.

Members discussed the 5-Year ED workforce plan which outlines an Emergency Department staffing model which aims to increase permanent ED consultant numbers from the current 2, to 5 by 2019 and 10 in 2022.

In terms of next steps, the final report will be submitted to the ECRC on 21st December 2017 for discussion at their meeting on 5th January 2018.

Dr Wright noted the project is demonstrating the continued excellent working partnership between staff, the community representatives and staff side and noted he has great confidence the service is deliverable. He added that a new Consultant has been appointed to the DHH ED department and stressed how important it is to continue the momentum in attracting and encouraging people to work in the department

In responding to a question asked by Mrs McCartan, Dr Telford advised the direct assessment unit would ideally be located close to the Emergency department, however, she has asked the Estates department to look into this for further location options.

Mr McDonald welcomed the clear report and asked if an ICU unit was considered for DHH. Dr Telford advised that an ICU unit was mentioned, however, after discussion it was the opinion that the current HDU unit is most appropriate for the hospital. Dr Wright agreed that the HDU unit currently fulfills and satisfies the needs of the patients.

Dr Telford spoke of the number of initiatives that are being discussed at regional level for Out of Hours and has asked that when they are developed they consider using Newry and Mourne to pilot the scheme.

In response to questions on investment, Mr McNally stated that implementation will be subject to available resources and detailed costings are currently being carried out.

The Chair concluded the discussion by thanking Dr Telford for her excellent work to date on the project.

ii) Health and Wellbeing 2026: 'Delivering Together' Update

Mr McNally spoke to the above named item. He updated members on progress to date and the workstreams that will be established.

Mr McNally reported that under the funding arrangement provided for by the confidence and supply agreement, £200m will be made available for transformation. A further £50m will be invested in mental health services over 5 years.

This letter and progress report has been circulated to all staff via a global email on 25th October 2017.

9. OPERATIONAL PERFORMANCE

i) Performance Report (ST805/17)

Mrs Leeman presented the high level summary, on an exception basis, of those targets presenting greatest challenge and the actions being taken to manage risks. At the outset, Mrs Leeman pointed out an error in reporting OGI 4.13.2 Mental Health Outpatient Appointment; October 2017 should read 62 instead of the 17 cases that were reported. Further whilst noting the overall reduction in total wait over 13 weeks for AHPs, Mrs Leeman pointed out OGI 5.4 should read Orthoptics – 243 instead of 2243 reported.

In responding to a question asked by the Chair, Mr McMurray stated the Trust has developed a peripatetic pool of AHP posts to assist with turnover and succession planning, development of rotational schemes to provide a more sustainable staff base and continued direction of non-recurrent resources to support additional capacity, as funding is available. Mrs Toal advised the Trust has secured temporary staff until the end of March 2018, which will assist with the increased demand for these services. Mrs Leeman informed members that a bid has been placed to secure non-recurrent funding which would assist in reducing the backlog of cases.

Mrs McClements drew attention to the under-performance in regards to short breaks and assessments for carers. She commented that an exercise is currently underway which looks at ways to improve this area. The Chair asked about the recruitment of Domiciliary Care workers. Mrs McClements clarified the Trust advertises on a monthly basis, through numerous outlets including social media and assistance is also offered with easier recruitment

processes and occupational health / Access NI checks. Despite this effort the Trust is not attracting a sufficient number of people. Mrs McClements felt a regional approach is required to attract and increase the pool of Domiciliary Care workers.

Mrs McCartan pointed out the reduction in Breast Cancer Services. Mrs Leeman emphasised that whilst the total volume of waits for assessment have reduced over the last number of months the 14 day performance for red flag (suspect cancer) assessments continues to be low. This is associated with workforce constraints in breast radiology, despite additional capacity and the support of other Trusts.

Members discussed the fact that the waiting time for red flag assessment which is currently 28 days remains unacceptable. Performance projections continue to be revised which are submitted to HSCB. The Trust has secured good support from the other NI Trusts for the provision of additional capacity for assessment; however, the Trust is unable to confirm at this stage sustainable delivery of the level of additional in-house capacity required to improve this position in the short-term. It is anticipated that the 14-day objective may not be achieved for another 6-months if additional capacity is not secured. The Trust will require ongoing support of -other Trusts to achieve improved waits for breast assessment, both red flag and routine.

Dr Wright spoke of the continued support received from other Trusts across all areas and is impressed with Trusts assisting each other and developing creative ideas for working together, which is healthy progress.

Mrs Leeson enquired when it is anticipated the performance figures will improve through additional funding. Mr McNally stated it is difficult to project at this stage reliant on non-recurrent funding allocations, however, it is hoped the new financial year will lead to improvements which is reliance on recurrent investment.

The Board approved the Performance Report (ST805/17)

Mrs Leyden and Mrs Rogers left the meeting at this point

ii) Finance Report (ST806/17)

Ms O'Neill presented the Finance Report which demonstrates a deficit of £2.3m at month 7. She advised that non-recurrent funding which was received from the HSCB in late September was now beginning to make a positive impact on outturn; this is evidenced by an in-month surplus of £155k. She added that when compared to October 2016, the Trust is currently

paying a total of 112 additional WTE's, which includes permanent, temporary and flexible staff. Ms O'Neill highlighted the significant budget deficits within particular staff groupings, mainly medical, nursing and domiciliary care.

Ms O'Neill stated that at this stage in the financial year, the Trust continues to forecast year end break-even, but advised of the pressures that may arise directly linked to the Winter period.

Ms O'Neill spoke of the prompt payments compliance. She informed members of the recent upgrade to the FPL system, which has encountered considerable difficulties and stated it is expected the performance will deteriorate both in the Trust and across the HSC. She stressed that reminders continue to be issued on a weekly basis to FPM approvers to highlight invoices awaiting approval. Directorates also receive a monthly report of outstanding invoices to be signed off.

The Board approved the Finance Report 2016/17 (ST806/17)

iii) Human Resources Report (ST807/17)

Mrs Toal presented the Human Resources Report. The main focus of which provides an update on the work of the Workplace Health and Wellbeing Steering Group. It also includes the development of the draft 3 year Staff Health and Wellbeing Strategy and a summary of the Workplace Health and Wellbeing Strategic Action Plan.

Mrs Toal updated members on the key points for Workplace Health and Wellbeing. This includes development of draft strategy 2018-2021 consultation and staff engagement plan, the replacement appointment of Workplace Health Improvement Lead, the progress on procurement of Staff Health and Wellbeing online hub and a first edition newsletter.

The Trust's cumulative sickness absence rate for 2017/18 as at September is 4.73%, which is a slight increase on the previous month. It remains lower when compared to the cumulative figure for the same period last year of 4.91%. When benchmarked regionally, sickness absence comparisons for 2017/18 indicate, that as at August 2017 the Southern Trust had a considerably lower sickness absence rate than other Trusts, excluding two Trusts, for which figures were not available. In a response to a question asked by the Chair, all Directors confirmed their teams are undertaking steps to reduce their sickness levels.

Members noted the flexible workforce cost YTD 30th September 2017, has increased to 9.16% of the Organisations total salary bill.

In response to a question asked by Mr McDonald, Mrs Toal provided an overview of the challenges currently being experienced by the Trust in relation to recruitment of nursing staff, however she noted the Trust is now starting to benefit from the recruitment of the Non-EU nursing staff. Mr McMurray stated the issue of recruiting nursing staff is an international matter. The Chair asked for further clarity in relation to the exams the Non-EU staff undertake. Mrs Toal went on to explain the Occupational English Test (OET) remains at the same level of competency to IELTS Level 7, it is a more clinically focused test of English Language and therefore overseas Nursing graduates may find it a more straightforward way of meeting the NMC's standards for registration.

Mrs Rooney queried if there is a staff issue within Health Visiting. Mrs Toal advised there is a regional shortage which is challenging for filling additional posts.

Mrs Toal highlighted the recruitment campaign in relation to the Band 6 Radiographers to work in General Radiography. She advised through this process the Trust is addressing the skill mix available and the recruitment advert has been released.

The Board approved the Human Resources Report (ST807/17)

Mrs Leyden and Mrs Rogers returned to the meeting at this point

10. SHSCT MANAGEMENT STATEMENT/FINANCIAL MEMORANDUM

Ms O'Neill reminded members that in line with section 1 of the Management Statement, a copy is tabled for the information of Board members on an annual basis.

The Chair stressed the importance of this document and asked the Non-Executive Directors to ensure they understand the content, as it contains the rules and regulations the Trust must adhere to.

11. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

i) Executive Director of Social Work

Ms Leyden gave an overview of the activity and developments within the Social Work sector since 28th September 2017.

Mr McDonald asked for further information in relation to the Social Work in Primary Care posts. Ms Leyden advised it is hopeful there will be a social

work post in each practice; however, this depends on the funding that is available through the regional bid that has been submitted. Mrs McClements advised there is regional work focused on developing multi-disciplinary teams within Primary Care. Ms Leyden noted the post holder will work 5 days a week and the roles and responsibilities are currently been reviewed.

ii) Corporate Parenting Report (ST808/17)

Ms Leyden presented for approval, the Corporate Parenting Report for the six-month period 1 April – 30 September 2017. She stated that this report continues to evidence the high level of activity in relation to the Trust's responsibilities towards children, particularly as a corporate parent.

Ms Leyden highlighted the key aspects of the document. She reported a decrease in the number of Children on the Child Protection register to 560 as at 30 September 2017, an decrease of 19 from the prior 6 months (31 March 2017). Ms Leyden assured members robust monitoring procedures are in place in relation to any new children who come onto the Child Protection register.

Mrs McCartan spoke of the high number of cases reported and reiterated the significant role the Trust has as a corporate parent. Mr McDonald congratulated the staff that recently held a Fostering and Adoption information evening in Newry to coincide with Universal Children's Day on 23rd November 2017. Responding to a question asked by Mr McDonald, Ms Leyden explained the process from enquiring to foster / adopt to the child being placed in with a family and advised it is a long process, as there are numerous legal issues that need to be adhered to. Mr McDonald spoke of the 'Home on Time' event and how successful it has been. Mrs Rooney also praised the 'Home on Time' event and spoke of the improved impact it has had. Ms Leyden agreed to feed the positive remarks back to the staff.

Mrs Leeson stated the report is very comprehensive and asked if the Trust is supporting staff sufficiently. Ms Leyden stated the Trust have processes and mechanisms in place to support staff. She explained that in regards to Social Workers their posts are always prioritised and replaced. Mrs McCartan asked what the Corporate Parenting budget is, to which Ms O'Neill agreed to source the figures.

Mr Wilkinson drew members attention to the 16% of registrations are re-registrations and asked if the Trust is discharging the young people too quickly. Ms Leyden informed members that a process is in place where an Independent Chair and the Social Work Governance team audit all

registrations and re-registrations and it is their responsibility to ensure that all protocols were adhered to. Mr Wilkinson enquired if the Trust liaises with the Education Authority to ensure the young people's education is not affected. Ms Leyden commented this is a top priority and the social works ensure the children the Trust are responsible for, that their education is continued in all situations. Mr Wilkinson commented a trend is emerging from discussions with young people that the number of social workers they are assigned throughout their journey and how there is no consistency. The Chair also mentioned this was a theme arising out of the pledge to the young people the Trust has agreed to. Ms Leyden noted that this is an area in the pathway that needs improved.

Action: Ms O'Neill

The Board approved the Corporate Parenting Report (ST808/17)

iii) HCAI Update

Dr Wright presented the HCAI report and advised that 2017/18 year to date (October 2017), there has been 2 MRSA bacteraemia cases, both considered to be preventable. For the same period there have been 24 C. difficile cases within the Trust and 24 MSSA bacteraemia, 2 have been identified as preventable.

Dr Wright reported the MSSA cases have decreased compared to the same time period last year. He attributed this to good practice techniques with central lines and catheters.

