

**BELFAST HSC TRUST 2011/12 MID YEAR STRATEGIC PERFORMANCE AND
ACCOUNTABILITY REVIEW MEETING**

Wednesday, 14 December 2011, Castle Buildings

Attendees

DHSSPS

Andrew McCormick
Sean Holland
Liz Mitchell
Jim Livingstone
Donncha O'Carolan
Angela McLernon
Eugene Rooney
Peter Toogood
John Farrell
Noel Irwin

Belfast HSC Trust

Colm Donaghy
Martin Dillon
Tony Stevens
Catherine McNicholl
Marie Mallon
Brenda Creaney
Brian Barry
Jennifer Welsh
Patricia Donnelly
John Growcott
Denise Stockman

HSCB

Paul Cummings
Louise McMahan

PHA

Mary Hinds

Apologies: John Compton,

1. Welcome and Opening Remarks

- 1.1 Andrew McCormick welcomed those present to the Trust's Mid-Year Strategic and Accountability Review meeting for 2011/12.
- 1.2 Andrew McCormick stated that it was important to use these meetings to strike the right balance between holding to account and ensuring strategic

issues facing the service are dealt with in a positive and constructive way. He said it was important to recognise the ongoing relationship of the Department, Trust and the HSCB and ensure that corporate working is strong in light of the continuing challenges facing the HSC.

2. Minutes of Previous Meeting [Agenda item 2]

- 2.1 Eugene Rooney provided an update in respect of action points from the previous meeting. He advised that the Department establishing a small Governance Unit which would take forward the development of the corporate/business plan guidance and the review of the assurance arrangements across all ALBS.

Outstanding Action Points from previous meeting

- 2.2 Paragraph 2.18 – The meeting noted that CMO had met with Tom Frawley. Brian Barry confirmed he understood payment had now been made
- 2.3 Paragraph 2.8 – Colm Donaghy confirmed that NIMDTA and the GMC had visited the 3 Emergency Departments and we are now content.

3. Governance – Corporate (2010/11) [Agenda item 3]

(i) Mid Year Assurance Statement

- 3.1 Colm Donaghy confirmed that in completing the Mid-Year Assurance Statement (MYAS) that he applied the same principles as in the completion of the Statement on Internal Control, and that the MYAS provides a balanced appraisal of the state of the organisation's internal controls.
- 3.2 He confirmed there were no further internal control problems or issues that need to be explicitly mentioned.
- 3.3 Oral Medicine Service

Donncha O'Carolan confirmed that an action plan to take forward the recommendations from the Executive Summary of the Inquiry report has been finalised. [REDACTED]

3.4 Additional Oral Cancer Case

Donncha O'Carolan provided an update on the patient who died on the 22 November 2011 and confirmed that an SAI was raised on this matter on the 11th August 2011; there were early alerts on the 11 August and 11 October 2011.

3.5 Recall of patients

Donncha O'Carolan confirmed that a governance group comprising BHSCT, HSCB & PHA have been overseeing this recall. Brian Barry advised that progress on the recall has been good, with most of the routine review patients being seen before Christmas. He confirmed the Belfast Trust expected that all review patients discharged in 2010 should be completed early in 2012 and outlined the practical difficulties in continuing to use two locum consultants.

(ii) Audit Priority 1 Findings

3.6 Eugene Rooney sought assurance that the Trust had action plans in place to address all outstanding Internal Audit recommendations including Priority 1 findings. Martin Dillon and Marie Mallon confirmed this was the case and included recommendations carried forward from previous years.

3.7 Colm Donaghy and Denise Stockman confirmed the Trust's Board was aware of the recommendations from the fire safety audit in another Trust but were confident the issues arising were already being covered in the Trust's programme of works.

(iii) General

3.8 Julie Thompson advised the NIAO had requested the department to supply copies of all its ALBs MYAS for 2011/12.

4. Governance – Quality (2010/11) [Agenda item 4]

(i) Statutory Duty of Quality

4.1 Jim Livingstone thanked the Belfast Trust for its contribution to the development of the Quality Strategy. He confirmed that following the Strategy's publication, an implementation plan was being finalised and would, subject to Ministerial approval, be issued to all HSC bodies in March 2012.

