Minutes of the Trust Board held on
Thursday 3 November, 2011 at 10.00 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
Dr Val McGarrell  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

In attendance:

Mr Brian Barry    Director of Specialist Hospitals, Women and Child Health (Acting)
Mrs June Champion Head of Office (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
Ms Denise Stockman Director of Planning and Redevelopment
Mrs Jennifer Welsh Director of Cancer and Specialist Services
Dr Sheila Welsh   Patient and Client Council

The Chairman welcomed everyone to the meeting

TB118/11   Minutes of Previous Meeting

The minutes of the previous meeting held on 7 September 2011 were considered and approved, subject to Mrs Welsh being added to the list of attendees.

TB119/11   Matters Arising

There were no items raised.
TB120/11 Chairman’s Business

a. Conflicts 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. Review of Trust Board Sub-Committees’ and Non Executive Directors’ Role

Mr McCartan advised that following the recent audit he had undertaken a review of the membership of the Trust Board Sub-Committees’ and Non Executives’ roles. As discussed at the recent Trust Board workshop it had been agreed that Professor Evasen and Mr Drew would no longer sit on the Audit Committee, but together with the Chairman would be members of the Remuneration Committee.

Members noted the revised sub-committee structure.

Mr McCartan advised that he would be notifying the Permanent Secretary of these changes.

c. Trust Recognition Ceremony – 18 October, 2011

Mr McCartan, briefed members on a Recognition Event he and Mr Donaghy had hosted on 18 October, when the Trust had taken the opportunity to acknowledge a total of 277 staff who had completed accredited learning supported by the HR Learning and Development Team and other external partners.

Mr McCartan paid tribute to all staff involved who had invested in their own development and careers to enhance the quality of care provided to patients, clients and service users.

d. Shannon Clinic - Certificates of Academic Achievement attained 2010/2011

Mr McCartan referred to a recent event he and Mr Donaghy had attended in Shannon Clinic when patients had been presented with Certificates of Academic Achievement attained 2010/2011. These include qualifications in Information Technology, Numeracy and Literacy attained from the Belfast Metropolitan College. Certificates were also presented to a number of patients who have made substantial progress and significant contribution to Shannon Clinic through their work and dedication in Woodwork and Horticulture.

Mr McCartan paid tribute to all staff involved in what was tremendous achievements for the patients.
TB120/11 (Contd.)

e. Public Sector Company of the Year

Mr McCartan was delighted to report that the Trust had won the Public Sector Company of the Year at the Childcare Works Awards 2011, Family Friendly Employer of the Choice Awards.

Members wished to record their congratulations to all staff involved.

f. Diary Commitments

Mr McCartan advised on a number of events he had attended on behalf of Trust Board since the previous meeting, a copy of which is available on request.

TB121/11 Chief Executive’s Report

a. Emergency Department (ED) Services in Belfast

Mr Donaghy advised that the temporary closure of the Belfast City Hospital’s Emergency Department (ED) had proceeded at 8.00 am on 1 November, 2011 and paid tribute to all staff involved in what had been a reasonably smooth transfer of services.

Mrs Donnelly advised that there had been a surge in ED attendances in the past two weeks in Belfast, but the Trust had managed the increase and transfer of services. She stated that the temporary closure did not solve all the medical workforce issues, the NI Medical and Dental Training Agency (NIMDTA) and General Medical Council (GMC) had raised concerns around training.

Dr Stevens briefed members on a recent inspection by the GMC and Deanery, the results of which had been generally positive for the Trust.

Mr Donaghy advised that issues around medical training would be discussed with both the DHSSPS and HSCB.

Dr Kelly advised that the Patient and Client Council had not been made aware of any adverse experiences relating to the ED closure.

Mr McCartan said the public had been well informed and paid tribute to the Communications Department for getting the message across to the public.

Professor Evason asked that members’ appreciation be extended to all staff involved in the effective planning and implementation of the temporary closure.

Decision: Members noted the position in relation to ED Services
b. Industrial Action Update

Mr Donaghy referred to the public sector industrial action planned for 30 November 2011 and invited Ms Mallon to update members.

Ms Mallon advised that it was anticipated that at least 2,000 staff would be participating in the strike action and reported that high level principles had been agreed with UNISON and negotiations were continuing with other staff organisations. It was expected that as this industrial action involved the whole of the public sector it would have more of an impact on services than the action taken in October.

