Minutes of the Trust Board held on
Thursday 1 March, 2012 at 10.15 am,
In Ennis Room, D Floor, Belfast City Hospital

PRESENT

Mr Pat McCartan   Chairman
Mr Colm Donaghy   Chief Executive
Ms Joy Allen      Non Executive Director
Professor Eileen Evason Non Executive Director
Mr Les Drew       Non Executive Director
Mr Charlie Jenkins Non Executive Director
Mr Tom Hartley    Non Executive Director
Mr James O’Kane   Non Executive Director
Ms Brenda Creaney Director of Nursing and User Experience
Mr Martin Dillon  Director of Finance
Miss Bernie McNally Director of Social and Primary Care
Dr Tony Stevens   Medical Director – For Min TB15/12a + TB15/12b

In attendance:

Mr Brian Barry    Director of Specialist Hospitals, Women and
                  Child Health (Acting)
Mrs Marie Mallon  Deputy Chief Exec/Director Human Resources
Ms Catherine McNicholl Director of Performance and Service Delivery
Ms Patricia Donnelly Director of Acute Services
Mrs Jennifer Welsh Director of Cancer and Specialist Services
Dr Sheila Kelly   Patient and Client Council
Mrs Liz Bannon    Co-Director, Maternity, Women and Children’s
                  Health
Dr Ray McClelland, Clinical Director for Obstetrics and Gynaecology

Apology:

Dr Val McGarrell  Non Executive Director
Mrs June Champion Head of Office (Acting)
Ms Dympna Curly   Head of Communications

The Chairman welcomed everyone to the meeting, and extended a special welcome to Dr Kelly, Patient and Client Council.

TB011/12 Minutes of Previous Meeting

The minutes of the previous meeting held on 12 January 2012 were considered and approved.
TB012/12 Matters Arising

There were not items raised.

TB013/12 Chairman’s Business

a. Conflict of Interest

Mr McCartan requested Trust Board members to declare any potential conflicts of interest in relation to any matters within the agenda. There were no conflicts of interest reported.

b. Excellence and Choice – Right Service Right Choice, A consultation proposal to reshape Maternity Services in Belfast

Mr McCartan advised that he would be moving the discussion on the Excellence and Choice – Right Service Right Choice, A consultation proposal to reshape Maternity Services in Belfast up the agenda to immediately following Chairman’s Business.

c. Patient and Client Council (PCC) Representative at Trust Board

Mr McCartan advised members that due to revised arrangements within the PCC this would be the last meeting Dr Kelly would be attending as the PCC representative. He went on to thank Dr Kelly for her attendance and contributions she had made to Trust Board discussions. Members noted that Mr Richard Dixon, Belfast Area Manager, would be replacing Dr Kelly.

Dr Kelly thanked Mr McCartan for his kind words and said she had found Trust Board meetings very useful and informative.

d. NICON Annual Conference 23 February – Transforming Your Care

Mr McCartan advised members that the annual NICON Conference entitled “Transforming Your Care” had been held on 23 February. The event had been very well attended with discussion around the implementation of the Compton Review – Transforming Your Care. Mr McCartan tabled a fact sheet issued at the conference, which detailed statistical information on care delivered within Health and Social Care in Northern Ireland on a typical day.

e. Northern Ireland Hospice – Letter of Appreciation

Mr McCartan advised that he had received a letter of appreciation from the Northern Ireland Hospice in respect of a complaints handling and problem solving session carried out by Dr Val McGarrell and wished to add his thanks to Dr McGarrell.
f. Diary Commitments

Mr McCartan referred to a number of events he had attended on behalf of Trust Board since the previous meetings, a copy of which is available on request. He drew particular attention to the Trust’s Arts and Health Strategy Workshop held on 28 February, 2012, which had been extremely useful.

a. Excellence and Choice – Right Choice, A consultation proposal to reshape Maternity Services in Belfast

Mr Barry, Director of Specialist Hospitals and Women and Children’s Health (Acting) began his report by introducing Mrs Liz Bannon, Co-Director, Maternity and Women Services and Dr Ray McClelland, Clinical Director for Obstetrics and Gynaecology.