Dr Wright spoke of the ongoing challenges with isolation facilities. He also discussed the issue of water safety and informed members that SMT have approved the refurbishment of the Hydrotherapy pool, which was welcome by members. Dr Wright informed members staffing levels for nursing is currently in a good position.

Dr Wright concluded by stating to date there has been no flu deaths, which he hopes will continue.

12. CARER'S ACTION PLAN

Mrs McClements spoke to the above named report. She reminded members the document is a corporate plan which includes all directorates. Mrs McClements discussed the NISAT v4 Carers Need and Support Plan software which records information electronically and will help improve the accuracy of recording information. She advised the software is planned to be

implemented before Christmas 2017 and a look back exercise will be undertaken to ensure all the relevant data is recorded on the system.

Mrs McClements stated that Mrs McCartan has the Lead Responsibility for Carers. Mrs McCartan noted that she will liaise with Mrs McClements to discuss her role.

In responding to a question asked by Mr McDonald, Mr McMurray advised the MHLD directorate have their own dedicated account for carers as the patients/carers have specialised needs. Mr McDonald queried if the Endowments and Gifts Committee could provide funds for carer grants. Mrs Rooney explained that this would not meet the criteria.

Mrs Toal asked what support is available to staff who are carers. Mrs McClements stated this is an area of work that the team will be focusing on for improvement. Mrs Toal asked when discussions are taking place if they can include and liaise with the Health and Wellbeing team, to which Mrs McClements agreed.

13. BOARD COMMITTEES

i) Endowments and Gifts Committee

- **Minutes of meeting held on 27th March (ST809/17) and 6th June 2017 (ST810/17)**

Mrs Rooney presented the Minutes for approval and highlighted the key discussion points.

The Board approved minutes of meeting held on 27th March (ST809/17) and 6th June 2017 (ST810/17)

- **Feedback from meeting held on 23rd October 2017**

Mrs Rooney provided feedback on the meeting held on 23rd October 2017.

Mrs Rooney reminded members of the Internal Audit priority one finding for donation documentation and advised the information leaflets are now updated following discussion with the legal team.

14. TRUST BOARD ANNUAL BUSINESS CYCLE 2018 (ST811/17)

The Chair presented for approval, the Trust Board Annual Business Cycle for the year 2018, which members noted.

The Board approved the Trust Board Annual Business Cycle 2018 (ST811/17)

15. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board's attention in respect of their roles as professional advisor to the Board. There were no issues noted.

The Chair informed the meeting the newly appointed Chief Executive, Mr Shane Devlin, would hopefully be commencing his role in the New Year.

The Chair stated that this was Mr McMurray's last Trust Board meeting as he was retiring from the Trust at the end of December 2017 after 38 years of much dedicated service. The Chair spoke of Mr McMurray's high personal and professional values and thanked him for the outstanding contribution he has made to health and social care over the years. On behalf of Board members, the Chair wished Mr McMurray a long and happy retirement.

The meeting concluded at 2.30pm

SIGNED: _____

DATED: _____

**Minutes of a Trust Board meeting held in public on
Thursday, 25th January 2018 at 11.30 a.m.
in the Boardroom, Trust Headquarters.**

PRESENT

Mrs R Brownlee, Chair
Mr S McNally, Acting Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Ms H O'Neill, Acting Director of Finance and Procurement
Dr R Wright, Medical Director

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs C Harney, Interim Director of Mental Health and Disability Services
Mrs M McClements, Interim Director of Older People and Primary Care
Services
Mrs H Trouton, Interim Executive of Nursing & Allied Health Professionals
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (Minutes)

APOLOGIES

Apologies were recorded from Mr F Rice, Interim Chief Executive.

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/iPads are used for assessing Board papers only during the meeting.

The Chair was pleased to welcome three members of Trust staff from the Older People and Primary Care Directorate, along with Mr G Rocks, Assistant Director for Promoting Wellbeing and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were no conflicts of interest.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: PRESENTATION: BREAST CARE NURSE TEAM

The Chair welcomed Ms Eimer McGeown, Breast Care Nurse Specialist, to present on the work the Breast Care Nurse Team has undertaken in relation to the introduction of Health Needs Assessment one-to-one and group sessions. The Chair congratulated Ms McGeown on her recent achievement in the 'Cancer Nursing' category of the UK wide Nursing Times Awards 2017.

Ms McGeown began by paying tribute to team colleagues, who along with herself, strive to provide the highest quality service to patients. She stated that the transformation in the patient journey since 2012 has proved to be extremely positive and further changes to the self-directed aftercare recovery package continue to drive forward service improvement. In leading this improvement initiative, Ms McGeown referred to the framework 'Leading Change, Adding Value', and outlined the 3 elements that underpin what she set out to achieve namely; i) better outcomes for patients, ii) better experience for patients and iii) better use of resources. Ms McGeown stated that conversion to the new model has seen increasing numbers of new patients entering the Self Directed Assessment pathway and she outlined for members both the purpose and success of the Health Needs Assessment (HNA) one-to-one sessions. Ms McGeown advised that with demand outstripping capacity, the Trust piloted the introduction of Peer group HNA sessions

and audit findings showed high patient satisfaction with the new model. Members welcomed the benefits for both patients and the Breast Care Nurses. Ms McGeown advised that all patients are being seen within 6-12 weeks of completion of treatment and the service is now fully sustainable.

In concluding, Ms McGeown stated that the Organisation and nursing team have benefitted immensely from this service improvement project and are now seen regionally as leading the way forward. Changes have enabled time to pursue other service improvements and Ms McGeown briefly updated members on the Areola Tattooing Service she along with colleague, Ms Scally has been offering since November 2016 and emphasised the difference it is making to patient outcomes. Members asked a number of questions around capacity and demand. In response, Ms McGeown advised that some additional sessions and larger group sessions have been necessary to assist with the growing numbers of patients and she referred also to challenges around language. In conclusion, the Chair asked Ms McGeown if there was anything Board members could do to support this excellent example of Quality Improvement in the future. Ms McGeown stated that she would welcome more Breast Care Nursing Hours. She pointed out that both HNA sessions and the Areola tattooing service have been introduced with no additional staffing and unfortunately due to the high demand the Tattooing Service is not operational at present, which is extremely disappointing for both staff and patients. The suggestion of Endowments and Gifts funding being allocated to assist with this service was made and the Chair asked Mrs Rooney, Chair of the Endowments and Gifts Committee to consider this at a future Committee meeting.

The Chair recorded thanks to Ms McGeown and assured her of Trust Board's commitment to the service.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTOR'S BUSINESS AND VISITS

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

Mr McNally presented his report. He referred in particular to winter pressures and the exceptionally high numbers of very ill patients admitted to hospital in recent weeks. Mr McNally stated that this surge in patient numbers has impacted on the Trust's capacity to proceed with planned surgery and regrettably a decision had to be made to postpone some procedures in order to accommodate the influx of very sick patients.

Mr McNally commended staff across all areas of the Trust for their significant and ongoing efforts and resilience over Christmas and the New Year period.

Mr McNally advised members of the forthcoming publication of the Hyponatraemia Inquiry report on 31st January 2018.

6. MINUTES OF MEETINGS HELD ON 28TH SEPTEMBER 2017 (AMENDMENT) AND 30TH NOVEMBER 2017

Members approved an amendment to the minutes of the meeting held 28th September 2017 in relation to Organ Donation.

The minutes of the meeting held on 30th November 2017 were agreed as an accurate record and the minutes duly signed by the Chair.

The Board approved the minutes of the meeting held on 30th November 2017

7. MATTERS ARISING FROM PREVIOUS MEETING

Members noted the progress updates from the relevant Directors to issues raised at the previous meeting.

8. STRATEGIC ISSUES

i) Update on the Daisy Hill Hospital (DHH) Pathfinder Project

At the outset, the Chair recorded the Board's appreciation to Dr Telford and Ms Stoops for the excellent work they had undertaken on the DHH Pathfinder Project. She also paid tribute to the invaluable input provided through Dr Corrigan and Dr Farrell, advising that she would be writing to them personally by way of thanks. The Chair added it was also important to acknowledge the tremendous contribution delivered through wider

stakeholder engagement and representation from the local community and staff.

Mr McNally advised that the final report of the DHH Pathfinder Project was submitted to the Department of Health on 20th December 2017. He stated that the report focuses on the overall model developed to meet the unscheduled care needs of the Newry and Mourne population and the wider catchment of DHH. Mr McNally went on to advise that the report was endorsed by the Emergency Care Regional Collaborative (ECRC) at its meeting on 5th January 2018 and most recently by the Transformation Implementation Group on 24th January 2018. Mr McNally advised members that the final report will now be submitted to the Minister of Health and/or the Department of Health.

Mr McNally referred members to the summary paper which outlined the 6 key strands of the proposed model for unscheduled care. At this point, Dr Wright updated members on the recent visit of the Chief Medical Officer and Deputy Permanent Secretary to DHH, where they met with the team and community representatives gaining further insight and understanding of the project implementation and investment plan. Dr Wright advised that feedback had been extremely positive and officials had been impressed by the commitment of DHH staff to progress a whole service approach to the issue. Dr Wright took time to commend the work undertaken by all involved in delivering the project to this point and acknowledged it had been a huge learning experience for the Trust. In terms of the future clinical pathway, Dr Wright advised that he was confident of the deliverability of the task, however, staff and community commitment would be key to success.

Ms Stoops advised that the Trust would now move into the implementation stage of the project and pointed out there was much work ahead in terms of taking forward staff recruitment and partnering with GPs. In light of this, Ms Donaghy asked if the Trust had an indication of the funding required to support the project and the timescales. In responding, Mr McNally stated that Ministerial and/or Departmental approval was expected in around 6-8 weeks, following which a 6 month programme of building work would commence at an anticipated spend of £1m. A further revenue budget associated with additional staffing requirements of £6m would be required to take the project forward. The Chair asked about the Acute Care at Home strand of the model to which Mrs McClements provided an update. Dr Wright spoke on ED recruitment and members welcomed the development of roles, including Advanced Nurse Practitioners and Physician Associates.

The purpose of these roles will be to complement the current medical model in DHH.

Members welcomed the progress to date and requested that regular progress updates are provided to Trust Board.

Ms Stoops left the meeting at 12.40 p.m.

ii) Health and Wellbeing 2026: 'Delivering Together' Update

Mrs Magwood presented the item for information purposes and referred to the recently published report 'Power to People'. Mrs Magwood welcomed the report, stating the document was a key driver to moving the process forward, ensuring necessary reform in light of rising demands in the future.

Speaking Rights

The Chair welcomed Mr Colm Gildernew, MLA, Sinn Fein, to address the meeting

Mr Gildernew thanked the Chair for the opportunity to speak and, at the outset, he commended the earlier presentation made by Ms McGeown and the excellent work undertaken by the Trust Breast Care Nurse Team.

Mr Gildernew referred to the vital role that carers provide right across the health system and asked about extra support for them. Mrs McClements assured members the Trust is proactive in identifying support for carers. Mr Gildernew highlighted the importance of GP cover and asked what steps the Trust was taking to support the provision of GP care. He particularly welcomed the new Medical Physicians Model along with the Advanced Nursing Practitioner roles and asked if these initiatives could be used to assist GP pressures. In response, Dr Wright advised that the Trust does not employ GPs directly and stated that the Trust will support the GP Federation in seeking to develop and improve services. Dr Wright reminded members that the advanced nurse practitioner roles are part of the Trust plan for improvement at DHH and in his opinion could be considered within General Practice going forward. With regards to GP out of hours cover, Mrs McClements spoke of the challenges the Trust is experiencing and the initiatives being taken forward to try and attract GPs into this service. Mrs McClements acknowledged the Christmas/New Year spike in demand and provided

assurance that the Trust continues to monitor the issue closely and benchmark against the region.

