Minutes of Trust Board Meeting
held on Thursday 2 February 2017 at 10.00 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
Ms Anne O'Reilly    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)
Mrs Jennifer Welsh Director Performance, Planning and Informatics/
                      Director Surgery and Specialist Services
Ms Claire Cairns   Head of Office of Chief Executive
Mrs Angela Costello Assistant Service Manager
Mr Stephen Ward    Clinical Repertory Pharmacy Services
Ms Karen Brooks    Co-Director, Capital Development
Ms Geraldine Graham Senior Project Manager
Mr Damian Clarke   Senior Project Manager
Mrs Rachel Thompson Project Manager
Mr Michael Kelly    Project Manager
Ms Louise Skelly   Patient and Client Council Representative
Miss Marion Moffett Executive Assistant, Minute Taker

Apologies

Mr Damian McAlister Director Human Resources/
                        Organisational Development
Mrs Bernie Owens    Director Unscheduled and Acute Care
Mrs Bronagh Dalzell Head of Communications
• **Service User Story – Unscheduled and Acute Services – Critical Medications: Lessons Learnt**

Dr Jack explained that the Service User story would provide an overview of the organisational learning and quality and safety improvements made to the care of patients who require critical medications on admission to hospital.

Ms Costello outlining the background of a case involving an elderly lady admitted via ED with a history of myasthenia gravis. Her family had brought along her medication, but this was sent home with them. On admission to the ward medication was prescribed, however the required time critical medication was not available as non stock. Therefore a Pharmacy order had been placed, the strength of medicine was incorrectly recorded on the order. This resulted in a 48 hour delay in the patient receiving the required medication.

Mr Ward explained that following this incident a multi-disciplinary team had agreed improvements in how The Trust manages reducing the omitted does, particularly in relation to critical medications. He outlined the new procedures in place including escalation arrangements in the event of critical list medication omitted or delayed.

In response to a question from Mr McNaney, Ms Costello advised that the Trust had met with the family of the patient concerned and briefed them fully in the incident.

Dr Jack said that early engagement with family is of critical importance especially were harm has occurred.

Mr McNaney said it was reassuring that lessons had been learnt from the unfortunate case and that processes have been put in place to prevent similar incidents.

Mr McNaney thanked Ms Costello and Mr Ward and they left the meeting.

**01/17 Minutes of Previous Meeting**

The minutes of the Trust Board meeting held on 1 December, 2016 were considered and approved.

**02/17 Matters Arising**

There were no matters arising.

**03/17 Chairman’s Business**

a. **Conflicts of Interests**

There were no conflicts of interest noted.
b. Non Executive QUB Vacancy

Mr McNaney advised that interviews for the vacant Non Executive Director, QUB representative position were scheduled to take place on 7 February 2017.

b. Patient and Client Council Representative

Mr McNally welcomed Ms Skelly to her first meeting as the Patient and Client Council.

04/17 Chief Executive’s Report

a. Health and Wellbeing 2026 Delivering Together – Transformation Implementation Group

Dr McBride provided an update on the Transformation Improvement Group (TIG) established to take forward the recommendations within “Health and Wellbeing 2026 Delivering Together”.

b. Historical Abuse Inquiry

Mr Worthington and advised that the Historical Abuse Inquiry (HAI) report had been published on 20 January, 2017 and summarised the findings.

Mr McNaney advised that he had agreed with Mr Worthington that a programme of Non Executive Director visits to Children’s Homes be drawn up in line with the Corporate Parenting requirements.

Mr Worthington undertook to share the hyperlink for the HAI report and confirm arrangements in respect of the programme of visits.

c. Public Consultation – Individual Funding Request (IFR) Policy and Guide for Patients and Service Users

Dr McBride referred to the IFR public consultation recently announced by the Minister.

Mrs Welsh reported that the Drugs and Therapeutic Committee together with relevant Consultants were considering the document and comments would be forwarded to the DoH.

05/17 Safety and Quality

a. RQIA Acute Hospital Inspection Royal Victoria Hospital 14-16 December 2015 – Quality Improvement plan – Update

Ms Creaney referred to the RQIA Acute Hospital Inspection, RVH on 14-16 December 2015 and presented an update on the Quality Improvement Plan
outlining the action taken by the Trust to address the recommendations of the inspection –

- **ED, RVH** – 14 recommendations, 13 of which have been fully implemented, including the implementation of the “falls safe bundle”
- **Ward 7B, RVH** 14 recommendations, 11 of which fully implemented, with full implementation of the three remaining underway i.e Sepsis 6; self-administration of medicines and fluid balance compliance
- **Diabetes Management and CAU** – 1 recommendation implementation underway

In relation to Ward 6C, RVH, Mrs Welsh advised that of the 25 recommendations, 18 were fully implemented, with the full implementation of the 7 remaining underway.

Members acknowledged the considerable work undertaken to address the issues raised by RQIA as a result of the inspection.

Mr McNaney said it was important Trust Board members were assured that appropriate action has been taken.

**b. Performance Report**

Mrs Welsh presented the Trust Performance Report for the period ending 31 December 2016, 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 the 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 7 days.