4.2 Patricia Donnelly set out the Trust's process for learning from Serious Adverse Incidents, Adverse Incidents and Near Misses. In particular, she provided assurance that from its Board down, the Trust has suitable arrangements in place to ensure that lessons learnt are disseminated.

4.3 In response to Jim Livingstone, Tony Stevens advised that as far as he was aware, the Trust had fully implemented guidance circular HSC SQSD 2/11 (Reducing harm caused by misplacement of nasogastric feeding tubes). He confirmed he would come back to the Department with a definitive response. Louise McMahon confirmed the HSCB was not aware of it not being implemented.

Action point: BHSCT

(ii) Statutory Duty of Involvement/Personal and Public Involvement

4.4 Jim Livingstone advised the Trust to ensure there were no gaps in its PPI scheme which could mean decisions are potentially open to legal challenge.

Colm Donaghy confirmed this was the case and confirmed the Trust were working towards the March 2012 target.

(iii) MHRA Inspection – blood transfusion laboratories based at the Mater, The City and the Royal Victoria Hospital

- 4.5 Liz Mitchell confirmed the Department had been copied into recent correspondence between the MHRA Inspection Action Group (IAG) and the Belfast Trust. She sought an explanation as to why the IAG will be writing to the Trust seeking clarification on a number of issues set out in the Trust's submission to a recent IAG inspection.
- 4.6 Jennifer Welsh confirmed the Trust had just received the IAG correspondence and needed time to consider the issues being raised. She confirmed that significant progress had been made since 2009 and this had been acknowledged by IAG in correspondence to the Trust. She confirmed the Trust continued to take this issue very seriously and were aware of the risk of non – compliance with any IOAG recommendation and the impact this would have on services to patients. She confirmed the Trust would respond urgently to the latest IAG correspondence and would continue to keep the Department updated.

(iv) Environmental Cleanliness / Hospital Hygiene - RQIA Unannounced Inspections

- 4.7 Liz Mitchell asked the Trust to explain why there was a continuing problem at Wards 4E and 5F in the Royal Victoria Hospital (RVH) and what actions the Trust were putting in place to ensure there was no repetition.
- 4.8 Brenda Creaney confirmed it was a matter of regret to all involved there was still an issue with both wards and the Trust were taking all necessary steps to reduce the risk of any future repetition. She confirmed there were a number of factors such as the age of the block housing the wards, the number of patients

with complex needs that raised the risk of CDiff infection, and on- going issues with staff that presented challenges to the Trusts.

- 4.9 Colm Donaghy advised the Trust's executive team received weekly reports on the situation from their Director of Nursing on the basis of an action plan that had been developed from the last inspection. He confirmed there was no systemic issue across the RVH site or any complacency on the staff's behalf. He confirmed that in 4F the Trust were dealing with a new strain of CDiff and this had resulted in the cancellation of surgery pre Christmas to allow the Trust to get on top of things.
- 4.10 Patricia Donnelly confirmed the Trust were awaiting the results of the next inspection to gauge what progress had been made. Mary Hinds confirmed the PHA had spoken with the staff concerned and while they were disappointed remained committed to turning things around.

Governance – Finance (2010/11) [Agenda item 5]

(i) Financial Management

- 5.1 Peter Toogood thanked the Trust for its latest forecast showing a £94k surplus and forecasting break even at the end of the year. Sean Donaghy and Martin Dillon confirmed the Trust were confident that all outstanding Modernisation/Recovery plans and saving proposals would be fully achieved.
- 5.2 Peter Toogood stressed the need to contain expenditure within the resources available in 2011/12 and future years and was encouraged by the Trust's break-even commitment for 2011/12. He confirmed the prompt payment initiative was an Executive priority and asked the Trust to ensure the upward trend continued.