Mr Hartley asked if the Trust was engaging with other public service bodies. Ms Mallon advised that the Trust was mindful that staff may have problems with childcare and transport.

Decision: Members noted the Industrial Action Update

Director of Finance Report

a. Mid-Year Assurance Statement

Mr Dillon presented the Mid-Year Assurance Statement, which had been considered approved by Audit Committee in October and had been submitted to the DHSSPS.

Mr Dillon explained the purpose of the mid-year assurance statement was to attest to the continuing effectiveness of the system of internal control in accordance with Departmental guidance. Particular attention was drawn to the section relating to new significant and internal control issues which included the issue regarding the procurement processes around the securing contract at Belvoir Park Hospital which had been rolled forward annually since 2006 without any recourse to the tendering process. Mr Dillon advised that the Trust had addressed the issue with BSO PaLs to ensure a “fast track” tendering process was completed and a new contract had since been awarded.

Mr Hartley asked if lessons had been learnt from the Belvoir Park Hospital incident. Mr Dillon reported that the Trust had carried out a review of contracts across the directorates.

Member’s attention was also drawn to a Single Tender Action in relation to the procurement of an additional Linac from the existing service provider to support the expansion of the regional radiotherapy service at the Cancer Centre. The DHSSPS had approved the Trust’s proposal on the basis that alternative procurement routes would have entailed delay and jeopardised access to the service.
Having discussed the document in detail members noted the Mid-Year Assurance Statement.

Decision: Mid-Year Assurance Statement noted.

b. Finance Report

Mr Dillon presented the finance report for the period ended 30 September, 2011 and was pleased to report a deficit of just over £0.2m, which was a significant improvement on earlier months. This had been due in the main to the allocation of additional funding by the HSCB. The Trust was also delivering against its savings plan target established in the Trust Delivery Plan (TDP), albeit elements of the original recurrent plan had slipped and been replaced with other schemes.

Members were pleased to note that on the basis of the September position the Trust had changed its forecast outturn from the £2.5m deficit reported in the TDP to a balanced position.

Mr Dillon pointed out that whilst the Trust was delivering against the savings plan some risk remained in relation to full delivery. The sustainability of current workforce levels, which were substantially higher than 2010/11 continued to be a risk to service continuity.

In response to a query from Mr Hartley regarding workforce management and medical agency spend, Mrs Donnelly advised that the Trust was aware of the need to redesign the medical workforce as much of the agency spend has been on consultants. In the meantime the priority was to maintain a safe service for patients.

Mr Donaghy emphasised the need for services to be delivered safely and to a high quality.

In concluding the discussion Mr McCartan said it was reassuring to hear that the Trust position had improved.

Decision: Finance Report noted.

c. Charitable Trust Funds Accounts and Trustees Report 2010/11

Mr Dillon presented the Charitable Trust Funds Accounts and Trustees Report for 2010/11, for approval. He advised that the report had been considered at the October meeting of the Audit Committee.

Mr Dillon pointed out the accounts had received a clean audit opinion with no issues raised.
Members commented on the current economic situation and the impact it was having on investments. However the fund balance carried forward had improved from £32m in 2010 to £34m in 2011.

Having considered the Charitable Trust Funds Accounts and Trustees Report for 2010/11 members approved for signature by the Chairman and Chief Executive.

Decision: Charitable Trust Funds Accounts and Trustees Report for 2010/11 approved.

d. Revised Scheme of Delegation

Mr Dillon presented the Scheme of Delegation which had been revised to take account of guidance issued in DHSSPS circular HSS(F) 40/2009 Supplement 1, in relation to contracts with Management Consultants.

Mr O’Kane reported that the revised scheme had been discussed at the recent Audit Committee and he commented that as contract cost levels are included in the guidance companies could use this information when pitching for business.

Members approved the revised Scheme of Delegation

Decision: Revised Scheme of Delegation approved.

e. Bank Mandate

Mr Dillon sought approval to the following revisions to the Bank of Ireland mandate in relation to authorised signatures:

- Rosaleen McGinley, Accounting and Financial Control being added
- Patrick Anderson and Ursula McLaughlin being removed

Members approved the revisions to the authorised signatures.