Mr Barry explained that he was seeking Trust Board approval to launch a consultation on a proposal to re-shape the current maternity services. He advised that the Trust was proposing that Consultant-led obstetric services should be provided solely by the Royal Jubilee Maternity Service, (RJMS) alongside the existing models of midwife-led care, and that a free-standing Midwife-led Unit should be developed at the Mater Hospital (MH). It was anticipated the outcome of the consultation would:

- Improve patient safety for all women by bringing together the Labour Ward consultant obstetric presence in one unit
- Ensure that women have a full range of choice in their options for maternity care with the change to a free-standing Midwife-led Unit at the Mater Hospital
- Maintain the existing clinical linkages to other regional services on the Royal Hospital site, including the Regional Neonatal Unit and the Children’s Hospital
- Significantly improve training and supervision of junior doctors as a consequence of single site consultant-led care.

Mr Barry reminded members that this proposal was in line with the Trust’s New Directions document, which the Trust had consulted on in 2008. This had signalled the Trust’s intention to move in the direction of a centralised Obstetric-led Service on the Royal site and the establishment of a Midwife-led Unit on the Mater site.
Members noted that this proposal was driven by developing standards for labour ward Consultant presence, co-location of relevant paediatric and neo-natal services and the needs of training future doctors appropriately. Mr Barry pointed out that it was not sustainable for the Trust to continue to provide Obstetric-Led services on two sites. He explained that the proposal being put forward for consideration would take the Trust a considerable way to meeting the various standards and aspirations of these strategic drivers, though there will be a need for further developments when the new maternity facility is completed at the Royal Jubilee Maternity site in 2015.

Mr Barry invited Mrs Bannon to make a presentation in respect of the development of the current proposal.

Mrs Bannon outlined the current maternity services provision within Northern Ireland and highlighted that Lagan Valley and Downe Hospitals’ both have freestanding Midwife-Led Units; Craigavon, Ulster and Altnagelvin Hospitals’ have Midwife-Led Units alongside the hospital provision.

Mrs Bannon explained that principles underpinning maternity services as outlined in the New Directions document were:

- Women have the right to choose how and where to give birth. This choice should be supported by high quality information and evidence-based clinical advice.

- One to one midwifery care should be given to women during labour and childbirth;

- Maternity services should be locally accessible and comprehensive with clear evidence of joint working across multidisciplinary teams and sectors;

- There should be specific services for women with poor obstetric or medical history or complications in early pregnancy;

- A comprehensive antenatal diagnostic and screening service should be available and offered to women in order to detect, where possible, any maternal problems or foetal abnormalities at an early stage;

- Holistic care should be provided. The woman and her family’s circumstances should be assessed holistically. Psychological and social need should be identified early and managed appropriately;
Postnatal care should be provided to facilitate the transition to motherhood by making sure ill health is prevented or detected and managed appropriately including a multi professional, multi agency service for women who have, or are at risk of, postnatal depression and other mental illness.

Mrs Bannon advised that during 2010/11 there had been 5549 births at the RJMS with 1216 babies being delivered at the MH.

Mrs Bannon explained that the Trust had reviewed the existing arrangements for consultant obstetric presence in the labour wards, the provision of the neonatal service at the Mater Hospital and the training needs of medical staff. RQIA had previously expressed concerns about the delivery of safe and sustainable services within two consultant obstetric services in the medium term. Labour ward consultant obstetric presence is required to ensure quality decision making in the clinical care of women and babies and support and training for junior doctors. The RJMS meets the Maternity Strategy expectation that appropriately skilled doctors are on site 24/7, the MH cannot provide this level of medical expertise and relies on locum doctors to fill the service gaps in rota.