6. Performance against Objectives [Agenda item 6]

- 6.1 Louise McMahon advised that for 2011/12, each Trust is required to maintain March 2011 target levels of performance as minimum acceptable standards, and further improve performance across a range of areas consistent with the priorities and objectives set out in the Minister's Commissioning Plan Direction 2011 and also those set out the HSCB/PHA draft Commissioning Plan for 2011/12.
- 6.2 Louise McMahon confirmed the areas of progress for the Trust for the year to date. These included aspects of Specialist services, Community Care and Physical Disability, Children and Families, Mental Health and Learning Disability and HCAI (C Diff).
- 6.3 In addition, Louise McMahon also set out those areas where significant performance challenges remained for the Trust. These include consultant led elective care (outpatient / inpatient / daycase appointment waiting times, AHP, Urgent Diagnostic Reporting, Pre operative Length of Stay); Unscheduled care (A&E), Cancer care (Breast cancer and 62 day referral); Children and Families (Children at risk and in Need, Family Support); Mental Health and learning Disability (assessment and treatment), Community Care, older People and Physical Disability (Hospital discharges, Direct payments, Wheelchairs) and HCAI (MRSA).
- 6.3 She confirmed the HSCB was in regular contact with the Trust's Senior Management on pertinent aspects of performance and actions to be taken.
- 6.4 Colm Donaghy and Andrew McCormick thanked Louise McMahon for her analysis. Colm Donaghy was encouraged to hear from HSCB about those areas where good progress had been made and confirmed the Belfast Trust remained committed in striving to achieve all 2011/12 standards/ targets set. Andrew McCormick requested the HSCB confirm where they expect the Trust will be at year end against the consultant led elective care standards. Louise McMahon confirmed it was HSCB's expectation the Trust would be as near as possible to the March 2011 position.

6.5 Colm Donaghy advised that in addition to ensuring that the Trust delivers fully from within their core capacity, non-recurrent plans have been finalised to secure substantial additional activity during the remainder of 2011/12 to achieve improved waiting times by March 2012 through both additional in-house waiting list initiatives and, where appropriate, utilisation of capacity in the Independent Sector. He acknowledged that using the Independent Sector was a big challenge for the Trust given there were 19 contracts in total.

7. Strategic Issues for 2012/13 [Agenda item 7]

7.1 Andrew McCormick noted the challenges and issues faced by the Trust and stressed the need to press forward and deliver new and smarter ways of working. He emphasised the five key commitments in the Programme for Government led by DHSSPS and provided a document drawing attention to a number of other PfG commitments which the HSC needs to recognise provide potential opportunities to build partnerships with other Departments/Organisations.

7.2 Andrew McCormick stressed that the PfG, and HSC and PEDU Reviews would all need to converge into a Whole Systems Plan including commissioning plan directions for 2012/13, and beyond.

8. AOB [Agenda item 8]

8.1 There were no further issues to discuss.

8.2 Andrew McCormick thanked those present for attending and closed the meeting.

Commissioning Policy

February 2012

**MINUTES OF BELFAST HSC TRUST MID-YEAR ASSURANCE AND
ACCOUNTABILITY MEETING
PART B
TUESDAY, 27 NOVEMBER 2012**

Attendees**DHSSPS**

Andrew McCormick
Catherine Daly
Sean Holland
Julie Thompson
Michael McBride
Angela McLernon
Eugene Rooney
John McKeown

BHSCT

Pat McCartan
Colm Donaghy
Jennifer Thompson
Patricia Donnelly
Catherine McNicholl
Brenda Creaney
Tony Stevens
Martin Dillon
Marie Mallon
John Growcott

HSCB

John Compton
Paul Cummings
Dean Sullivan
Michael Bloomfield

PHA

Mary Hinds

1. Welcome and Introduction

- 1.1 Andrew McCormick welcomed attendees to the meeting. He emphasised the important opportunity afforded by the mid-year assurance and accountability meetings to review progress and discuss areas of concern. He said he was pleased with the progress that had been made but reinforced the need to highlight issues as they arise emphasising that this is an essential requirement and general good practice for oversight of the system.

2. Corporate Governance

(i) Mid-year Assurance Statement

2.1 Catherine Daly noted the update on significant internal control issues provided in the Trust's mid-year assurance statement, and queried whether there were any additional issues that had not been highlighted in the statement. Colm Donaghy confirmed that there were no further internal control problems or issues to add to the mid-year assurance statement. He also confirmed that all relevant contacts in the Department have been updated about the issues raised and that action plans are in place to address the issues identified. Martin Dillon confirmed that the Trust is following guidance for Single Tender Action closely and that all those above the EU threshold are referred to the Permanent Secretary.

(ii) Limited/ Priority One Audit Findings

2.2 Eugene Rooney outlined the findings of the Head of Internal Audit's mid-year assurance statement for the Belfast HSC Trust. Martin Dillon confirmed that all priority 1 audit findings have been accepted and that action plans are in place to address each of them. He stated that the action plans identified responsibility for each recommendation while Pat McCartan stated he was satisfied with the links between non-executives and executives at Trust Board level in relation to priority 1 recommendations.