Miss Creaney advised HCAI targets remained challenging, and that there was continuing focus on improvements in this area. She advised an action plan had been agreed to take forward the recommendations in the Internal Audit Infection Prevention and Control report.

Mr Dawson referred to the significant dip in hip fracture performance and explained had been as a result of a higher than normal number of complex major trauma patients and reduced access to theatres.
In response to a comment from Dr McBride, Mrs Welsh referred to the high volume of orthopaedic surgery and advised that the HSCB may release slippage money at year end for this specialist service.

Mr Worthington explained that unprecedented staff absence had impacted on the waiting list initiative for the Children and Adolescents Mental Health Service. A revised recovery plan has been developed to improve performance.

Mr Worthington advised that the lack of Supporting People funding was impacting on both Learning Disability and Mental Health discharges. The Trust continued to work closely with the HSCB and NI Housing Executive.

In response to a question from Ms O’Reilly, Mr Worthington said the Trust may need to engage with other private sector/public bodies to address this issue.

Following a question from Professor Bradley, Mr Worthington advised that investment in mental health and learning disability services did not meet demand.

Dr Loughran sought clarification in relation to the 95% under delivery in the cancer access 62 day target.

Mrs Welsh explained that the delay in Inter Trust Transfers impacts on the Trust performance, the Trust continues to liaise with the HSCB regarding this issue.

Following detailed consideration members noted the performance report.06/17.

06/17 Deputy Chief Executive/Director Finance, Estates and Capital Development

a. New Children’s Hospital and Associated Projects – Update

Mr Dillon introduced Miss Karen Brookes, Co-Director, Capital Development and her colleagues and explained that as the New Children’s Hospital was a Flagship project he had asked Miss Brookes to provide an update on the development of the hospital and associated projects.

Miss Brookes gave a presentation detailing the development of the new Children’s hospital, due to complete in 2021/22,its associated enabling schemes and the impact of other capital developments (co-dependant projects) on the programme’s critical path.

The Programme is as follows:
- Children’s hospital main design – on programme
- Spine Road Duct Crossing – 12 week delay
- Non-Clinical Support Building – 4 week delay
In relation to co-dependent projects the position was as follows:

- New Maternity Hospital – awaiting Full business case approval delayed currently by 6 months. The impact on the Children’s hospital programme to be assessed when contractor appointed
- Energy Centre – on programme
- Car Park – at Business Case stage
- Site Wide Infrastructure – feasibility studies ongoing

Miss Brookes referred to the Development of the Children’s hospital Design and outlined the extensive stakeholder engagement projects, involving not just the clinical teams but children and their families within RBHSC, schools, voluntary and community sector.

Miss Brookes explained that the current stage of design development RIBA stage 2/C had been reconciled back to the original business case and that the project was over area. Clinical space had grown by approximately 5% this was due to omission from the schedule of some accommodation eg there were no anaesthetic rooms in the original SoA, these rooms are integral to the efficient running of theatres, therefore need to be included in the design. She further advised that further impacts on the project related to:

- Percentage plant space allowances in the outline business case, does not reflect the recommendations of more up to date guidance approx15%
- Circulation space had increased due to the constraint nature of the site and height of the building approx. 2%
- Amendments to the Building Regulations in 2015 and upcoming amendments in 2018;
- Energy Centre and Car Park - enhanced flood defences due to updated data from Department of Environment (DoE) on risk to the lower area of the site.

Miss Brookes explained that the project was subject to a number of independent reviews with CPD – health project to ensure it was not being over engineered /over designed.

In response to a question from Mr McNaney, Miss Brookes advised that the floor plans for the new hospital had been signed off by Clinical teams.

Ms O’Reilly emphasised the importance of the new building being fit for purpose and the need for all outstanding issues to be addressed.

Professor Bradley said the design of the building needed to be flexible to meet future needs.

Miss Brookes advised that the building was designed as flexibility as possible.

Mr Dillon advised that the project is subject to rigorous scrutiny given its Flagship status, and in this regard DoH is represented at project board and
aware of the increased in area. Miss Brookes also advised of the Bi-annual reporting mechanism to DoH

Mr Dillon advised that regular updates would be presented to Trust Board as the project progressed.

Mr McNaney thanked Miss Brookes for her informed and wished the project every success.

b. Finance Report

Mr Dillon presented the finance report for the period ending 31 December, 2016, indicating a breakeven position. He pointed out that financial balance had been achieved due to additional slippage on new investment not anticipated in the financial plan and one-of contingencies.

Members noted the report.

c. Business Case – BCH Additional Theatre

Mr Dillon presented a summary of the Business Case to increase theatre capacity at Belfast City Hospital, with the purchase of a pre-owned temporary theatre. He explained the additional theatre capacity would facilitate the delivery of additional elective and daycase activity.

Following consideration members approved the Business Case.

07/17 Audit Committee Minutes

Mr Smyth presented the minutes of the Audit Committee meeting held on 13 October, 2017 for information.

Members noted the content of the minutes.

08/17 Date of Next Meeting

Members note the next meeting was scheduled for 10.00am on 6 April, 2017.