Members noted that the regional neonatal team from the RJMS supported the daytime neonatal cover at the MH and out of hours support was provided by locum consultants on call from home.

Mrs Bannon referred to the DHSSPS “Regional Review of Maternity Services (2011) – a draft Maternity Strategy for Northern Ireland, and advised that the Trust’s response had indicated that:

- Women with high risk pregnancies should continue to be treated within the regional centre for maternity services at the RJMS;
- The regional maternity centre must continue to be located adjacent to the RVH, which can provide a range of specialist services for pregnant women and new mothers with a range of medical and surgical conditions including access to specialist theatre teams, interventional radiology and intensive care;
- Prenatal services at RJMS require the on-site back up from the full range of paediatric specialties based in the Royal Belfast Hospital for Sick Children;
- Preterm babies should be looked after in a neonatal unit staffed 24/7 by appropriately qualified consultant Neonatologists.

In bringing forward the proposal for consultation five options had been considered for Obstetric Service delivery within Belfast Trust. These had been:
Option 1 Maintain Consultant-led Obstetric services at the Royal Jubilee Maternity Service and Mater Hospital, including current models of Midwife-Led Care in both Units (this is the status-quo);

Option 2 Establish one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a Free-standing Midwife-Led Unit at the Mater Hospital.

Option 3 Establish one Consultant-led Obstetric Service, including current models of midwife-led care, at the Mater Hospital and a Free-standing Midwife-Led Unit at the Royal Jubilee Maternity Service.

Option 4 Establish one Consultant-led Obstetric service and an Alongside Midwife-Led Unit at the Royal Jubilee Maternity Service only.

Option 5 Establish one Consultant-led Obstetric service and an Alongside Midwife-Led Unit at the Mater Hospital only.

Mr Barry advised that having considered each option in detail and consulted with relevant staff the Trust was seeking approval to enter a three month consultation process on option 2 as the preferred option. This would provide more choice for women; improve safety by greater consultant presence in Labour wards; maintain regional access to specialist clinics/services; physical capacity is available and delivers Trust strategic direction.

Professor Evason commented that she would be in support of the proposal given it was in line with the New Directions strategy, however she sought clarification in relation to the Maternity-led Units.

Mrs Bannon advised that feedback from other Trust’s currently operating Maternity-led Units has been very positive. She also gave a reassurance that mothers with complicated pregnancies would attend RJMS, which is the current procedure.

In response to a question from Mr O’Kane, Mrs Bannon advised that the provision of Midwife-led Units would deliver services to women in local area, promote the normalisation of child birth and enhance the quality of care. She pointed out that with only 1.5 miles between the RJMS and MH allowed for quick transfer of patients should complications occur during child birth.

Mr Donaghy commented that not only was the proposal in keeping with the Trust’s New Direction strategy, it also reflected the proposals in the Compton Review – Transforming Your Care.
Dr McClelland advised that the obstetricians were in support of the proposal, bringing together consultant-led obstetric services on one site and would also mean that the neonatal team would only be required to support internatal care in one setting.

Mr O’Kane commented that he was not convinced that the option being proposed was necessarily the right one, Mr McCartan pointed out that the matter would be brought back to Trust Board for a final decision following the three month consultation period.

Mr McCartan reported that the paper had been shared with the Mater Trustees’ prior to coming to Trust Board and there had been not been any fundamental issues raised, however they would be responding formally as part of the consultation process.

Mr Jenkins, thanked Mr McCartan for sharing the proposal with the Mater Trustees in advance of it being brought to Trust Board. He then asked if there were sufficient midwives available to maintain the proposed services especially in relation to the age profile of current staff.

Mrs Bannon advised that the DHSSPS was aware of the requirement for ensuring sufficient numbers of midwives and that the commissioned training places for the profession at Queen’s University Belfast (QUB) was closely monitored. She also reported that applications for the midwifery programme at QUB were oversubscribed.