(iii) Controls Assurance Standards

2.3 Colm Donaghy reported that action plans are in place for all areas of Controls Assurance criteria where moderate compliance has been achieved. He said the Trust was very conscious of the moderate scores and that there is a focus within directorates to bring all scores up to substantial levels.

2.4 Eugene Rooney asked the Trust to confirm that its risk register is fully informed by Controls Assurance Standards, including individual criteria that have received moderate compliance. Tony Stevens confirmed that this was the case, and advised that risks identified by the controls assurance process

would not necessarily make it on to the corporate risk register but would make it on to directorate risk registers. Michael McBride stated that the Department needed evidence and assurance that issues were being addressed. The Trust agreed to provide a response as to the actions been taken to address the controls assurance standards moderate scores for Fire Safety. **Action BHSCT.** Colm Donaghy advised that it would be useful if any lessons learned from the fire at Altnagelvin could be shared with other Trusts. **Action DHSSPS.**

- 2.5 Tony Stevens stated that although there had been improvements in the Decontamination controls assurance standard since last year, a few issues remain. He said that the Trust continues to work closely with Health Estates to address these risks and can demonstrate a progressive approach in dealing with these. He said that in respect of Medicines Management that although there are some areas where improvement is required, the issues are being addressed and there are action plans in place to mitigate against any risks.

3. Quality and Safety

(i) Patient and Client Safety

- 3.1 Michael McBride asked the Trust to outline the steps it takes to confirm that lessons arising from adverse incidents are learnt and disseminated. Tony Stevens advised that within the Trust Assurance Framework there is an SAI Review Board. He said that all SAIs are considered by the Review Board and only closed once it is satisfied that all issues have been addressed. He said that the Trust takes a collaborative approach to ensure lessons are learned. He advised that the Trust is developing an IT solution which is being piloted in the Mater Hospital where every death in BHSCT will be recorded and reviewed.
- 3.2 Michael McBride enquired if the Trust had put in place mechanisms to evaluate improvement initiatives. Tony Stevens confirmed that this was the case through the Trust Quality and Safety improvement plans, linking of SAIs, Safety Alerts and reporting to the Trust Board while clinicians have actively engaged and pulled together.

- 3.3 Colm Donaghy highlighted the tangible improvement in the times for dealing with fractures which demonstrated that the more quickly patients were treated the more effective the outcome.

(ii) Service Effectiveness

- 3.4 Michael McBride highlighted that the BHSCT has remaining action against 12 of the 22 SQSD Circulars and enquired if the Trust was satisfied that any associated significant risks are being managed effectively. Tony Stevens confirmed real efforts were being made in this area and that he was satisfied that associated risks were being managed effectively.
- 3.5 Michael McBride asked what steps the Trust had taken to ensure learning from complaints improved the effectiveness of its services. Tony Stevens advised that the Trust had a Complaints Committee chaired by 2 non-executives. The current process joined up all different types of complaint and a very clear escalation process was in place. He said all learning was cascaded to all levels and was published on the website.

(iii) Patient/ Client Focus

- 3.6 In relation to PPI, Tony Stevens advised that training had taken place for all appropriate groups and that a lot of work on engagement was taking place outside the Trust.

(iv) Discharge of Statutory Functions

- 3.7 Sean Holland commended the Trust on achieving first prize in the PHA Mental Health Patient Experience, Safety Improvement Award 2012 and for demonstrating high levels of compliance with professional supervision standards. He also commended the Trust for appointing a homeless worker at Gateway.
- 3.8 Sean Holland sought assurances that cases assessed as requiring Family Support services are monitored and managed to prevent them drifting towards

increased risk. John Growcott provided assurance that the processes in place are very robust with screening in place to reprioritise when necessary.