Mr McDonald highlighted parallels between community support models and the DHH Pathfinder project and asked for clarity about the Social Impact Bonds proposal. Mrs McClements and Mr Rocks provided some context and clarity.

9. PATIENT / CLIENT SAFETY AND QUALITY OF CARE

i) Executive Director of Social Work

Unallocated Child Care Cases Report

Mr Morgan spoke to the above named report. Members noted a total of 84 unallocated cases as at 29th December 2017, an increase on the previous reporting period (30th September 2017), when 71 unallocated cases were reported. Members were assured that for the reporting period, there were no unallocated child protection cases.

Mr Morgan referred to the rise in the number of unallocated cases within Children with Disability, advising this was linked to capacity issues. In seeking to address the issue, the Trust has recruited 2 additional social workers to this area and that non-recurrent funding has been utilised for agency/bank staff until the end of March 2018.

Members noted the important work undertaken by Young Carers. Mr Morgan advised the Trust continues to offer support to young people in this vital role.

ii) Medical Director Report

Dr Wright spoke to this report which focuses on Medical Appraisal, Revalidation and wider support of the Medical Workforce. He advised that of the 308 doctors eligible, to date (12.1.18) 98.7% have completed the appraisal process for the 2016 period. In terms of revalidation, to date (10.1.18) 315 Year 5 (Y5) doctors have successfully revalidated with the remaining 7 set to complete on schedule. Mr Wilkinson sought assurance that issues raised are followed through and dealt with appropriately. Dr Wright stated that the appraisal process is for personal development and that he was confident that the Trust has appropriate channels in place whereby issues can be raised and dealt with.

Mrs Rooney commented on the 8 staff members who have not yet completed their appraisal for 2016, 3 of whom are long term locums and said it would be useful to have clarity on the follow up process.

Dr Wright advised that locum staff employed by the Trust for more than 3 months are followed up and become part of the appraisal process. He stated that there are implications for those failing to complete their appraisal. The General Medical Council (GMC) also has a follow up process in place.

In terms of risks to the process, the Chair asked about the recruitment of a new Consultant Lead for Appraisal and Revalidation. In response, Dr Wright advised the Trust has commenced the recruitment process and that the current Consultant Lead has agreed to stay in post until a replacement has commenced.

Mrs McCartan welcomed the Medical Mentoring Scheme and asked about the low uptake of a Mentor by the existing workforce. In responding, Dr Wright explained the reason for this, however, he assured members that all new permanent medical staff are expected to avail of a Mentor during their first six months employment with the Trust. Feedback from staff currently under Mentorship has been extremely positive.

iii) HCAI Report

Dr Wright presented the HCAI report and advised that 2017/18 year to date (January 2018), there has been 2 MRSA bacteraemia cases, both considered to be preventable. For the same period there have been 36 C. difficile cases within the Trust and 35 MSSA bacteraemia, 4 of which have been identified as preventable. Dr Wright advised that over the winter period the Trust has experienced an extremely high volume of patients with confirmed flu. He referred to the associated challenges this brings and assured members the Trust has measures in place to address.

Reflecting on the increase in C. difficile cases, members noted the importance of reinstating the Anti-microbial stewardship ward rounds. This requires additional staffing and a Business Case will be presented to SMT.

Members discussed the high number of flu cases. Mrs Toal advised uptake on the flu vaccine had been disappointing with only 30% of frontline staff across the Trust recorded when compared to the regional

target of 40%. Dr Wright agreed to take on board a suggestion that running clinics at night may be useful to facilitate staff.

Following a question from Ms Donaghy on surveillance of MSSA, Dr Wright explained the Trust is not required to report on the number of MSSA cases to the Public Health Agency (PHA) the target data used from prior year is self-imposed. In conclusion, the Chair pointed out that it may be useful to include within the next report some narrative on reasons why a number of the HCAs have recorded elevated numbers when compared to 3 or 4 years ago.

iv) 4th Annual Quality Improvement Event – Evaluation

For information purposes, Mrs Magwood presented an evaluation report on the 4th Annual Quality Improvement Event, held on 17th November 2017. Members noted the detail had been based on formal feedback received from attendees. The Chair welcomed the evaluation and the increased number of external attendees and service users noted at this year's event. Mrs Magwood drew attention to the final page of the report and advised that the date for the Annual Quality Improvement Event in November 2018 would follow in due course.

10. BRIEFING ON NI BUDGETARY OUTLOOK 2018-2020

Ms O'Neill set in context the purpose of the briefing paper, released by the Department of Finance on the budgetary outlook for all public bodies for the period 2018-2020. She reminded members that all Departments must operate within their annual budget, the main source of which is the UK Government block grant. Ms O'Neill highlighted the forecasted resource budget change of -2.3% from 2017/18 until 2019/20 and pointed out that this demonstrates the cost of delivering services is increasing more rapidly than the budget available and continuing with the same pattern of spend as in previous years would be unsustainable.

At this point members noted the detail included on three potential scenario examples, the aim of which being to achieve a balanced budget. Ms O'Neill pointed out the worst case potential funding gap for health in 2018/19 was estimated to be £186m decreasing to the best case of £101m, therefore the budget scenarios will not provide sufficient funding to maintain existing services. In terms of the next steps, Ms O'Neill advised regional work has commenced with both the HSCB and Department of Health with a view to ascertaining the impact of the potential gaps at Trust level. It is anticipated the Southern Trust will commence 2018/19 with a recurrent opening gap of £16.5m. Members

noted the importance of the Trust continuing to work with both the HSCB and Department of Health to ensure that it receives an equitable share of the available resources. The Chair concluded discussion by noting the challenges aligned to balancing the budget versus delivering safe high quality services.

Ms E Mullan, joined the meeting at this point

11. BOARD REPORTS

i) Infection Control Annual Report 2016/17 (ST812/18)

Dr Wright presented the Annual Report which provides an overview of the work streams outlined in the IPCT Work Plan 2016/17 and other strategically driven Infection Prevention and Control (IPC) Initiatives over the year. Members considered the detail and commended the important work undertaken by staff, essential to delivering high quality care and ensuring a safe and positive environment for all patients.

The Board approved the Infection Prevention and Control Annual Report 2016/17 (ST812/18)

ii) Research and Development Annual Report 2016/17 (ST813/18)

The Chair welcomed Dr Sharpe, Associate Medical Director for Research and Development (R&D) and Dr Moriarty, Research Cardiologist, to the meeting along with Miss Knox, Research Manager. By way of introduction, Dr Wright paid tribute to the work undertaken by the R&D team within the Trust and emphasised the importance of ensuring this work continues to be properly resourced. He reminded members R&D is key in driving improvements in medical care and providing patients with access to new treatments and interventions.

Dr Sharpe outlined the main features of the Annual Report and particularly highlighted the achievements accomplished over the past year. Members noted the Trust had received 57 research applications for the period. Dr Sharpe emphasized the importance of continuing to attract EU funding to support research within the Trust. At this point Dr Sharpe thanked the Endowments and Gifts (E&G) Committee for continuing to approve 5% of Charitable Funds for R&D however, he hoped in the future, consideration would be given to increasing that percentage as had been suggested by the Committee when a presentation on the outcomes was made in October 2017. Dr Sharpe briefly outlined the achievements made possible via the 2015/16

Charitable Funds allocation to R&D and more recently the approved use of the 2016/17 allocation. In concluding, Dr Sharpe highlighted areas for future development where interested Clinicians had expressed interest in research particularly Neurology and Urology.

At this point, Dr Moriarty spoke to a high level presentation on Clinical Trials being undertaken by the Cardiovascular Research Unit within the Southern Trust. Members welcomed the comprehensive presentation.

At this point Mrs Rooney, Chair of the E&G Committee stated she was delighted to see that a positive outcome from initial Respiratory research within the Trust had resulted in regional funding being made available for further work. In terms of the percentage of Charitable Funds allocated to R&D, Mrs Rooney reminded members the Committee had considered a proposal in the past to increase the allocation; progress had been subject to the Trust's application to register as a Charity through the CCNI. Clarification is being sought through Directorate of Legal Services (DLS), after which the committee will review the issue. Mr McNally reaffirmed challenges to increasing the R&D allocation from 5% would require legal advice in light of the recent reclassification of restricted/unrestricted funds.

In conclusion, the Chair welcomed the excellent presentations. She commended the R&D Department and their work and assured Dr Sharpe of the Trust Board's continued support for the various initiatives being taken forward.

The Board approved the Research and Development Annual Report 2016/17 (ST813/18)

iii) Procurement Board Annual Report 2016/17

Ms O'Neill presented the above-named Annual Report for assurance purposes. The Trust Procurement Board reports through the Senior Management Team and the purpose of the report is to advise on the work undertaken in the financial year ended 31 March 2017. Ms O'Neill pointed out Appendix 2 which refers to Key Performance Indicators had been omitted from the document and agreed to email same out to members in advance of the next meeting.

At this point in the meeting the Chair requested that agenda items 13 and 14 would be taken next.

13. BOARD COMMITTEES**i) Governance Committee****- Minutes of meeting held on 7th September 2017 (ST817/18)**

Ms Mullan presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 7th September 2017 (ST717/18)

- Feedback from meeting held on 7th December 2017

Ms Mullan provided feedback on the subsequent meeting held on 7th December 2017 and advised that concern had been expressed at the Trust's performance in the area of Stroke Services. Ms Mullan advised that the Committee had requested the Trust Senior Management Team (SMT) would discuss the issue further. Mr McNally confirmed SMT were taking the matter forward.

ii) Patient and Client Experience Committee**- Minutes of meeting held on 20th September 2017 (ST818/18)**

Mr Wilkinson presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of the meeting held on 20th September 2017 (ST818/18)

- Feedback from meeting held on 12th December 2017

Mr Wilkinson provided feedback on the subsequent meeting held on 12th December 2017.

14. APPLICATION OF TRUST SEAL (ST819/18)

Mrs Toal sought approval for the application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the application of the Trust Seal (ST819/18)

At this point in the meeting the Chair requested that agenda items 12ii and 12iii would be taken next to allow sufficient time for discussion on the Performance Report.

12. OPERATIONAL PERFORMANCE

ii) Finance Report (ST815/18)

Ms O'Neill presented the Finance Report which demonstrates a deficit of £2m at month 9. In year non-recurrent funding support received from the HSCB in September and December is impacting positively on outturn. Ms O'Neill went on to advise the Trust had received an additional £1.5m from the HSCB to help with the increase in expenditure directly associated with Winter pressures. Members noted an in-month surplus of £192k.

Mrs O'Neill referred to expenditure on flexible payroll and pointed out that to date the Trust has incurred £29m, £3m more than the same period last year. However, on a positive note when compared to December 2016 the Trust is currently paying a total of 280 WTE's, which include permanent, temporary and flexible staff. Members noted significant budget deficits remain within particular staff groupings, particularly medical, nursing and domiciliary care.

Ms O'Neill stated that the Trust continues to forecast year end break-even, however, the most significant risk to non-achievement will be pressures directly linked to the Winter period.

Members asked a number of questions on spending to which Ms O'Neill provided appropriate responses.

The Board approved the Finance Report (ST815/18)

iii) Human Resources Report (ST816/18)

Mrs Toal presented the Human Resources Report which demonstrates key workforce productivity information. She welcomed the reduction in the cumulative sickness absence rate to 4.80% as at November 2017, however noted caution in light of the incidences of flu over the Christmas and New Year period and advised sickness rates were expected to increase for this period. Mrs Toal referred to flexible spend and advised that costs for 2017/18 year to date have increased by almost £132k per month when compared with 2016/17 and further increases are anticipated given the rise in activity in Acute Services over the Winter

period. Mrs Toal pointed out the increase in Flexible Workforce Costs and highlighted the need to ensure proper resourcing mechanisms are in place to avoid the use of non-contracted agencies.