In response to a question from Tom Hartley, Mr Donaghy emphasised that the proposal was a redesign of services in line with the New Directions strategy and not funding lead.


Mrs Mallon, Director of Human Resources, reminded members that in order to comply with Section 75 of the NI Act 1998, the Trust was required to out an Equality Impact Assessment (EIA) when making a decision with respect to policy proposal to take account of the EIA and consultation carried out in relation to that policy.

Members noted that the EIA had indicated that there was no indication of any major adverse impact identified in relation to Section 75 across service users. As regards staff, it was acknowledged that the proposal would have a differential impact on females, given the prevalence of female midwives, but there was nothing to suggest there would be a major adverse impact.
Decision: It was agreed to a three months consultation on the Excellence and Choice – Right Service Right Choice – A consultation proposal to reshape Maternity Services in Belfast.

Report of the Chief Executive

a. Pseudomonas Infection/Water Safety – Update

Dr Stevens advised members that following two linked cases of pseudomonas infection within the Belfast Neonatal Unit, an incident meeting on the 17 January 2012 had declared an outbreak of *Pseudomonas aeruginosa* in the Belfast Neonatal Unit. Families were informed of events as the situation unfolded. The Trust submitted an Early Alert report to the DHSSPSNI on 17 January 2012 and reported the outbreak as a Serious Adverse Incident to the HSCB on 18 January 2012. An outbreak control meeting was held on the 19 January 2012 and a press release issued, followed by a press conference on 20 January 2012. Two babies had died from what is known as the Belfast Outbreak strain and a third had died from a strain originating in Craigavon.

Mr Barry acknowledged the commitment of all staff who worked hard to resolve the outbreak and ensure the Neonatal Unit could reopen as expeditiously as possible.

Mr Donaghy advised that he had asked Dr Stevens to lead the Trust Root Cause Analysis (RCA) with Professor Brian Duerden, former Inspector of Microbiology and Infection Control, Department of Health, London, as the Independent Assessor. He emphasised that it was important that the Trust learnt lessons from the RCA and addressed any recommendations arising from the report. In addition to this the Minister has asked the RQIA to undertake an investigation to be chaired by Professor Patricia Troop, former Deputy Chief Medical Officer for England. Mr Donaghy, Dr Stevens and Mrs Champion had met with Professor Troop and shared results of the Trust’s RCA investigation.

In response to a question from Professor Evason, Mr Donaghy advised that the Health and Safety Executive were also reviewing the circumstances surrounding the outbreak.

Mr McCartan emphasised that the results of the Trust’s RCA and the independent investigation will impact on policy across the United Kingdom and beyond and said it was important that lessons were learnt and revised procedures put in place to address future pseudomonas cases.
In respect of the families of the babies within the Neonatal Unit at the time of the outbreak, Miss Creaney advised that the families of the deceased babies had been briefed on a one to one basis regarding the outbreak, there had been two meetings held for all other parents and families were continuing to be supported by staff within the Unit.

In noting the current position Mr McCartan again emphasised the importance of lessons being learnt from the pseudomonas outbreak.

*Decision: Members noted the position.*

b. Immunology - Update

Mrs Welsh advised members that the review of Immunology had been completed and the service had returned to normal business.

Dr Stevens said that from a clinical and professional governance perspective relevant action had been taken.

*Decision: Members noted the position.*

c. Emergency Departments (ED) – Update

Mrs Donnelly briefed members on the current position in relation to EDs’ and advised in recent weeks, across Northern Ireland, there had been an average of 2000 attendances at EDs’, which was unusually high for the time of year.

Members noted that within Belfast Trust approximately 150 patients require admission to a bed every day and a LEAN project was currently reviewing processes within both EDs’ with a view to improving systems to meet need.