- 3.9 In relation to children placed at home, John Growcott advised that the Trust continued to monitor and review the robustness of care planning with regard to this placement cohort to ensure that an individual child's circumstances warranted the maintenance of their looked after status and that their individual placement effectively promoted their welfare.
- 3.10 In respect of kinships, the Trust is currently in the process of completing a review to identify any issues and will develop an action plan to take these issues forward. **Action BHSCT.** Sean Holland reminded the Trust of the need to ensure that robust planning and care arrangements are in place that are based upon and responsive to the assessed needs of children that the Trust has determined require to be looked after.
- 3.11 As the Trust had identified in its DSF report that the majority of its Approved Social Workers (ASW) are over 40 years of age Sean Holland sought assurance that the future need to fulfil Delegated Statutory Functions can be met by appropriate workforce planning and an adequately trained and qualified ASW resource. John Growcott advised that a robust system was in place to deal with the issue including a regional recruitment programme.

4. Resources

(i) Financial Position 2012/13

- 4.1 Julie Thompson welcomed the forecast of break-even but expressed concern that a deficit of £5.1m was being reported at the end of September 2012. She requested details of how the Trust proposed to turn the situation around in the second half of the year.
- 4.2 Martin Dillon advised that the Trust was still forecasting break-even for the end of the year and that the Trust was having continuing discussions with the HSCB. He said that contingency plans were in place to ensure overruns will be addressed. Colm Donaghy also stated that the contingency plans would bring break even and did not believe there would be an impact on patient

care. Paul Cummings stated that 2012/13 had been an extremely challenging year and that the Trust had been able to use vacancy control to address the deficit.

- 4.3 Michael McBride enquired about the effect of absenteeism levels on performance. Marie Mallon advised the Trust had almost achieved the absenteeism target and have set themselves a target to get to 4.6 within the next two years.

(ii) Prompt Payment

- 4.4 Julie Thompson reported that the Trust's prompt payment compliance rate for 2011/12 was 91.5% and that performance for the first six months of 2012/13 had slipped to 88.8%. Martin Dillon advised that the introduction BTSP would improve performance in the long term but in the short term would affect performance, and the Trust were expecting a "blip" in the next couple of months.

(iii) Report to Those Charged With Governance

- 4.5 The Department welcomed C&AG's unqualified opinion of the Trust's financial statements for 2011/12. The Trust confirmed that all Priority 1 and 2 findings are being implemented in accordance with agreed target dates.

(v) Business Cases

- 4.6 Julie Thompson reminded the Trust of the requirement to ensure that proportionate appraisals and business cases are prepared for all expenditure decisions in line with NIGEAE, as per recent guidance (HSC (F) 19/2012) and Andrew McCormick's letter of 2 October 2012. She highlighted the importance of ensuring that all business cases are thoroughly reviewed to ensure they comply with guidance before signing off an onward submission to HSCB for approval.

(vi) Financial Outlook and Risks 2013/14-2014/15

- 4.7 The expected funding gap for 2013/14 and 2014/15 was discussed, and the Department emphasised the need to secure significant efficiency improvements across the HSC.

5. Service Delivery/ Improvement

(i) Performance against 2012/13 Ministerial Targets/ Objectives

- 5.1 Catherine Daly noted those areas of good performance by BHSCT but requested that the HSCB provide its assessment of BHSCT performance against standards and targets, concentrating on those areas where there are challenges.
- 5.2 John Compton stated that the relationship between HSCB and BHSCT is a positive one in which business is undertaken. He stated it was important to acknowledge the improvement in the 12 hour A&E standard and also in the fractures target. He advised that a number of areas of concern remained including the 62 day cancer standard and Mental Health and Learning Disability resettlement targets.
- 5.3 Mary Hinds acknowledged the Trust's performance against the 12 hour unscheduled care target, with 12 hour breaches now being an exception with each breach being scrutinised and learning identified. She recognised the effort and commitment of Patricia Donnelly and her team, and advised that the Trust have plans in place for the winter period. She also indicated that progress is now required in relation to the 4-hour performance.
- 5.4 Colm Donaghy thanked the HSCB for its support, financial and by other means, and Mary Hinds for her role. He said that the Trust had engaged some NHS colleagues from Pennine to look at taking forward some clinical changes. He said therefore he hoped to see marginal improvements over the winter, but more substantial improvements once this period was over.