Following a question from Mrs Rooney on exit interviews, some discussion took place around staff leaving/retiring and members discussed the associated challenges. Members also discussed staff pressures in terms of the recent increased activity. The Chair requested that feedback on staff experience over the Christmas and New Year period and examples of lessons learned would be included within the next report to Trust Board in March 2018.

Action – Mrs Toal

The Board approved the Human Resources Report (ST816/18)

i) Performance Report (ST814/18)

Mrs Magwood presented the high level summary, on an exception basis, of those targets presenting greatest challenge and the actions being taken to manage risks. At the outset, Mrs Magwood drew members' attention to the update provided on key issues emerging over the Christmas/New Year period resulting from winter pressures. She referred to up-to-date statistics which indicate that for the month of December 2017, across the region there were 2,308 12 hour breaches, compared to 857 for the same period last year.

Members discussed unscheduled care pressures. The Chair asked about the 26 admissions from Nursing Homes (NH) to Craigavon Area Hospital (CAH) over Christmas/New Year and if there had been any involvement from the Acute Care at Home Team. Mrs McClements explained that the majority of the team's work is preventing admission and they are very active in supporting care home patients. If the GP feels that a NH patient may be appropriate for Acute Care at Home, the GP speaks directly with the medical staff in the team. She advised that the Trust is analysing the detail of those admitted over the December/January period and alluded to some of the challenges including the GP not being available to visit or assess the patients in the NH which can lead to patients being referred to ED or families deciding that they wish their loved one to attend ED. Mrs McClements stated that the Trust continues to engage with GPs to increase awareness of the scheme and the referral pathway, in particular in the areas where the service has recently commenced or is not maximised.

Mrs Rooney referred to the vital role the Acute Care at Home service plays in preventing hospital admissions and supporting earlier discharge. She stated further work is needed to build on GPs buy in to areas where the service is not yet implemented. Mrs McClements advised that Dr McCaffrey continues to carry out work to ensure appropriate referrals are made from Primary Care. The Chair stated she would wish to see signs of improvement. In response, Mrs McClements referred to the positive impact evidenced through the new Rapid Access Frailty Unit at CAH, focusing on rapid turnaround and admission avoidance of frail elderly patients attending ED. Mrs Rooney sought assurance that medical outliers were receiving a high standard of care. Mrs Gishkori acknowledged the risk factors and that length of stay was usually longer, however, she assured members these patients receive the proper standard of care.

The Chair asked about red flags and elective care cancellations. Members noted that the Trust had to postpone 222 elective patients (this included a number of red flags) over the Christmas/New Year period due to the demand for medical beds exceeding available capacity during peak times. Mrs Gishkori provided assurance that those patients categorized as red flag who did not have their surgery carried out as planned have been rescheduled in. Mrs Magwood agreed to include an update within the next report.

Action – Mrs Magwood

Members discussed waiting times across a range of specialties due to a number of contributing factors and considered the actions being taken forward to address capacity.

The Chair referred to Service and Budget Agreement (SBA) activity and raised the underperformance in Dermatology. Mrs Magwood explained that this was associated with changes in the service model. Mrs Rooney highlighted the access and wait times for new outpatients with 5036 patients waiting in excess of 52 weeks, 1,000 of which are for Neurology. She asked for assurance that patients are contacted during their waits and stated that the narrative within the report should evidence this going forward. In relation to a question from the Chair on Family Support Hubs, Mr Morgan advised that the additional demand cannot be met within the existing capacity. He pointed out that Early Intervention transformation funding had not been made recurrent, and the Trust continues to raise the need for additional funded resources. In terms of GP Out of Hours Service, Mrs McClements advised that there is a multi-disciplinary team who deliver the service and when GP capacity is reduced, increased

Triage Nurses, Nurse Advisors and Pharmacists are put in place to enable response times to be improved. Ms Mullan stated that she had raised in the past the possibility of the role of the paramedic in GP OoH service and Mrs Magwood had spoke about developing a programme of collaborative working with the NI Ambulance Service. Mrs McClements advised that NIAS have some pathways in place including “treat and leave” which are actively used in the Trust for COPD, Diabetes and Falls patients and there would be benefit in further developing these.

In drawing discussion to a conclusion, the Chair acknowledged the challenging Winter and emphasised the importance of learning lessons in terms of staff experience. Mr McNally reported on a recent visit to ED at CAH by Mrs Mary Hinds, Director of Nursing and Allied Health Professionals, HSCB, and advised that feedback had been extremely positive regarding the quality of care provided to patients.

The Board approved the Performance Report (ST814/18)

15. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board’s attention in respect of their roles as professional advisor to the Board.

Mr Morgan highlighted the regional initiative, Adverse Childhood Experiences (ACEs) programme in Children and Young People. He advised the Southern Trust had undertaken a recent ACE Pilot Programme and feedback from service users had been positive. Mr Morgan advised he would bring a formal update to Trust Board at a future meeting.

The meeting concluded at 3.50pm

SIGNED: _____

DATED: _____

Minutes of a Trust Board meeting held in public on
Thursday, 24th May 2018 at 11.30 a.m.
in the Boardroom, Trust Headquarters, Craigavon

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services/Executive
Director of Social Work
Ms H O'Neill, Acting Director of Finance and Procurement
Mrs H Trouton, Interim Executive of Nursing & Allied Health Professionals

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs C Harney, Interim Director of Mental Health and Disability Services
Dr A Khan, Acting Medical Director
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Interim Director of Older People and Primary Care
Services
Mrs V Toal, Director of Human Resources and Organisational Development
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (Minutes)

APOLOGIES

Apologies were recorded from Mrs H McCartan, Non-Executive Director

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/iPads are used for assessing Board papers only during the meeting.

The Chair was pleased to welcome four members of Trust staff from the Human Resources Directorate including Estate Services, along with Mrs J Johnston, Assistant Director of Human Resources, Mental Health and Disability and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues. The Chair also welcomed Ms S Wilson, Team Manager, Child and Adolescent Mental Health Service (CAMHS).

At this point the Chair referred to the 'Young People's Pledge' and welcomed the positive outcome from the session held in the Oaks, Armagh earlier in the morning. The Chair reminded members the young people will be attending the next Trust Board meeting on 7th June 2018, when they will share their views on the pledge and what has worked for them. The Chair advised she would be writing to local MLAs extending an invitation to attend.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. Ms Mullan declared an interest in Item 13 (Boardroom Apprentice 2018) and agreed to step outside the meeting for the discussion on this item.

At this point in the meeting, the Chair stated she was pleased to advise the Trust had recently had some positive media coverage on the Breast Surgery Team trial. The innovative procedure using 'Magseed' technology, helps surgeons accurately locate cancerous tumours. Members noted the written update provided under Item 4 (Chair's Business) and took time to watch the UTV News Clip.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: PRESENTATION: THE MENTAL HEALTH FORUM – LEADERS IN CO-PRODUCTION

The Chair welcomed Mr K Hughes, Mental Health Forum Manager and Ms E Fogarty, Mental Health Forum Secretary to the meeting.

Mrs Harney set the item in context, commending the invaluable work undertaken by the Mental Health Forum including providing information and signposting on mental health issues into the community settings. She emphasised that Co-production is everyone's business and the importance within mental health of further strengthening this area of work with clients and encouraging staff to actively engage with service users in order to meaningfully integrate their knowledge, experience and proposals into new and reviewed mental health service development plans. Mrs Harney congratulated Ms Fogarty and Mr Hughes on being positive role models in relation to co-production and recovery models of care and she acknowledged how the SHSCT Mental Health Forum and the Recovery College have been leading the way regionally.

Mr Hughes spoke about the role and function of the mental health forum. He referred to the invaluable input provided by service users with lived experience and taking Co-production forward with statutory providers. Mr Hughes emphasised the forum is a valuable tool for those with mental health issues and stated positive outcomes have been evident. At this point Mr Hughes invited Ms Fogarty to speak to the Quality Improvement (QI) project she had undertaken, as part of an accredited OCN level 3 course entitled 'Coproduction in Mental Health Services'. Ms Fogarty spoke passionately about the project, referring members to the interactive resource 'A Guide for involving Service Users, Carers and Staff in Co-Production' and took time to commend all those involved in the working groups. Ms Fogarty explained that the purpose of the resource was to inform and enhance the Capacity Building Programme already in place with the Mental Health Forum and to support the crucial mentoring process. She went on to point out the interactive nature allows people to familiarise themselves with a vast range of relevant content at their own pace and access tools and references according to individual need, increasing knowledge and building confidence.

Mr Devlin commended the interactive resource tool and asked how Board members could assist in building further on the work already undertaken. Both Mr Hughes and Ms Fogarty emphasised the importance of effective communication and partnership working at all times to ensure the co-production model continues to move forward. In answer to a question from Mrs Leeson, Ms Fogarty explained the strong links between the Mental Health Forum and the Recovery College.

In concluding, the Chair thanked Mr Hughes and Ms Fogarty for attending the meeting and presenting an excellent example of co-production in action.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

Members noted the Trust recently launched a new Staff Health and Wellbeing Strategy to encourage staff to take a greater interest in their own health and wellbeing and provide opportunities to do so.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

Mr Devlin presented a summary report of the Chief Executive's Business and Visits undertaken since the last meeting. He pointed out that a number of stakeholder meetings with various political parties had taken place over the period with discussion focusing in the main on the health and wellbeing agenda.

Mr Devlin went on to refer to the recent media coverage on delays in the provision of paediatric surgery within the Trust. He advised that whilst children's emergency surgery has continued as normal, children's theatres have not yet been running at full capacity and it is envisaged that the service will be fully operational from 4th June 2018 and patients have been contacted about surgery dates. Mr Devlin stated that there was learning for the Trust when a service model has been changed and a lookback exercise was underway. Mr McDonald, as the nominated Non-Executive Director on the Trust's Lessons Learned Forum, spoke of the importance of the lessons learned being identified and brought into any future developments.

Members welcomed the detail that the Southern Trust is the first in Northern Ireland to join the UK's Surgical Ambulatory Emergency Care Network, an area for important focus into the future. At this point Mr Devlin referred to the regional 'Inpatient Patient Experience Survey 2017', advising that feedback from the public has been positive and it was important for Trust Board to reflect on the findings. Mrs Magwood stated that the report had yielded important learning which the Trust will be taking forward. The Chair highlighted the fact that 92% reported that they were satisfied or very satisfied with their overall hospital experience and this is to be commended.

The Chair referred to the detail on soaring numbers of care homes entering insolvency and noted this was a matter for concern.

6. MINUTES OF MEETING HELD ON 29TH MARCH 2018

The minutes of the meeting held on 29th March 2018 were agreed as an accurate record and the minutes were duly signed by the Chair.

The Board approved the minutes of the meeting held on 29th March 2018.

7. MATTERS ARISING FROM PREVIOUS MEETING

There were no matters arising from the previous meeting, however the Chair advised that in response to a question she had asked at the meeting on 29th March 2018 about the impact of Acute Care at Home on hospital admissions, Mrs McClements will provide a summary paper to the next meeting on 7th June 2018. The paper will outline the impact on acute hospitals and interface with nursing homes.

8. STRATEGIC ISSUES

i) Update on the Daisy Hill Hospital (DHH) Pathfinder Project

Mr Devlin advised that since the Health and Social Care Board (HSCB) approved the DHH Pathfinder Group final report in March 2018, the Department of Health (DOH) have confirmed approval of funding to commence implementation of the Pathfinder Project. Members welcomed this.

Mr Devlin referred members to the progress on implementation as detailed in their papers. Process mapping to develop the care pathway for the new Direct Assessment Unit has commenced and in regards to Estates/Infrastructure works, a business case for £1m, from Capital resources budget has been approved by the Trust Senior Management Team (SMT) for accommodation works associated with the new Direct Assessment Unit. These works are currently at tender stage. Mr Devlin reminded members implementation of the project will be delivered reflecting the principles of co-production in order to ensure more effective and sustainable outcomes.