Mr Hartley referred to the decision the Trust Board had taken in September to temporarily close the BCH ED and sought reassurance that the Trust was providing quality ED services. Mrs Donnelly reassured members that there was evidence to prove that the temporary closure had resulted in better clinical outcomes.

In response to a question from Mr McCartan, Mrs Donnelly advised that whilst it had been anticipated that the temporary BCH ED closure would impact on attendances at the Ulster Hospital this had not proved to be the case.

*Decision: Members noted the position in relation to ED Services*
d. Shared Service Consultation – Update

Mrs Mallon tabled the Trust response to the consultation on the model of Shared Services for implementation in Health and Social Care in Northern Ireland.

Members noted that whilst the Trust was fully committed to models of service delivery which improved quality and/or financial savings, there were concerns that the proposals within the consultation document in terms of model of delivery and proposed geographical locations could have possible negative impacts on both service provision and staff. The Trust would urge consideration be given to embed the systems before further consideration be given to Shared Services and the appropriate delivery model.

Professor Evason pointed out that the proposal could be considered to unlawful as it would have an adverse impact on women and could result in staff involving the Equality Commission. Ms Mallon advised that she would follow this up with the Business Service Organisation.

Decision: Members noted the Trust response.

TB16/12 Report of the Director of Finance and Estate Services

Mr Dillon presented the finance report for the period ended 31 January 2012, which demonstrated that the Trust had a small surplus of around £0.3m. He was pleased to report that the Trust continued to deliver in full against the 2011/12 savings plan, albeit elements of the original recurrent plan had been replaced with other schemes. Adherence to strict workforce controls had resulted in growth in the net vacancy rate, this together with the reduction in expenditure had enabled the Trust to non-recurrently address a number of cost pressures, including a substantial medical pay pressure and incremental pay progression cost.

In relation to the year-end forecast, Mr Dillon reported that in October the Trust had amended the forecast outturn from £2.5m deficit, reported in the Trust Delivery Plan (TDP) to a balanced position and this remained unchanged. The change in position had reflected the new income received between September and November for laboratory services and incremental pay progression, non-recurrent slippage on 2011/12 developments and higher than expected workforce savings. Further non-recurrent monies had been allocated by HSCB and PHA in November with the latest projects for two high cost drugs suggest that there will be considerable slippage on the 2011/12 drugs allocation.
As a result the Trust believes that a small surplus could be achieved by the end of the year and remains in close dialogue with the HSCB in relation to the current and any revised year end forecast.

Members noted that the first stage of the financial planning for 2012/13 was nearing completion, which would assess the opening position by directorate prior to any new savings targets for 2012/13. Mr Dillon explained that the 2012/13 financial plan would be a key component of the TDP, which had to be with the HSCB by the end of March 2012. Whilst it cannot be finalised until the HSCB issues its 2012/13 commissioning plan, a draft plan has been produced on the basis of indicative income figures from the Board.

Mr Dillon advised that HSCB’s indicative plan had identified the:

- Anticipated cost pressures funding of £56m for the Trust in 2012/13; this covers a wide range of pressures including; the revenue consequences of schemes such as Phase 2B and radiotherapy; new developments including renal services; mental health and learning resettlement costs; pay and price increases
- Quality Improvement and Cost Reduction (QICR) programme savings targets, comprising cash-releasing savings of circa £28m and productivity (cash-avoidable) savings of £9m

The Trust has recently produced a draft savings plan which sought to address a significant element of the £28m cash-release savings target. This plan was developed around the broad savings themes outlined by the HSC Board which were drawn largely from the work of McKinsey. In producing the 2012/13 financial plan, it will be important to highlight any financial risks and these will be discussed with the HSCB over the next few months. In addition to the risk around the deliverability of the QICR savings plan, one of the key risks concerns the Trust’s future emergency department arrangements. Other risks include maternity, specifically in relation to the transfer of births from Lagan Valley, SUMDE and research funding and junior doctors.

