Minutes of Trust Board Meeting
held on Thursday 1 December 2016 at 9.30 am
in the Boardroom, Trust Headquarters, A Floor
Belfast City Hospital

Present

Mr Peter McNaney  Chairman
Dr Michael McBride  Chief Executive
Mr Martin Bradley  Vice-Chairman
Mrs Miriam Karp,  Non-Executive Director
Dr Patrick Loughran,  Non-Executive Director
Mrs Nuala McKeagney  Non-Executive Director
Mr Gordon Smyth  Non-Executive Director
Mr Martin Dillon  Deputy Chief Executive/Director of Finance
Miss Brenda Creaney  Director Nursing and User Experience
Dr Cathy Jack  Medical Director
Mr Cecil Worthington  Director Social Work/Children’s Community Services/Adult Social and Primary Care

IN ATTENDANCE:

Mr Aidan Dawson  Director Specialist Hospitals and Women’s Health (Interim)
Mr Damian McAlister  Director Human Resources/ Organisational Development
Mrs Jennifer Welsh  Director Surgery and Specialist Services
Ms Claire Cairns  Head of Office of Chief Executive
Mrs Bronagh Dalzell  Head of Communications
Ms Gillian Traub  Co Director, Cancer and Specialist Medicine
Dr Gary Benson,  Clinical Lead for Haematology and BHSCT Lead for Anticoagulation
Mr John Growcott  Co-Director, Governance
Mr George McCracken  Estates Officer
Miss Marion Moffett  Executive Assistant, Minute Taker

Apologies

Ms Anne O’Reilly  Non-Executive Director
Mr Shane Devlin  Director Performance, Planning and Informatics
Mrs Bernie Owens  Director Unscheduled and Acute Care
Ms Louise Skelly  Patient and Client Council Representative
**Service User Story – Warfarin Management – Lessons Learned**

Mr McNaney welcomed Ms Traub and Dr Benson to the meeting.

Mrs Welsh referred to the unfortunate death of a patient who experienced over anticoagulation, which was a contributory factor in his death.

Mrs Traub advised that a number of failings and missed opportunities for prevention of the over anticoagulation (warfarin) had been identified during the SAI investigation and confirmed at the Coroner's Inquest. These span a number of different areas ranging from the Trust in-patient ward, from which the patient was discharged following cardiac surgery, the district nursing team, the GP and the Belfast City Hospital warfarin clinic.

Ms Traub explained that following the SAI investigation, a multi-disciplinary working group had been established, involving medical, nursing and pharmacy colleagues, and engagement was on-going with public health and primary care colleagues. The remit of the group was to review the management of warfarin processes across the Trust and implement a range of improvements. These improvements were designed to address the issues and mitigate the risks which had been identified by the investigation.

Dr Benson outlined the improvements the Trust had put in place through the Quality Improvement Project Team. He highlighted the on-going challenge of timely and accurate completion of warfarin information at the point of discharge from an inpatient setting, and the appropriate and timely sharing of this information with the patient's GP and in addition with the BCH warfarin clinic if that clinic is responsible for the patient's on-going warfarin management.

In the discussion which followed members acknowledged the unfortunate circumstances, which had contributed to the death of the patient and acknowledged the importance of ensuring appropriate action is taken to reduce risk of similar incidents in the future.

Dr Benson advised that there would be continued focus on the risks associated with warfarin therapy through the Quality Improvement Plan.

Dr Jack advised that the Trust had shared learning regionally.

Mr McNaney thanked Ms Traub and Dr Benson for their informative presentation which gave members an assurance the issues identified by the SAI had been addressed.
55/16 Minutes of Previous Meeting

The minutes of the Trust Board meeting held on 6 October, 2016 were considered and approved.

56/16 Matters Arising

There were no matters arising.