- 5.5 Michael McBride thanked the Trust for its invitation to meet and acknowledged the significant changes in ways of working and asked the HSCB for the basis of its confidence in the improvement of 4 hour waits.
- 5.6 John Compton believed that the structural changes introduced which resulted in improvements in the 12 hour performance gave confidence that the 4 hour target could be met. He said waiting times were being tracked and the information received so far gave confidence that the Trust was going in the right direction. He said that there would be no complacency and that with regard to winter the HSCB had made agreements with each organisation to ensure progress would continue.
- 5.7 Michael Bloomfield stated that the outpatient standard of 50% in 9 weeks has been maintained although the number waiting over 9 and 18 weeks has increased since the end of March 2012 but with a welcome reduction in September. He said that the HSCB had recently outlined the volumes of delivery required to achieve improvements in waiting times to a maximum of 18 weeks and advised of ongoing discussions between the HSCB and the Trust. He said that inpatient/day cases waiting over 13 and 30 weeks increased since at the end of March 2012 but settled down in September. He said the same process is in place as for outpatients and believed performance should continue to improve in the period to March 2013.
- 5.8 In relation to diagnostics, Michael Bloomfield advised that all Trusts have reported increased referrals to ECHO services and that the HSCB is carrying out an analysis of activity with a view to establishing a more accurate assessment of demand and capacity. He said that the Trust is sourcing additional capacity from the independent sector to reduce waiting times by March 2013.
- 5.9 Dean Sullivan stated that there were more complexities in BHSCT because of the number of specialities and sub-specialities and that it was not always possible to get independent providers to deal with these. He said that there was significant investment going into the Trust in the second half of the year for a number of specialities.

- 5.10 Colm Donaghy felt it was a fair summation of the Trust's position and recognised where there were capacity gaps but stated there was no lack of effort. He also stated that the Trust does not have the available independent sector to call on to plug the gaps.
- 5.11 Michael McBride commended the performance in fractures, notable improvements in live donors, specialist drugs waiting times and endoscopy.
- 5.12 Catherine Daly thanked the HSCB and the Trust for the analysis and emphasised the need for the Department to liaise closely with the HSCB on the demand capacity analysis. She advised that a discussion was needed between the Department and the HSCB around commissioning practices.
- 5.13 Michael Bloomfield stated that there was a particular issue in BHSCT around the 62 day cancer target with a cumulative performance of 73% for the first half of the year, and no evidence of an improving the trend. He said that John Compton had written to all Trusts highlighting concern about the current level of performance. Initially, Trusts had been required to bring down the longest waiting times and he advised that the HSCB was arranging meetings with the Trust dedicated to this target area. He stated that BHSCT has the added factor with late transfers from other Trusts. He advised that the HSCB was working directly with Trusts to bring a renewed focus and improvement for the end of March 2013.
- 5.14 Pat McCartan stated that the Trust Board has continually raised this issue and wants to see significant progress by the end of March 2013. He advised that inter-Trust transfers were causing issues for the Trust which was unacceptable to the Trust Board and that the Trust Board wanted action taken on a regional basis to address this issue by the end of March 2013.
- 5.15 Dean Sullivan said John Compton's recent letter was to ensure a focus on long waits and he believed that there would be an improvement in performance against the 62 day target. He said that the HSCB are to meet separately with the Trust to discuss the issue and that there was no reason to believe that with the appropriate focus there would not be a substantial improvement in performance.

- 5.16 Michael McBride advised that in order to get a sense of the scale of the issue it would be helpful if the HSCB could provide the Department with numbers of those waiting more than 62 days. **Action HSCB.**
- 5.17 Michael Bloomfield reported that in the year to end of September, the Trust has resettled two additional long-stay mental health patients and two additional learning disability patients from hospital to appropriate places in the community. He said there was a lot of focus on this issue and that a number of meetings had taken place with the Trusts and that a meeting was to take place in December with the NIHE to consider how discharges could be expedited for this year and next year.
- 5.18 Catherine McNicholl welcomed the response of the HSCB to meet with Trusts and NIHE and stated that there is a need to identify key obstacles and where efforts need to be concentrated on. She said the key issues were housing, betterment and resistance from family members.
- 6. AOB**
- 6.1 Andrew McCormick thanked the Trust Chair, Pat McCartan, for his contribution to the HSC over the past years and wished him well for the future. He thanked all those present for attending and closed the meeting.