In response to a comment by Mr O’Kane, Mr Dillon advised the TDP format was prescribed by the DHSSPS and HSCB.

Mr Hartley referred to the on-going savings and cost efficiency and expressed concern at the impact this had on staff morale.

Ms Mallon reassured members that the Trust liaised closely with staff side regarding workforce planning.
In concluding the discussion members noted the financial position to end of January 2012.

*Decision: Members noted the Finance position to end of January 2012*

### Report of the Director of Performance, Planning and Information

Ms McNicholl presented the performance report for the period ending January 2012, outlining the Trust's performance against 35 key performance areas for 2011/22 including a summary of work undertaken by the Trust from April to January, which sets in context the scale of activity relating to the targets.

In relation to the performance targets the Trust is achieving or marginally behind target in relation to 21 of the 35 performance areas (the MS element of the specialist drugs target is still in development).

Ms McNicholl advised that in 10 of the reported performance areas the Trust was not currently achieving/unlikely to achieve these, including, MRSA; Elective Access; AHPs; Fractures (95% within 48 hours); cancer (14 and 62 days); A+E; Acute Hospital Discharge (48 hours); mental health (9 and 13 weeks); LD resettlements and wheelchairs. The Trust was not in a position to report on four performance areas, i.e. venous thromboembolism and hearing aids, as these require the development of monitoring and reporting systems and ventilator acquired pneumonia and centre line infection rate as there were no updated data available for the reporting period.

Mr McCartan expressed concern at the LD resettlement target and the Trust’s reliance on a business case for supported housing, currently with the DHSPSS, and the significant impact on the Trust’s ability to meet the target.

Ms McNally advised that the LD clients concerned had complex care needs, which required specific supported housing, involving the Trust working in partnership with the NI Housing Executive and DSD.

In relation to AHP services, Mrs Welsh advised that the Trust expected to be in a position to deliver the 9 week target by end of March in Dietetics, Physiotherapy and Podiatry; Speech and Language would meet the agreed backstops waiting time of 11 weeks by end of March and 9 weeks by end of June. However, due to staff sickness OT, is projected to be 14 weeks waiting by end of March.
In response to a question from Mr Hartley regarding the increase in MRSA and CDiff cases, Ms Creaney reassured members that a RCA was carried out on each episode of MRSA and CDiff and the Trust continued to liaise closely with the PHA regarding the matter. Healthcare Acquired Infection remained a regular agenda item on the weekly Executive Team meetings and monthly Chief Executive Briefings.

Mr O’Kane referred to the A+E target and the continuing challenge to meet the 4 and 12 hour standards.

Ms McNicholl highlighted that the Mater A+E 12 hour target had improved significantly compared to the same period in the previous year despite increased activity and a small reduction in beds. Mr McCartan said this was a commendable achievement.

Professor Evason asked if the Trust was doing anything to address the misuse of alcohol and the impact this had on attendances at A+E.

Mrs Donnelly advised that the Trust was involved in a number of initiatives in partnership with Belfast City Council, PSNI and community groups to identify hotspots of alcohol abuse and what steps could be taken to address this problem.

Ms Mallon referred to the absenteeism target of 5% and the Trust’s position of 5.42% and reassured members work was ongoing across the Trust to support managers to improve on this target.

Members noted the Performance Report to January 2012 for assurance.

Members noted the minutes of the Assurance Committee meeting held on 22 November 2011.

Members noted the minutes of the Audit Committee meeting held on 13 October 2011.

Mr Hartley referred recent publicity regarding patients with metal hip replacements being recalled due to concerns over the materials used and asked if the Trust had used these particular joints.
TB20/12  (Contd.)

Mrs Donnelly advised that the Trust had used these joints and had carried out a review of all patients concerned.

TB21/12  Date of Next Meeting

Members noted the next Trust Board meeting was scheduled for 10.00 am on Thursday 03 May 2012 in the Ennis Room, Belfast City Hospital.