57/16 Chairman’s Business

a. Conflicts of Interests

There were no conflicts of interest noted.

b. Patient and Client Council Representative

Mr McNally advised that the Patient and Client Council would be in attendance at public meetings of Trust Board and Ms Louise Skelly would be the BHSCT representative. It was noted Ms Skelly had given an apology for the meeting.

58/16 Chief Executive’s Report

a. “Health and Wellbeing 2026 Delivering Together”

Dr McBride provided an update in relation to “Health and Wellbeing 2016 Delivering Together”. He explained the establishment of the Transformation Implementation Group (TIG) chaired by the Permanent Secretary with representation from each Trust, together with DoH, HSCB and PHA colleagues. A number of workstreams will be developed to design and deliver “Delivering Together”.

A series of public consultations is planned across the region to obtain stakeholders views on the proposed criteria to reconfigure, change and improve services.

In response to a question from Mr McNaney, Dr McBride advised that there would be an opportunity for Arms’ Length Bodies (ALBs) to provide feedback at a future stage of the process.

Mr McNaney emphasised the importance of ALBs being involved in the process.

Mr Smyth said that it was important to have a Communication Strategy to manage people’s expectations.
b. GMC Education Visit

Dr Jack advised that the GMC was undertaking a regional review of medical education and training in Northern Ireland and would be visiting BHSCT on 1 March 2017.

c. Pathology Review – Public Consultation

Mrs Welsh referred to her role as Chair of the Northern Ireland Pathology Network Board and advised that the Minister had recently launched a public consultation on proposals to improve Pathology Services in HSC, including the Blood Transfusion Service (NIBTS), in order to improve service and workforce sustainability and ensure a high quality service for the future.

Members noted the consultation included a proposal to consolidate “hot” and “cold” activity, to improve the infrastructure including the transport and ICT systems, and to integrate all HSC Pathology Services into a single management structure. It is not anticipated that the proposed changes would directly impact patients, blood donors or clinical service users, who would continue to access pathology services in the same way as they have always done.

In response to a query from Mr McNaney, Mrs Welsh advised the consultation was scheduled to conclude on 24 February.

d. O’Hara Public Inquiry into Hyponatraemia Related Deaths

Dr McBride advised that it was anticipated the O’Hara public inquiry into Hyponatraemia Related Deaths would be published in early 2017.

Members noted a briefing would be provided at the January Trust Board Workshop.

e. Historical Abuse Public Inquiry

Mr Worthington advised that the Historical Abuse Public Inquiry report was scheduled to be published in January 2017.

Mr McNaney sought assurance that staff involved would be supported by the Trust.

Miss Creaney advised that there is an on-going process in place supporting staff through the process.

f. Noro Virus Outbreak

Dr McBride referred to recent media reports of Noro Virus across the region and advised the Trust was currently managing two outbreaks.
Miss Creaney advised that Infection Prevention Team (IPC) were working closely with Nursing, Patient Flow and Cleaning Services to minimise the risk of further outbreaks.

Dr McBride wished to commend all staff involved.

Mr McNaney asked that there be an opportunity in the future for Non Executives’ to visit the IPC Team.

Members noted the PHA would be issuing a press release in respect of general advice to the public.

g. **Vacant Director Posts’**

Mr McAlister advised that the recruitment process had commenced in respect of the two vacant Director positions i.e. Specialist Hospitals and Women’s Health, and Performance, Planning and Informatics. Interim arrangements will be made in respect of the Performance, Planning and Informatics post.

Members noted the position.

h. **High Profile Coroner Case**

Dr Jack referred to a high profile Coroner’s case which had been the subject of an appeal reported in the media. Whilst the written Coroner’s findings was awaited the Trust had been advised that the original decision had been upheld.

Dr Jack acknowledged the distress caused to the family and to the staff involved in this case.

59/16 **Safety and Quality**

a. **Director of Social Work Reports**

Mr Worthington advised that the Social Care Committee (SCC) had met on 17 November and considered and ratified all reports being presented to Trust Board.

i. **Corporate Parenting Report – April to September 2016**

Mr Worthington presented the Corporate Parenting Report for the period April to September 2016.