Members discussed the fact that the inability to recruit medical staff due to the lack of availability of staff regionally remains the key risk to the project. In light of this, Ms Donaghy asked about support from across

the region and if the ratio of locums at DHH ED had reduced. In response, Mrs Gishkori advised that the unit remains locum driven, however, she assured members that the recruitment process continues for additional Consultants in Emergency Medicine and that medical cover for the summer months was in place. Members welcomed the progress to date and emphasised the importance of keeping the public informed of not only the progress, but the recruitment challenges.

ii) Year 1 Progress Report on Corporate Plan

Mrs Magwood presented the above named document which demonstrates how the Trust has improved services in Year 1 of the Corporate Plan 2017-2021. At the outset of discussion, Mrs Magwood pointed out that progress in the first year is set in the context of extreme challenges including demographic growth and financial and workforce pressures. Mr Devlin added that in the current climate and at this point in the 4 year programme, he would not expect progress in many specific areas to have achieved green status.

Members considered the report and challenged in a number of areas. In particular, Ms Donaghy referred to page 54, achievement of commissioned levels of activity and pointed out that against unscheduled care the Trust levels of activity appeared to exceed the Service Level Agreement (SBA) and asked if the commissioning levels take account of over performance. Mrs Magwood confirmed that SBA activity volumes primarily target elective care. The significant over performance in unscheduled care activity is a result of sustained pressures and the HSCB does take this into account at regular performance meetings. The Chair referred to page 25, improved assessment for children presenting at ED CAH and raised the importance of funding for permanent paediatric nurse staffing for year 2 being forthcoming.

In response to a question from the Chair on reshaping the Dementia pathway to include those under 65, Mrs Harney reminded members of the increasing demand in this area with no regional funding made available as yet for the regional dementia pathway. However, she pointed out that despite this the Trust does provide a service to this cohort of patients. She stated that work on the regional Dementia pathway is still not complete but that further progress is expected during 2018/19. The Chair referred to page 43 and queried why the twin CT scanning suite was not yet operational. Discussion ensued and Mrs Magwood explained this was aligned to electrical capacity constraints on site and advances in technology that have impacted significantly on the

timing and costs associated with this development. Members were assured a mobile scanner is in place as an interim solution.

Mrs Rooney referred to the Acute Care at Home Service and asked if 100% roll out had been achieved. Mrs McClements stated that the service had been rolled out to 70% of urban areas to date with a small number of fringe areas still outstanding due to recruitment issues.

In conclusion the Chair welcomed the 1 year update on progress and stated she would look forward to seeing progress in year 2.

iii) Health and Wellbeing 2026: 'Delivering Together' update

Mrs Magwood presented for information purposes an update on key transformation priorities. Members welcomed the detail provided under the four themes.

With non-recurrent funding of £100m available in the HSC Transformation fund, £30m of which has already been allocated towards reducing waiting time pressures, members welcomed the detail provided on how the remaining £70m will be allocated. However caution was noted in terms of deliverability on initiatives, due to challenges aligned to workforce issues.

9. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

i) Inquiry Report into Hyponatraemia-related Deaths

Dr Khan presented the above named paper summarising the Trust's responses and oversight arrangements in respect of the Hyponatraemia Inquiry report and accompanying recommendations. Dr Khan advised that the Trust has completed and submitted initial benchmarking to the Department of Health (DOH) relating to clinical paediatric recommendations, with a second benchmarking assessment relating to recommendations aligned to Trust Serious Adverse Incident (SAI) progress just recently completed. Members noted the outcome of the benchmarking exercise in terms of areas for improvement.

Dr Khan advised that the Trust Oversight Group continues to meet on a regular basis with a working group established to take forward actions. Communication between the Trust and the Mitchell Family remain ongoing. In response to a question from Mr McDonald on regional work streams, Dr Khan advised that the Regional Steering Group will meet on

21st June 2018 when Terms of Reference for the group will be tabled. The Chair advised that in response to communication from the Permanent Secretary, Ms Mullan, Ms Donaghy and Mr McDonald are the nominated Non-Executive Directors representing the Trust on the regional group.

The Chair reminded members the issue will remain as a standing agenda item at future Trust Board meetings.

ii) Executive Director of Social Work

Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2017/18 (ST838/18)

The Chair invited Mr Morgan, Executive Director of Social Work to introduce the item. Mr Morgan reminded members of the responsibility the Trust holds as a Corporate Parent. He referred to the numerous challenges presenting across various programmes of care including capacity and demand issues and increasing Corporate responsibilities. Mr Morgan stated that it was encouraging to note the good evidence of service user collaboration and coproduction work across the Programmes of Care.

At this point, Mr Morgan introduced Ms F Leyden, Assistant Director of Social Work Governance, Workforce Development and Training and Ms K Lavery, Head of Social Work and Social Care Governance. Ms Lavery presented the 11th Annual Report on the Delegated Statutory Functions (DSF) covering the period 1 April 2017 – 31 March 2018. She noted that the report also includes the six-monthly Corporate Parenting Report and the Southern Local Adult Safeguarding Partnership (LASP) Annual Report. Ms Lavery spoke of the breadth of information contained within the report across all Directorates, however she highlighted 3 key areas for challenge, i) Carer's Assessments, ii) Direct Payments and iii) Adult Safeguarding referrals.

Ms Lavery advised that overall the Trust has delivered substantial compliance with its delegated statutory duties. Discussion ensued on the activity reflected within the report in which members' asked a number of questions.

Mrs Rooney referred to under 65s, Dementia service pathway and pointed out the narrative did not correlate with that included within the Year 1 Progress Report on Corporate Plan discussed earlier in the

meeting. Ms Harney acknowledged Mrs Rooney's point and agreed to relook at the detail provided.

Mrs Rooney noted the Case Conferences held outside timescales in the Corporate Parenting Report and asked about the impact on Looked after Children (LAC). In responding, Ms Leyden advised there were various reasons for Case Conferences being overdue, however she assured members LAC are not within the cohort for review referred to on page 15 of the Corporate Parenting Report. Mrs Rooney also noted timescales for initial Case Conferences is 15 working days and asked how many would be outside this timescale. Ms Leyden advised that a number of factors impact on achieving this timescale and agreed to provide the information requested by Mrs Rooney. Mrs Rooney referred to the 13 prospective domestic adopters awaiting assessment at period end, asking if a reason for this included lack of resources and pointed out the associated impact the waits have on prospective adopters. Mr Morgan stated that resources are an issue and added that the 'Home in Time' initiative, a funded process from the Health and Social Care Board (HSCB) aimed at tackling assessment waits has been helpful.

Ms Donaghy asked about the high number of child protection cases in the Southern area. In responding Mr Morgan reminded members the Southern area has the highest number of children and young people outside Belfast. He spoke about the important work family support hubs play in the role of prevention; however he stated that he was assured that the threshold for child protection was appropriate. In response to a question from Ms Donaghy on the delay by RQIA in publishing its Child Protection Review carried out in 2016, Mr Morgan advised the Trust had received some high level feedback following this review; however the final report has been unavoidably delayed.

Mr Wilkinson referred to the key risks arising from the provision of DSF requirements across all Programmes of Care and asked for assurance that the Trust will meet compliance levels and also manage the impact of the revised adult safeguarding policy and mental capacity bill. He also raised the increased workload Case Managers are experiencing, assisting service users with disabilities to complete Personal Independence Payment (PIP) applications and highlighted the potential impact on service users. Mr McDonald also raised the issue of PIPs and asked what the Trust was doing to assist service users across all services. Ms Lavery advised teams are working where possible to signpost claimants to agencies like the Citizens Advice Bureau, however she alluded to the associated challenges service users encounter.

In response to a question from Mrs Leeson about Self Directed Support (SDS), Ms Lavery welcomed the 10% increase within learning disability services of Service Users/Carers signing up to SDS, however she pointed out the challenges with the complicated SDS regional minimum rate system and stated this was impacting on further implementation across the Trust. Mrs Harney advised that a work plan and presentation will be considered by the Trust Senior Management Team (SMT) in the next few weeks on the best way forward. Mr Devlin agreed that SDS would be an agenda item at a future Board Workshop.

Action – Mr Devlin

Ms Mullan referred to page 166 and asked had the Older Peoples Day Care Services review reflected positive changes in how the Organisation delivers its services. In responding Mrs McClements commended the review findings as positive, stating engagement with service users, carers and staff was integral during the process and resulted in a number of new developments to enhance Day Care Services. An Action Plan to develop and deliver outcomes is being taken forward.

Ms Mullan went on to refer members to page 181 and highlighted the risk in terms of difficulties in securing references from Independent Sector Domiciliary Care Agencies. Mrs McClements spoke about the shortage of Domiciliary Care Workers regionally and the associated challenges in recruiting from a central pool. The Trust has challenged the Regional Quality Inspection Authority (RQIA) and Northern Ireland Social Care Council (NISCC) on the process in terms of the risk to service users. Mrs Toal reminded members the Trust puts a greater focus on training in order to mitigate the risk.

Members noted the Local Adult Safeguarding Partnership Annual Report 2017/18. This demonstrates the work which is being undertaken by the SHSCT and its partners in delivering a high quality Adult Safeguarding Service.

The Chair welcomed the content within the Corporate Parenting Report for the period 1 October 2017 – 31 March 2018. In concluding discussion, the Chair thanked Ms Leyden and Ms Lavery for a very informative presentation and extended her appreciation to all staff involved in the compilation of this report.

The Board approved the Draft Annual Report on the Discharge of Delegated Statutory Functions and Corporate Parenting Report 2017/18 (ST838/18)

Ms Mullan left the meeting at this point.

10. BOARD COMMITTEES

i) Endowments and Gifts Committee

- **Minutes of meetings held on 29th January and 26th March 2018 (ST839/18)**

Mrs Rooney presented the Minutes for approval and highlighted the key discussion points.

The Board approved the Minutes of meetings held on 29th January and 26th March 2018 (ST839/18)

- **Committee Terms of Reference (ST840/18)**

The Revised Terms of Reference were presented for approval.

The Board approved the revised Terms of Reference (ST840/18)

- **Key issues from meeting held on 3rd May 2018**

Mrs Rooney provided feedback on the subsequent meeting held on 3rd May 2018, the main purpose of which was to review the Draft Charitable Trust Fund (CTF) Accounts for the year ended 31 March 2018. Mrs Rooney recorded thanks to Ms O'Neill and the wider Finance Team for their expertise and commitment to delivering the Trust Fund Accounts to an extremely challenging timetable.

ii) Audit Committee

- **Minutes of meetings held on 15th February 2018 (ST841/18)**

The Minutes of the meeting were presented for approval and the key discussion points highlighted.

The Board approved the Minutes of the meeting held on 15th February 2018 (ST841/18)

- **Key issues from meetings held on 19th April and 3rd May 2018**

Members welcomed the comprehensive report on the subsequent meetings held on 19th April and 3rd May 2018.

iii) Governance Committee**– Minutes of meeting held on 8th February 2018 (ST842/18)**

The Minutes of the meeting were presented for approval and the key discussion points highlighted.

The Board approved the Minutes of the meeting held on 8th February (ST842/18)

– Key issues from meeting held on 11th May 2018

Members noted the key issues.

Ms Mullan returned to the meeting at this point.

11. OPERATIONAL PERFORMANCE**i) Performance Report – year end (ST843/18)**

Mrs Magwood presented the report for the year end and began by advising members' regarding two amendments under the following areas, i) OGI 2.4 Sepsis Bundle and OGI 5.4 Allied Health Professionals.

Members noted the summary information provided on the 53 Objectives and Goals for Improvement/Targets, comparing the Trust Delivery Plan (TDP) assessment and the year-end performance assessment (Table 1), along with that summarising the outcome of the OGIs against their TDP assessment (Table 2). Mr Devlin referred to the 16 OGIs identified within the TDP assessment for 2017/18 and not achieved at year-end assessment position, as concerning and stated there was opportunity for improvement moving forward.