Decision: Update to Bank Mandate Authorised Signatures approved

Director of Performance and Service Delivery Report

Mr Donaghy advised that in the absence of Ms McNicholl he would be presenting the Trust Performance Report for the period ending September 2011.
Members noted that in relation to the key targets the Trust was achieving or marginally behind target in relation to 24 of the 35 area (the MS element of the specialist drugs target was still in development). In 9 of the reported areas the Trust is not currently achieving or unlikely to achieve the target in 2011/12. These include MRSA, Elective Access, AHPs, Cancer (14 and 62 days), A+E, Acute Hospital Discharges (48 hour), Mental Health (9 and 13 weeks), LD Resettlements and Wheelchairs. The Trust was not in a position to report on two areas, venous thromboembolism, due to the continuing development of reporting systems and hearing aids, as these are new targets which require development of monitoring and reporting systems.

Mr Donaghy advised that there had been a slight increase in CDifficile figures, and a more worrying increase in the MRSA figures.

In response to a question from Professor Evason, Ms Creaney advised the causes of MRSA bacteraemias varied between cases and no single root cause had been identified. A renewed focus on care bundles and early root cause analysis (RCA) was being planned.

Mr McCartan referred to the National Cleanliness guidelines and asked if additional resources had been received to implement these.

Mr Donaghy advised that the HSCB had recently written to the Trust offering support with screening.

Members noted Fractures figures were on target and commented that this was a tremendous achievement.

Ms Donnelly paid tribute to staff within the Fractures department and advised that a Lean Project had redesigned the service and the team were very proud of the improvements to the service. However, the situation will require close monitoring as the winter period begins and fractures increase.

Mr Donaghy, in response to a question from Mr O'Kane, advised that the Trust was looking how lessons learnt from this service redesign could be applied to other services.

In relation to Cancer, Mr Donaghy advised that it was hoped that a third Consultant taking up post in December would improve the breast cancer performance targets.

Mr Donaghy referred to the ED targets and explained that these continued to be challenging.
Ms Donnelly advised that the Trust remained committed to improving performance with the EDs and explained there were four Unscheduled Care Project Teams in place focusing on improving the flow of patients into and out of the acute setting in a timely fashion.

Mr Donaghy highlighted that the Trust was on target to achieve a minimum of 50 live donor transplants by end of March 2012.

Ms McNally advised that additional funding had been received, which had resulted in improvement in Children in Care performance.

Members were advised that within Elective Access there are a number of specialties where a 21 week waiting time target cannot be delivered and the Trust was in discussions with the HSCB regarding how this can be progressed. It may also be possible to make some referrals to the independent sector.

In response to a question from Ms Allen regarding the waiting times for psychological therapies, Ms McNally advised that the service was under capacity due to a consultant vacancy, currently being recruited. However, she pointed out that the patients/client would continue to receive support through their multi-disciplinary teams.

Mr Donaghy was pleased to report on the tremendous improvement in relation to the absenteeism target, Human Resource continued to work proactively with line managers to manage sickness absence.

Members noted the detail of the Supplementary Targets Summary Performance Report for the period ending September 2011.

Ms Allen referred to the Care Leavers–Foster Carers target of 59 leavers aged 18+ to be living with their former foster cares or supported family and commented that this was an unusual target.

Mr Donaghy also presented the Corporate Management Plan Summary Performance Report to the end of September 2011.

Members noted the Performance Report was presented for assurance.

Decision: Performance Report noted.
123/11 Audit Committee

a. Minutes – 26 May 2011

Mr O’Kane presented the minutes of the Audit Committee meeting held on 26 May, 2011 for information.

Decision: Audit Committee Minutes 26 May 2011 noted.

b. Annual Report 2010/11

Mr O’Kane advised that the Audit Committee Annual Report for 2010/11 had been discussed at the October meeting of the Audit Committee and copies had been issued to members for comment.

Members approved the Audit Committee Annual Report and Mr Dillon undertook to issue the final document to members for information.

Decision: Audit Committee Annual Report 2010/11 approved.

124/11 Any Other Business

a. Media Interest in Child Waiting for Treatment

Mr McCartan said he had heard a recent story in the media regarding a child awaiting an appointment with neurology services and wondered what the outcome had been.

Dr Stevens undertook to follow up and report back to the Chairman.

b. Denise Stockman, Director of Planning and Re-Development

Mr McCartan advised that Ms Stockman would be leaving the Trust at the end of the year to take up a new post with the Strategy Investment Board, associated with the Department of Education.

Members congratulated Ms Stockman and wished her well in her new role.

Ms Stockman thanked members for their kind words.

125/11 Date of Next Meeting

Members noted the next public Trust Board meeting was scheduled for 12 January, 2012 at 10.00 am in the Ennis Room, D Floor, Belfast City Hospital.