Members noted that at 30 September 2016 there were 4778 children in need in the Trust area, of which 819 were managed by the Trust’s Children’s Disability Service. There had been a decrease in the number of child protection referrals, with a total of 322 having been investigated.
Of the 763 children looked after by the Trust, 551 were in foster placements, of this cohort, 295 were in “stranger” (non-relative placements) and 256 were in kinship placements; with 48 in residential placements and 142 placed at home with parents. There a total of 377 young people who met the statutory criteria for the provision of Leaving and After Care Services.

Following discussion members approved the report.

**ii. Adoption Services Annual Report 2015/16**

Mr Worthington presented the Adoption Service Annual Report for 2015/16. He pointed out that the consortium arrangements with the South Eastern Trust had ceased on 31 March 2016. It was pleasing to note the Trust had retained the staff team, a positive outcome, given the specialist skills and expertise of staff in this specialist area.

Mr Worthington wished to record his appreciation to both Ms O’Reilly and Mrs Karp for their commitment to the Adoption Panel.

Members considered and approved the report.


Mr Worthington presented the Residential Child Care Annual Report together with the Residential Child Care Children with Disability Annual Report for the period 2015/16.

Members’ noted that residential child care remained a principal placement resource base for looked after children providing qualitative and innovative care in partnership with young people and their families. It sought to provide an environment which is child centred and responsive, affording a consistency of structure and boundaries within an enabling and rights-based service delivery ethos which promotes the young person’s integration within their host community, the maintenance of their links with their families as appropriate and the maximising of opportunities to promote their individual academic, creative and social talents. Whilst the work is rewarding it is demanding and challenging requiring commitment, resilience and expertise across multi-disciplinary and multi-sectoral networks.

Mr Worthington pointed out that the report was divided into two sections – Family and Child Care and Children with Disabilities in order to provide an overview of the principal issues and challenges impacting on residential care service delivery in the respective sectors.

Members noted the contents of the Residential Child Care and Residential Child Care for Children with Disabilities Annual Reports for 2015/16.
Mr Worthington presented the third Annual Report of the Regional Emergency Social Work Service for 2015-16, providing an overview of the ongoing development of the service, its staffing levels and activity levels by Trust, together with activity levels in relation to the NIHE. For the first time the report included details on the source of referrals, the largest number being referred by the PSNI. The overall number of referrals during the year remained consistent with the previous year and the service did not see the level of increase outlined in the last annual report.

During the period the service had focused on consolidating the model of service, reviewing and updating some of the protocols and procedures and developing new databases for the recording of training across the staff group and a single rota for the service. A service Governance group was established, to develop a workplan to assist the service focus on reviewing certain areas of the service and strengthening the governance arrangements.

Members considered and approved the Regional Emergency Social Work Service Annual Report for 2014/15.

Mrs Karp advised that during discussion at the SCC a number of strategic issues highlighted could be addressed through the New Directions 2 project.

b. Fire Safety Action Plan

Mr Dillon advised that as the recent Audit Committee concern had been expressed regarding Internal Audit Fire Safety Report, which had received “limited” assurance and it had been agreed that a presentation should be given to Trust Board on action being taken to address the issues identified.

Mr McCracken referred to the audit findings and the Trust's own assessments, which had highlighted that the Fire Safety Management Procedures were not effectively embedded throughout the organisation. He gave a presentation outlining the Fire Safety Improvement Action Plan in place to ensure issues are addressed. This included providing walk/talk fire safety training on wards/departments; fire safety and emergency evacuation included in induction training for bank/agency staff; increased representation of Fire Wardens; increased resource for fire risk assessment reviews; more on-site inspections to be undertaken; and Fire Safety to be included on Leadership Walkrounds.