Discussion ensued and members considered the reduced performance in the last few months of the year associated with unscheduled care pressures, along with other areas including CDiff, Acute Care at Home Service and Suicide Rates. The Chair recognised the actions being taken to address the issues however she pointed out it was her responsibility to ensure accountability and stated time would be allocated at the next meeting to discussing these issues in greater detail.

Mr McDonald highlighted OGI 4.7 Ischaemic Stroke and the underperformance in terms of meeting the target on Thrombolysis treatment where clinically appropriate. He reminded members regarding discussion at a previous Governance Committee meeting when request had been made for an action plan to improve the service locally, be drawn up. Mrs Gishkori confirmed that an action plan has been produced. Mrs Magwood assured members the Trust has delivered improvements against the Stroke Sentinel National Audit Program (SSNAP) standards report, however she acknowledged there was still much work to do in terms of improving stroke services locally, emphasising this must now be considered in the regional context in line with 'Delivering Together.'

Mrs Rooney recorded disappointment at the number of Red areas within the report, highlighting in particular Diagnostic reporting. Ms Donaghy queried 48% of OGIs not achieved due to lack of capacity/resources etc. and asked if there were other contributing factors. In responding, Ms O'Neill explained that when producing the TDP, which is based on the commissioning plan, all known resources are taken account of and therefore the OGIs set and agreed are funded. In conclusion Mrs Magwood advised that the Commissioning Plan OGIs for 2018/2019 have not yet been finalised. The Trust will continue to report against the current targets until the 2018/19 OGIs are in place.

The Board approved the Performance Report (ST843/18)

12. BOARD GOVERNANCE SELF-ASSESSMENT TOOL (ST844/18)

The Chair reminded members the tool had been extensively reviewed separately by herself and the Non-Executive Directors and the Chief Executive and the Senior Management Team and collectively agreed at a Directors' Workshop on 26th April 2018. Members agreed the RAG ratings applied.

The Board approved the Board Governance Self-Assessment Tool (ST844/18)

Ms Mullan left the meeting for discussion on the next item

13. BOARDROOM APPRENTICE 2018 (ST845/18)

The Chair advised members that the Boardroom Apprentice is a 12 month Board placement and training programme the purpose of which is

to provide applicants with the opportunity to serve on boards in the third sector and public sector. At this point the Chair advised that following the completion of the application process, the selection panel had met the previous day and there were no successful applicants for the Southern Trust Board and therefore the item no longer required approval at this time. Mr Delvin welcomed the Board Apprentice initiative as a tool to develop essential skills in aspiring Board members and it was agreed that the process for 2019 would be discussed at a future Workshop. Following a brief discussion, the consensus was members were supportive of the programme, however it was agreed fuller discussion was required in terms of operationalising this programme in the Trust.

Action – Chair / Chief Executive

14. APPLICATION OF TRUST SEAL (ST846/18)

Mrs Toal sought approval for the application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the application of the Trust Seal (ST846/18)

15. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board's attention in respect of their roles as professional advisor to the Board. There was none noted.

In conclusion, the Chair advised members the next meeting scheduled for 7th June 2018 would be a full agenda.

The meeting concluded at 2.15p.m.

SIGNED: _____

DATED: _____

**Minutes of a Trust Board meeting held in public on
Thursday, 29th November 2018 at 11.30 a.m.
in the Boardroom, Trust Headquarters, Craigavon**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Dr A Khan, Acting Medical Director
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Interim Executive Director of Nursing & Allied Health Professionals

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs C Harney, Interim Director of Mental Health and Disability Services
Mrs M McClements, Director of Older People and Primary Care
Mrs V Toal, Director of Human Resources and Organisational Development
Mr C McCafferty, Assistant Director of Corporate Parenting (*for Mr P Morgan*)
Ms C Stoops, Assistant Director of Corporate Planning (*for Mrs A Magwood*)
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs L Gribben, Committee Secretary (Minutes)

APOLOGIES

Mr M McDonald, Non-Executive Director
Mrs A Magwood, Director of Performance and Reform
Mr P Morgan, Director of Children and Young People's Services / Executive Director of Social Work

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and reminded members of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/iPads are used for accessing Board papers only during the meeting.

The Chair was pleased to welcome five members of Trust staff from the Older People and Primary Care Directorate, along with Mr Beattie, Assistant Director of Primary Care and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were no conflicts of interest noted.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: PRESENTATION: SPEECH AND LANGUAGE PLAY AND SAY INITIATIVE

The Chair welcomed Ms Hilary McFaul, Speech and Language Manager, Ms Sinead O'Connor, Parent and Mr Conor McCormack, Community Partner, Almac to the meeting to present the above named item. Mr McCafferty reminded members the initiative was presented to the Dragon's Den at the Quality Improvement Event in 2017 and won the overall top prize.

Ms McFaul thanked the Board members for opportunity to highlight this important service. She advised of the need for service improvement due to children waiting too long for assessments and having a further long wait for intervention. Following this review, the service was able to reduce the Speech and Language Therapy time in assessment and treatment. Ms McFaul added she participated in the level 5 Quality Improvement programme which helped evaluate the current service model.

Members were shown a video of the videoscribe and animation that was created with a partnership approach with Mr McCormack from Almac. Ms O'Connor gave her view as a parent using the service and how the early intervention has helped her son immensely. Mr McCormack spoke

of how delighted he was to be able to provide his IT skills to this valuable service.

Members commended this excellent initiative whereby parents and service users engaged with the SLT service and others. The potential to apply this model to other services and sectors was discussed.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The Chief Executive presented his summary report. At a local level, he highlighted that the total value of Investment Proposal Templates (IPTs) received to date was £8.7m. The SHSCT have filled 44 posts relating to the Transformation Programme.

The Chief Executive spoke of the new regional elective care centres for cataracts that will operate out of South Tyrone Hospital Dungannon, Mid Ulster Hospital and Downe Hospital which will serve patients from across Northern Ireland and it is intended to reduce the risk of last minute cancellations due to bed or staff shortages. Following questions asked by Mrs McCartan and Mr Wilkinson, the Chief Executive advised the centre will be operational from early next year and it is fully funded.

Mrs Rooney highlighted the fact that NI spending on training maternity staff in the last financial year was almost £200,000 and asked has this made an impact on clinical negligence claims. Mrs Toal advised she will review this and feedback at the next meeting.

Action: Mrs Toal

6. MINUTES OF MEETING HELD ON 25TH OCTOBER 2018

The minutes of the meeting held on 25th October 2018 were agreed as an accurate record and duly signed by the Chair.

The Board approved the minutes of the meeting held on 25th October 2018.

7. MATTERS ARISING FROM PREVIOUS MEETINGS

Members noted the progress updates from the relevant Directors to issues raised at the previous meetings.

- **Update on Acute Care at Home Service**

The Chair welcomed Dr Pat McCaffrey, Consultant Geriatrician, Ms Roisin Toner, Assistant Director Enhanced Services and Mr Eamon Farrell, Interim Assistant Director AHP Governance, Workforce Development and Training to the meeting to provide an update on the Acute Care at Home service.

Ms Toner set in context the background to the service. She advised the primary focus of the service is on maintaining older people at home, nursing and residential in the event of an acute illness or unexpected deterioration in health. The service provides triage, assessment, diagnosis and treatment as an alternative to in-patient care to those at risk of or potentially requiring admission to hospital treatment.

Ms Toner spoke of the Southern Trust approach and advised on the medical, nursing and AHP cover arrangements for the service. She added the pharmacy input has been invaluable and the virtual daily ward round has been exceptional to the care of patients.

Dr McCaffrey presented the statistics on referrals and outcome information. She noted the cost of 1 day on Acute Care at Home is 57% of the cost of acute hospital care. The number of acute bed days saved was 8486 which is equivalent to 23 acute bed days at 100% capacity or 26 acute bed days at 89% capacity. Dr McCaffrey was pleased to report there was 98% patient satisfaction with the service.

Mr Farrell advised that he completed a MSc in September 2017 regarding the Service Evaluation of Patient Satisfaction within ACAH. This highlighted 100% satisfaction. Patients were happy with the care they received and 100% of patients were happy with the staff's knowledge of their condition and treatment plan. All of the respondents stated they would recommend the service and use the service again. The qualitative responses were in keeping with 100% satisfaction in that they were positive in nature.

This also demonstrated that following the introduction of the ACAH service the number of unscheduled care bed days from nursing homes

residents in the Southern Trust has statistically significantly decreased through a reduction in hospital admissions.

In response to a question asked by Mr Wilkinson, Ms Toner advised the NIAS pathway indicates the Southern Trust has the second lowest calls to Nursing Homes, which members welcomed.

The Chair thanked Dr McCaffrey, Ms Toner and Mr Farrell for providing an update on this area.

8. STRATEGIC

i) Update on Daisy Hill Hospital (DHH) Pathfinder Project

The Chief Executive presented an update on the DHH Pathfinder Project. He reminded members the Department of Health announced an initial investment of £650,000 from transformation funding and whilst awaiting this confirmation of funding, the Trust started its plans for implementation and an overview of the progress to date is provided in members' papers.

The Chief Executive spoke of the potential risk on the inability to recruit medical staff due to the lack of availability of staff regionally. He noted the difficulties in recruiting Consultants and Middle Grade Doctors posts at DHH which could have a potential impact on the opening of the Direct Assessment Unit in January 2019. He advised discussions are ongoing to agree phasing of this service over time. The Chief Executive added a Workforce Development Group has been established in October 2018 and workstreams have been identified to lead on an agreed action plan. The Chair asked that the next update report to Trust Board specifically focuses on workforce.

Ms Stoops spoke of the engagement with subgroups and the wider community forum to ensure they are regularly kept up to date with developments which members welcomed.

9. BOARD REPORTS

i) Estates Annual Report 2017/18 (Part 2) (ST893/18)

Ms O'Neill presented part two of the Estates Annual Report for 2017/18 which relates to Estates Operations, Specialist Services and Medical Technical Services. Members considered the detail on the key issues and risks encountered.

Ms O'Neill added she is keen to promote the work of the Estates department and intends to include this as part of her Finance and Procurement monthly reports.

Ms Mullan made reference to the estimated backlog maintenance of £230m to which Ms O'Neill advised that backlog maintenance funding requirements are regularly discussed with the Department of Health.

Members welcomed the content of the report and paid tribute to the dedication of the staff working within the Estates Department.

The Board approved the Estates Annual Report 2017/18 (Part 2) (ST893/18)

ii) Infection Prevention & Control Annual Report 2017/18 (ST894/18)

Dr Khan presented the Annual Report which summarises the activities of the Trust relating to IPC for the year. It outlines the Trust initiatives to allow for the early identification of patients with infections on admissions to hospital and measures to reduce the spread of infection to others. It also reviews the policies and procedures, audit, surveillance, education and training. Members considered the detail and commended the important work undertaken by staff, essential to delivering high quality care and ensuring a safe and positive environment for all patients. Dr Khan acknowledged the 3 year Infection Prevention and Control Strategy which is now in place as well as the new IPC team.

The Chair referred to the IPC mandatory training for 2017/18 and noted the low number of Acute staff who attended. Dr Khan responded by advising this is a priority area within the Strategy to ensure staff are able to be released to attend training and significant investment has been secured to ensure this greatly improves for the coming year.

Mrs McCartan referred to page 6 of the report where it states the Trust did not meet the C. Difficile infection target of 31 with 48 cases reported and asked if this was factored into the 3 year strategy in terms of action planning to reduce. Dr Khan stated that this was a key priority with every effort made to keep incidence at a minimum. The Chief Executive explained the target has increased for 2018/19 as the Trust will now be benchmarked nationally, which he welcomed.