Mr Smyth, Chair, Audit Committee emphasised the importance of all audit findings being addressed given the serious risk to patients and staff and welcomed the robust action being taken.

Mr Dillon advised that IA would carry out a follow up exercise to ensure progress against recommendations and an update would be provided to the next Audit Committee.
Members noted the position and acknowledged Audit Committee would continue to review progress.

c. Annual Quality Report 2015/16

Dr Jack referred to the DHSSPS Quality 2020 strategy, which recommended Trusts publish Annual Quality Reports to protect and improve quality for service users. She presented the Trust’s Annual Quality Report for 2015/16, which demonstrated what had been done to improve the quality of services delivered during. The reported reaffirmed the Trust’s unrelenting commitment to safety, effectiveness and patient-centred care and clear focus on Quality Improvement.

Members noted the following achievements detailed within the report:

- 28,403 Adverse Incidents reported, 157 reported as Serious Adverse Incidents. Robust systems in place to share learning and reduce re-occurrence. Regional guidance complied with regarding completion of SAI reports and engaging with patients/clients following an SAI.
- Decrease in number of formal complaints received (2,156 in 2014-15; 1,713 in 2015-16)
- Reduction in number of inpatient falls (2,471 in 2014-15; 2,442 in 2015-16)
- 21% reduction in number of pressure sores resulting in deep pressure damage
- 99% of children / young people identified as being at risk were seen by a social worker within 24 hours of the referral being made
- 1,538 of looked after children reviews were conducted during 2015-16, 97% within the regionally agreed timescales
- Trust continues to meet regional target of 95% participation in Medical & Dental Appraisal
- Trust accredited with Investors in People Bronze level award
- DoH target of 2.5% reduction in sickness absence exceeded by Trust (5.4% reduction achieved) due to launch of Manager’s Toolkit for Managing Attendance, and roll-out of workshops across Service Areas.

Dr Jack pointed out that there continued to be challenges in meeting Ministerial Targets; Healthcare Associated Infections; meeting national KPIs for EDs in relation to 4 and 12 hour waiting times. The Trust would continue to take forward actions and initiatives to improve performance against cancer targets and timeliness of Complaints Responses.

Mr McNaney referred to the Trust Mortality performance indicating 1% fewer deaths than had been expected. Dr Jack explained the Trust was benchmarked against similar United Kingdom organisations.

Professor Bradley commended the IIP Bronze award which indicated the Trust’s commitment to staff development to improve services.
Mr McNaney referred to the high volume of activity and increasing demand on services and said it was important for the Trust to evidence quality improvement for service users.

Members noted the report.

d. Performance Report

In the absence of Mr Devlin, Mr Dillon presented the Performance report for the period ending September 2017, which outlined the Trust Performance against key Commissioning Directions Plan objectives/goals for improvement for 2016/17.

In terms of the delivery against the objectives Trust is delivering or is expected to substantially deliver the improvement target in 17 areas. However the following were currently not being achieved or at substantial risk of achievement: Unscheduled Care: A+E - 4 hour and 12 hour target; Outpatients: Waiting Times - 9 and 52 weeks max waiting time; Diagnostic: Waiting Times - 9 and 26 weeks max waiting time; Inpatient and Daycase: Waiting Times - 13 and 52 weeks max waiting time; 13 Cancer Services - urgent breast cancer 62 day pathway; Mental Health Outpatient – Waiting Times - 9 weeks Adult Mental Health; and 13 weeks Psychological Therapies; Discharges: Learning Disability - 28 days; AHP: Waiting Times - 13 weeks; Hospital Cancelled Outpatient Appointments - 20% reduction; Complex Discharges - 48 hours and 7days.

Miss Creaney advised HCAI targets remained challenging, and focus remained on improvements in this area. She advised the Internal Audit review of Infection Prevention and Control had been undertaken in November and the report was awaited.

Mr McNaney pointed out the 2016/17 target of 18 cases of MRSA and 110 C.diff was always going to be challenging.

Miss Creaney said the targets were lowered year on year to ensure continued focus on improvement in patient safety.

In respect of the cancer targets, Mrs Welsh advised that 99% of patients had been seen within the 14 day target. The 62 day target continued to be challenging with delayed Inter Trust Transfers (ITTs) impacting on performance. The Trust continued to liaise with the HSCB to have this issue addressed.

In response to a question from Mrs Karp, Mrs Welsh advised that an additional clinic had been established during October, Breast Cancer Awareness month.

Professor Bradley referred to the mental health targets and emphasised the obvious need for additional investment given the increasing demand.
Mr Dillon advised that the Trust liaised closely with the HSCB regarding the need for additional funding to create capacity to meet need.

Following a lengthy discussion Mr Dillon undertook to present a paper outlining investment and spend by programme of care to a future Trust Board workshop.
Mr McAlister referred to the absence target of 5.97% and advised that whilst the Trust continued to perform well the cumulative position was slightly above target.

In response to a question from Mr McNaney, Mr McAlister advised to date 27% of staff had received the flu vaccination with the DoH target of 40%. He explained that performance for directorates had been issued and focus remained on improvement in this area.

Following detailed consideration members noted the performance report.

60/16 Deputy Chief Executive/Director Finance, Estates and Capital Development

a. Finance Report

Mr Dillon presented a report of the financial position for the period ending 31 October, 2016, indicating a deficit of approximately £1.7m, which is in excess of the expected position as this stage of the year. This is attributable in the main to slippage against savings plans and to new cost pressures such as medical agency, drugs and haematology. Despite this, the position has improved on last month due to drugs savings now being reflected in the position following formal approval by HSCB.

Members noted that in order to achieve the 2016/17 Trust Delivery Plan forecast position, the Trust must fully deliver the 2016/17 savings target and continue to maintain annual workforce savings of approximately £18m. Furthermore, any new unavoidable pressures emerging in 2016/17 need to be fully funded by the HSCB and/or contingency arrangements put in place by directorates.

Mr Dillon pointed out that the 2016/17 breakeven plan masks an underlying recurrent deficit of at least £43m, and that the non-recurrent solutions available this year will not be repeatable in 2017/18. This £43m deficit is likely to increase given that expected funding in 2017/18 is unlikely to be sufficient to cover pay and price inflation and other emerging pressures next year.

Members noted the position.
b. Business Cases

Mr Dillon referred to the new DoH guidance in respect of capital spend and explained that the two business cases being presented were within the Trust’s delegated limits i.e. between £0.5m and £1.5m.

i. Pharmacy Robot

Mrs Welsh presented a summary of the business case to replace a Pharmacy Robot on the RVH site at a cost of £1m.

Members considered and approved the business case.

ii. Replacement and Installation of an MR Scanner on the BCH Site

Dr Jack presented a summary of the business case for the replacement of a 13 year MRI scanner on the BCH site at a cost of £1.37m.

Members considered and approved the business case.

61/16 Audit Committee

a. Standing Orders, Standing Financial Instructions and Scheme of Delegation (Revised)

Mr Dillon advised the Standing Orders, Standing Financial Instructions and Scheme of Delegation had been subject to review and revised to reflect DoH guidance. The revised documents had been considered and approved by Audit Committee.

Members noted and approved the revised documents.

b. Minutes

Mr Smyth presented the minutes of the Audit Committee meeting held on 2 June, 2017 for information.

Members noted the content of the minutes.

62/16 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 27 July, 2016 for information.

Members noted the content of the minutes.
Social Care Committee

Mr McNaney presented the minutes of the Social Care Committee meeting held on 20 June 2016 for information.

Members noted the content of the minutes.

Any Other Business

There were no items raised.

Date of Next Meeting

Members note the next meeting was scheduled for 10.00am on 2 February, 2017.