The Chair stated she anticipates the Trust to have a zero tolerance towards all HCAs. Following a question asked by Ms Donaghy on the

SHSCT Infection Prevention toolkit, Dr Khan advised the toolkit has been copyrighted to the Trust, however where applicable they are able to share the toolkit. Mrs McClements stated that the Trust's IPC Team actively supports the Independent Sector providers with information. Access to the toolkit would be an added advantage.

The Board approved the Infection Prevention & Control Annual Report 2017/18 (ST894/18)

10. SHSCT MID YEAR ASSURANCE STATEMENT

Ms O'Neill presented the Mid-Year Assurance Statement. She advised the Trust completed and returned this to the Department of Health in October 2018 but following feedback, subsequently amended the document. The Chair welcomed the document and reminded members of its importance.

11. PATIENT/CLIENT SAFETY AND QUALITY OF CARE

i) Unscheduled Care Resilience Plan Presentation

The Chief Executive advised members the 2018/19 Resilience Plan has been produced following engagement with front line staff. He highlighted some of the constraints which include lack of available and appropriate workforce in key service areas, financial and performance pressures. Members were provided with planning assumptions in their papers. The Chief Executive noted the Trust has developed a detailed action plan setting out all the schemes to be progressed in support of unscheduled care resilience planning in 2018/19 and Mrs McClements and Mrs Gishkori outlined the eight schemes.

The Chair thanked Mrs Gishkori and Mrs McClements for providing an update on the winter plan. She noted her concern on the late recruitment of staff which she felt was too late to make an impact. The Chief Executive acknowledged that the late receipt of funding to the Trust affected the recruitment timeline and he assured members of the weekly focus on the Plan by the Senior Management Team.

Discussion ensued on the potential impact on elective waiting lists. Mrs Gishkori advised in some instances the elective waiting list may be impacted but every effort is made to ensure that when an operation is postponed, an explanation is given and an alternative date is provided.

Members asked for an update on the progress on the USC resilience Plan at the next meeting, to which Mrs Gishkori and Mrs McClements agreed to undertake.

Action: Mrs Gishkori / Mrs McClements

ii) Executive Director of Social Work

Mr McCafferty presented the above named report (on behalf of Mr Paul Morgan) which provides a summary of activity and developments within the Social Work, Social Care Profession. He highlighted the Post Graduate Community Development Programme which aims to place social work at the heart of enabling and empowering communities in the pursuits of better outcomes for individuals and families. Mr McCafferty advised there are currently 8 candidates on the programme.

Mr McCafferty spoke of the unique yoga programme that the Trust pioneered with Looked After Children and staff and how this has been achieved through new ways of working using Quality Improvement. He noted the impact this programme has had on staff and the young people and how this has improved their health and wellbeing.

Mr McCafferty drew members' attention to the Social Work Strategy which was successful in obtaining funding for three projects using Outcome Bases Accountability (OBA): children with diabetes service, evaluation of the new post adoption pathway and measuring effectiveness of Southern Trust Adult Safeguarding Service using OBA methodology.

In responding to a question asked by Ms Donaghy, Mr McCafferty advised that social services do have very positive links with Schools and local Council.

iii) Corporate Parenting Report (ST895/18)

Mr McCafferty presented for approval, the Corporate Parenting Report for the six-month period 1 April – 30 September 2018. He stated that this report continues to evidence the high level of activity in relation to the Trust's responsibilities towards children, particularly as a corporate parent, evidence in increasing numbers of Looked after Children.

Mr McCafferty highlighted the key aspects of the document. He reported an increase in the number of Children on the Child Protection register to 605 as at 30 September 2018, an increase of 48 from the prior 6 months

(31 March 2018). Mr McCafferty assured members robust monitoring procedures are in place in relation to any new children who come onto the Child Protection register.

Mrs Leeson noted the good compliance in relation to corporate parenting, but referred to the challenges in relation to children with disabilities. Mr McCafferty acknowledged that whilst overall compliance was good, there are capacity issues from time to time. Mrs Rooney referred to 10.1.6 *'how many children in need are disabled and known to Social Workers'* and noted within the autism section the high number of males who are 5 - 11 year olds (246) compared to 53 females in the same age range and asked if this is a potential area for research. Dr Khan commented on the increase in prevalence and stated that training and diagnosis was improving.

Mr Wilkinson enquired about staff pressures and how staff are supported within this service. Mr McCafferty noted the service can be highly charged emotional environment to work in and there are processes and mechanisms in place to support staff.

The Board approved the Corporate Parenting Report (ST895/18)

iv) Inquiry Report into Hyponatraemia related Deaths

Dr Khan presented the above named paper summarising the Trust's responses and oversight arrangements in respect of the Hyponatraemia Inquiry report and accompanying recommendations.

Dr Khan referred to the communication log included in members' papers which provides an overview of external communication received since the last update in August 2018.

Dr Khan spoke of the work plan for 14 – 16 year olds nursed in adult wards and provided assurance these patients are monitored closely. He noted the action plan which is in place to ensure staff caring for these children are competent in care of this age group.

Mrs Rooney asked for further clarity on the education training packs which have been developed for adult nurses who may be involved in the care of 14-16 year olds. Mrs Trouton advised the packs will be available for all new starts and core staff, which will also help with their refresher training.

A discussion ensued on the purpose of the regional workstreams and the Non-Executive Directors noted their concern the process may become cumbersome and there was a lack of clarity on their involvement on how they can be involved in all 96 recommendations.

Mrs Trouton reminded members from the 96 recommendations; there are essentially only a small number the Trust can currently implement locally. Following a question posed by Mrs McCartan, Mrs Trouton agreed to update members at a future meeting on the progress of those Trust specific recommendations.

Action: Mrs Trouton

v) HCAI Report

Dr Khan presented the HCAI report and was pleased to advise that 2018/19 year to date (November 2018), there has been 0 MRSA bacteraemia cases. However for the same period there have been 24 C. difficile cases within the Trust and 28 MSSA bacteraemia, 8 of which have been identified as preventable.

Dr Khan stated the feedback from staff on the Infectious Agent Transmission Toolkit that was previously presented to Trust Board has been very positive, which members welcomed.

12. OPERATIONAL PERFORMANCE

i) Performance Report (ST896/18)

Ms Stoops presented the report which assesses performance against the 2018/2019 Commissioning Plan Direction (CPD) objectives and goals for improvement as at October 2018 position.

At this point, Ms Stoops guided members through the Dashboard. The Chair noted the improvements made in the following areas: diagnostic reporting turnaround time for plain films and suspected breast cancer where cumulatively from April 2018, 99% of patients referred have been assessed within 14 days.

In response to a question asked by the Chair in relation to Psychological Therapies, Mrs Harney advised recruitment and retention of workforce continues to impact capacity, with 11 psychology vacancies at present, which is reflective of the Regional shortage of skilled psychologists. Mrs Harney reminded members a local review of psychological therapies

will be commence in January 2019, with regional work on-going to consider workforce issues. Mrs Harney added the visions and values within psychology will be discussed at a future SMT.

A discussion ensued on the transformation programme and the challenge in terms of volume of recruitment activity to be processed, as well as the potential destabilising impact of this recruitment on the staffing of core services.

Ms Donaghy noted her concern on the number of assessments where the performance is reported as red and enquired how these targets can be achieved before the end of the financial year. A discussion followed and the Chief Executive advised the report details the TDP assessment that the Trust alerted the Department of Health to on the forecasted performance for each area for the financial year and the Trust continues to work on those areas that need addressed.

Mrs McCartan referred to item 1.1 Breast Cancer Services and public consultation on proposed changes to the future configurations of breast assessment services. The Chief Executive commented the Breast Service is due to be reviewed regionally and it is felt having a number of locations is not sustainable. He hoped a co-production and co-design approach will be utilised in an open manner, however no decision will be made until the public consultation is completed.

The Board approved the Performance Report (ST896/18)

ii) Finance Report (ST897/18)

Ms O'Neill spoke to the above named report and advised the cumulative outturn at month 7 is a deficit of £1.315m and an in-month deficit of £60k. Ms O'Neill pointed out that when compared to October 2017, the Trust is currently paying for an additional 260 WTE's.

Members noted the areas of overspend causing most concern as at month 7 October 2018. Ms O'Neill emphasised the need for all Directors to take a critical review their current expenditure trends as a matter of urgency, to identify areas for potential cost containment / reduction.

During the current month, Ms O'Neill reported the Trust paid for 43 Wte's less than during the month of September, however, when compared to October 2017 there has been an increase of 260 Wte's employed. She added to date the Trust has incurred £29.2m on flexible arrangements which is £7.3m more than the first 7 months of last year. During the

current month the Trust has employed a total of 901 Wte's on flexible arrangements which is a reduction of 85 Wte's compared to September 2018.

Ms O'Neill noted Finance have completed a mid-year hard close, the results of this are currently being factored into a year-end forecasted position based on the month 7 outcome. She noted the funding receive for winter pressures is still to be factored in, however she forecasted the Trust will break even for this year.

Ms O'Neill moved onto Prompt Payments and advised the indicator was 89.3% for October bringing the cumulative position to 90.4%. This is a slight decrease from the previous month which was 90.6%. She assured members meetings have taken place with Heads of Service in the areas which are missing the deadlines to identify the underlying causes and measures that can be taken to improve the position.

The Board approved the Finance Report (ST897/18)

iii) Human Resources Report (ST898/18)

Mrs Toal presented the Human Resources Report which provides an update on resourcing pressures across the medical and non-medical workforce, along with key workforce productivity information.

Mrs Toal guided members through the comprehensive update. She referred to the AHP posts and noted her concern on the limited number of applicants from the regional pool for Physiotherapists, which is causing additional pressure on the Trust's flexible pool for this particular staff group. Mrs Toal added further work is required to fully understand specific areas of staffing pressures, particularly in light of additional posts created through 'Transformation Funding', which have the potential to destabilise staffing resources in 'core service' areas.

International recruitment was discussed. Mrs Toal advised members the written ILETs test pass rate has been reduced from 7 to 6.5 which Mrs Toal advised this would provide some easement on the difficulties currently experienced by international nurses.

Mrs Toal moved onto the Domiciliary Care section and spoke of the 5 highly successful recruitment days at various locations throughout the Trust area. She advised over 300 individuals attended, with 238 conditional offers made for band 2 and band 3 posts. She noted this compares to an average of approximately 25 candidates being

interviewed for Domiciliary Care posts previously. Mrs Toal advised it is planned to run similar events in spring 2019. In responding to a question asked by the Chair, Mrs Toal advised these recruitment days would hopefully mean a faster turnaround in BSO but it would be monitored closely.

Ms Mullan noted her concern the recruitment day is adding additional pressure to Trust staff to prepare the interviews, offers and pre-employment checks rather than the Regional Shared Services (RSS) and she felt the RSS are not working to their capacity and is impacting their performance. Mrs Toal advised the work undertaken by Trust staff through the course of the recruitment day does add increased pressure to our staff, however she advised these concerns have been highlighted at a senior level within RSS and Trusts are working collaboratively to put measures in place to further extend the streamlining of various processes to assist in achieving improvements and dealing with the heightened demand. Ms O'Neill also noted her concern with RSS and reminded members before the introduction of RSS, the Trust never received an unacceptable audit assurance report for this area. The Chief Executive agreed in context with Ms Mullan; however he noted the Trust has to work in partnership with RSS. The Chair agreed to highlight this issue at the next accountability meeting.

A discussion ensued on NIMDTA posts. Dr Khan spoke on the shortage of posts for CAH and advised he has raised this with the Chief Executive of NIMDTA and highlighted his concern to the Department of Health. The Chair asked if CAH shortages are greater than other Trusts, to which Dr Khan replied they are. Mrs Toal informed members Dr Gail Browne, Consultant Anaesthetist is undertaking a piece of work which will illustrate how our Trust differs from other Trusts in this area.

Mrs Toal drew members' attention to the Trust's cumulative sickness absence rate for 2018/19 (April – September) which is 5.09%, which is higher than the figure of 4.73% for the same period last year and the internal target of 4.93%. Mrs Toal pointed out that regional data indicates, the Southern Trust has the lowest level of cumulative sickness absence with the exception of two Trusts who have not yet submitted their figures.

The Board approved the Human Resources Report (ST898/18)

13. APPLICATION OF TRUST SEAL (ST899/18)

Ms O'Neill sought approval for the application of the Trust Seal to contract documentation as outlined in members' papers.

The Board approved the Application of the Trust Seal (ST899/18)

14. ANY OTHER BUSINESS

The Chair asked each of the Professional Lead Directors if they wished to bring any issues to the Board's attention in respect of their roles. There were no issues to report.

The Chair stated that this was Mrs Harney and Dr Khan's last Trust Board meeting as their Interim posts will end in December 2018. She thanked them both for their commitment and dedication during their tenure and passed on Trust Board's good wishes to them both for the future.

The meeting concluded at 3.45 p.m.

SIGNED: _____

DATED: _____

**Minutes of a Trust Board meeting held in public on
Thursday, 24th January 2019 at 11.30 a.m.
in the Boardroom, Trust Headquarters, Craigavon**

PRESENT

Mrs R Brownlee, Chair
Mr S Devlin, Chief Executive
Ms G Donaghy Non-Executive Director
Mrs P Leeson, Non-Executive Director
Mrs H McCartan, Non-Executive Director
Mr M McDonald, Non-Executive Director
Ms E Mullan, Non-Executive Director
Mrs S Rooney, Non-Executive Director
Mr J Wilkinson, Non-Executive Director
Mr P Morgan, Director of Children and Young People's Services / Executive
Director of Social Work
Ms H O'Neill, Director of Finance, Procurement and Estates
Mrs H Trouton, Interim Executive Director of Nursing & Allied Health
Professionals

IN ATTENDANCE

Mrs E Gishkori, Director of Acute Services
Mrs A Magwood, Director of Performance and Reform
Mrs M McClements, Director of Older People and Primary Care
Mr B McNeany, Director of Mental Health and Disability Services
Mrs V Toal, Director of Human Resources and Organisational Development
Dr S Tariq, Associate Medical Director (AMD) for Cancer & Clinical Services
for Acute Directorate (*for Dr O'Kane*)
Mr S Gibson, Assistant Director, Medical Directorate
Mrs A Rutherford, Assistant Director of Finance and Procurement (*for Ms O'Neill,
Item 10 onwards*)
Mrs R Rogers, Head of Communications
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (Minutes)

APOLOGIES

Dr M O'Kane, Medical Director

1. CHAIR'S WELCOME

The Chair welcomed everyone to the meeting and in particular Mr Barney McNeany, recently appointed to the post of Director of Mental Health and Disability Services. On behalf of Board members, the Chair congratulated Mr McNeany and wished him well for the future. At this point members were reminded of the principles of Board meeting etiquette and asked that mobile phones are turned to silent and laptops/iPads are used for accessing Board papers only during the meeting.

The Chair was pleased to welcome three members of Trust staff from the Acute Directorate, along with Mr Conway, Assistant Director of Acute Services and stated that she would welcome their feedback in terms of what they will learn at today's meeting and how they take this learning back to their colleagues.

The Chair advised that Board members had met informally earlier that morning with young people and staff for an update on the progress of the 'Young People's pledge'. She welcomed the good work undertaken collaboratively with the young people since the inception of the initiative in matters such as employability, accommodation and music therapies.

2. DECLARATION OF INTERESTS

The Chair requested members to declare any potential conflicts of interest in relation to any matters on the agenda. There were no conflicts of interest noted.

3. SERVICE IMPROVEMENT/LEARNING FROM SERVICE USER EXPERIENCE: PRESENTATION: LUNG CANCER PILOT – SELF-REFERRAL AND AWARENESS

The Chair welcomed Dr Gerry Millar, Macmillan Cancer and Palliative Care GP for the Southern Trust to the meeting to present an update on the important work undertaken in terms of self-referral and awareness through a recent Lung Cancer pilot conducted by himself and Dr Convery, Consultant Physician.

Dr Millar thanked members for the opportunity to address the Board meeting and began by emphasising the importance of early intervention, pointing out only 16% of lung cancers are diagnosed at the earliest stage. Dr Millar advised that the pilot exercise had involved work with local

parishes and promotion of the 'Look After Your Lungs' campaign. This involved raising awareness and encouraging self-referral to chest x-ray clinics. Dr Millar reported on the success of the project however, he advised further progress has been difficult due to funding challenges.

In regards to future advances, Dr Millar spoke about the use of Low Dose CT targeted screening and advised that analysis has shown decreased lung cancer deaths by 44% in high risk patients. The Chair commended the work undertaken to date by Dr Millar and Dr Convery in spite of limited funding. Members recognised the benefits of a measured approach, marrying health promotion and targeted screening in order to see further advances in early diagnosis. The Chief Executive advised that the Trust Investment Committee will work along with Dr Millar to develop a proposal for investment to ensure the potential for this model is taken forward.

4. CHAIR'S BUSINESS AND VISITS INCLUDING NON-EXECUTIVE DIRECTORS' BUSINESS AND VISITS

The Chair drew members' attention to her written report detailing events she had attended since the previous meeting, together with details of some good news stories and innovative work across the Trust. A list of Non-Executive Directors' business and visits was noted.

5. CHIEF EXECUTIVE'S BUSINESS AND VISITS

The Chief Executive presented his summary report. At a local level, he pointed out that the impact of a number of schemes have assisted an improved position in terms of unscheduled care performance for the period 24.12.18 – 15.01.19 when compared to prior year figures and members welcomed this. The Chief Executive also referred to the recently confirmed pay settlement for health service staff in Northern Ireland and stated this would be paid out to staff before the end of the financial year.

Mrs Leeson referred to page 9 of the report and asked if the Trust benefits from Loneliness crisis funding. Mrs McClements assured members that the Trust maximises every opportunity to support a wide range of groups impacted by loneliness.

6. MINUTES OF MEETING HELD ON 29th NOVEMBER 2018

The minutes of the meeting held on 29th November 2018 were agreed as an accurate record and duly signed by the Chair.

The Board approved the minutes of the meeting held on 29th November 2018.

7. MATTERS ARISING FROM PREVIOUS MEETINGS

Members noted the progress updates from the relevant Directors to issues raised at the previous meetings. The Chair referred to the summary paper on the Unscheduled Care Resilience Plan (USC) and welcomed the good planning arrangements for the winter period, managing patient flow and discharge into the community.

8. STRATEGIC

i) Community Equipment Service – Hybrid Service Model (ST900/19)

At the outset the Chair reminded members the Trust had undertaken a public consultation period in early 2018 on proposed permanent changes to the way the Community Equipment Voucher Scheme was delivered. Following Trust Board consideration of the Consultation Outcome Report in June 2018, the Trust agreed to pursue opportunities to improve services that achieve increased value for money, quality and efficiencies, along with further exploratory work in a number of key areas specifically a Hybrid model of both BSO delivery with the option of continuation of the current voucher scheme for simple aids. At this point the Chair welcomed those who had been granted speaking rights.

The Chair welcomed Mr John Knipe, Bann Mobility to address the meeting.

Mr Knipe introduced himself and stated he had attended previous Trust Board meetings in August 2017 and February 2018 when changes to the Community Equipment Service was discussed. He referred to the Outcome Report released following the 2nd Consultation and stated he had significant issues with the document. Mr Knipe referred to the potential for delays on equipment deliveries, pointing out that the present scheme delivers once a day, however the proposed Hybrid service model proposes delivery within 3-5 days and stated this had the capacity to impact hospital discharges. Mr Knipe spoke about the recycling of equipment and stated many items were not fit for re-use and service user preference/feedback should be considered. Mr Knipe noted concern that in light of 2 public consultation periods, service users and staff indicated they were content with the service provided by Pharmacy/Retail Partners and would like to see the current process remaining.

The Chair welcomed Mr Damien Daly, Daly's Pharmacy to address the meeting.

Mr Daly thanked the Chair for the opportunity to address the meeting. He commended the current Community Equipment model as a positive system which provides quick turnaround and easy access to equipment. The system also assists timely discharge from hospital. In comparison Mr Daly stated the proposed Hybrid service model requires time, effort and space to work effectively and raised concerns around its impact on hospital discharges in light of the 3-5 day timeframe. Mr Daly stated his concern at the proposed change in light of the Trust's financial savings plan and pointed out potential saving through the purchasing/re-use of equipment will be counteracted against delivery costs. Mr Daly asked if the new model had been subject to a risk analysis or an evaluation to ascertain if this is the right way to deliver services.

The Chair welcomed Michelle Gildernew, MP, Sinn Fein, to address the meeting.

At the outset, Ms Gildernew welcomed Board members continuing work with the 'Young People's pledge' and stated she would share progress.

In terms of the Community Equipment Service, Ms Gildernew asked, why change a system that isn't broken and working well, delivering for service users in the Southern locality. She referred to difficulties the Western Trust had experienced with the new model and stated her main concern is the impact the proposed changes will have on patient dignity. Ms Gildernew emphasised that in order to progress Transformational change and keep people in their own home, equipment needs to be available in a timely manner. In concluding, Ms Gildernew pointed out that if in future the Trust reverts back to the current system, Community Pharmacies/Retailers may not be so willing to opt in.

At this point the Chair asked Mrs McClements, Director for Older People and Primary Care to present the Community Equipment, Hybrid Service Model proposal paper. At the outset, Mrs McClements explained the current service model operates on a voucher based scheme. She stated that in order to work effectively and increase flexibility the Trust recognises the need to review the model. Mrs McClements pointed out the proposal is to undertake a Business Services Organisation (BSO) supported model and currently the Southern Trust is the only Trust not using this system. Mrs McClements advised the Hybrid model will maximise choice for individuals in terms of collection/delivery of

equipment and will provide financial efficiencies due to a more centralised BSO managed decontamination and recycling process. Mrs McClements assured members the Trust has worked through all the issues raised following the public consultation periods. In terms of points made earlier by speakers, Mrs McClements stated equipment once collected will be assessed for the decontamination process with approximately 50% of small aids being suitable for recycling. In terms of service users, Mrs McClements assured members their feedback has been worked through and consideration given to the impact on services and delayed discharges.

Mrs McClements advised that the Trust is now engaged with and has invited Pharmacy/Retail Partners to indicate their willingness to continue to be involved in the new Hybrid approach; a number have indicated their desire to opt in. Members noted the Trust is now working with the other 4 Trusts to ensure financial efficiencies and a consistent approach regionally by streamlining the agreed list of small aids. Members noted the detail around the voucher redemption fee. Mrs McClements advised that the Trust envisage increasing the voucher handling fee which would involve paying Pharmacy Partners £2.00 per item as opposed to £1.50 per voucher however this increase requires further agreement with Pharmacy/Retailers who opt into the new scheme.

At this point, Ms Donaghy asked if the Trust was assured that patient experience in the Western Trust had been positive following implementation. She also pointed out that community buy in was necessary for the Hybrid model to succeed and asked how many Pharmacy/Retail partners had bought into the proposal to date. In responding, Mrs McClements advised that to date out of 31 Pharmacists, 15 have committed and advised a recent survey in Western Trust had provided positive feedback at very high levels. Mrs McClements referred to the good working relationship the Trust had with Pharmacy/Retail partners and emphasised it was important to sustain this.

Mr McDonald acknowledged the proposed changes required to assist financial savings for the Trust, however he raised concern around the 3-5 day delivery target and asked if further evaluation work was required. In response Mrs McClements advised when necessary an option to access urgent supplies was available however this would incur a fee and early planning and ordering would be important to prevent undue costs. Mr Wilkinson asked why the Trust opted for a supported approach with BSO as opposed to owning 100% of the model. Mrs McClements explained Value for Money (VFM) would be maximised through bulk purchasing, decontamination and recycling and explained the associated reasons for