**Commissioning Policy Branch
December 2012**

MINUTES OF BHSCT YEAR ASSURANCE AND ACCOUNTABILITY MEETING**Thursday, 27 June 2013****CASTLE BUILDINGS****PART B****Attendees**DHSSPS

Andrew McCormick
Catherine Daly
Julie Thompson
Michael McBride
Sean Holland
Heather Stevens
Fergal Bradley
Noel Irwin

BHSCT

Eileen Evason
Colm Donaghy
Marie Mallon
Tony Stevens
Martin Dillon
Brenda Creaney
Jennifer Welsh
Brian Barry
Patricia Donnelly
Bernie Owens
Shane Devlin
Catherine McNicholl
Cecil Worthington
June Champion

HSCB

John Compton
Michael Bloomfield
Colin Bradley

1. Welcome and Introduction

- 1.1 Andrew McCormick welcomed those present to the 2012/13 BHSCT of Year Assurance and Accountability meeting.

2. Minutes of previous meeting – 27 November 2013

2.1 It was agreed that there was no further action arising from the previous minutes.

3. Presentation on preventing overweight and obesity.

3.1 Tony Stevens and Brenda Creaney gave a presentation outlining how the Belfast Trust assures itself that sufficient emphasis is being given to taking an integrated approach to preventing obesity across the Trust's services and across the life course of all patients from pre-birth to older people

3.2 In thanking the Trust for their presentation and noting the volume of work being undertaken, Charlotte McArdle asked if any thought had been given to the measurement of outcomes given the long term nature of the project. Tony Stevens confirmed this was ongoing.

4. Corporate Governance

(i) End of Year Governance Statement

4.1 Catherine Daly asked the Trust in relation to the management of maintenance contracts, what the underlying internal control issues are. Martin Dillon confirmed it was the range, complexity and the volume of contracts along with the Trust's capacity to manage each that was the issue.

4.2 He confirmed that Trust had developed a procedure for the procurement of service and maintenance contracts that had been agreed with Health Estates Investment Group. In addition, all present noted that contract monitoring arrangements been reviewed and the Trust is currently putting in place a formal review of contractor performance.

4.3 In response to questioning from Julie Thompson, Colm Donaghy and Martin Dillon confirmed that a risk based action plan was in place to manage this issue.

4.4 Colm Donaghy asked all present to note the inclusion of two new items on the Statement:-

Hyponatraemia Inquiry

This has been included because of the Inquiry's continued impact on the organisation and in particular on those individual who continue to work in the Trust

Asbestos

This has been included because of the proximity of two unrelated events and the continued repercussions for the Trust.

(ii) Limited Assurance / Priority 1 Findings

4.5 In response to questioning from Catherine Daly, Colm Donaghy confirmed the Trust is taking measures to address the issues identified in those audits with limited assurance and that all priority one findings have been accepted and that action plans are in place to address each of them.

4.6 In addition, he confirmed that outstanding Priority 1 and 2 recommendations not been fully implemented from audits carried out in 2010/11 and 2011/12, have action plans in place to address each of them.

(iii) Controls Assurance Standards

4.7 Catherine Daly welcomed the substantive compliance levels achieved by the Trust in all of the pertinent 22 Control Assurance Standards against which they assess.

- 4.8 Colm Donaghy confirmed that against individual criterion where moderate compliance (40-74) has been achieved, the Trust has drawn up action plans to address all weaknesses identified.

(iv) BHSCT Laboratory Out of Hours Services - Temporary Contingency Plan

- 4.9 Catherine Daly asked if the Trust could provide an update on the issue of 24/7 cover for laboratories in the Mater, Belfast City and Royal hospitals.
- 4.10 Jennifer Welsh confirmed the temporary plan set out in previous correspondence with the Department was still in place and was working well in mitigating all identified risks. She could not give a definitive timescale for the duration of the temporary contingency plan but are all present were asked to note that rotas are on a monthly basis to confirm what cover can be provided. She confirmed that both Clinical Pathology Association (CPA) and the Medicines and Healthcare Products Regulatory Agency (MHRA) were aware and content with the temporary Plan.
- 4.11 Colm Donaghy confirmed that MHRA inspections were now being conducted annually again and the implementation of the Contingency Plan has been placed on the Trust's risk register.

5. Safety and Quality

(i) Patient and Client Safety - Learning from Serious Adverse Incidents, Adverse Incidents and Near Misses

- 5.1 In response to questioning from Fergal Bradley, Colm Donaghy and Tony Stevens set out the process for learning from Serious Adverse Incidents, Adverse Incidents and Near Misses, for the rolling out information to Trust staff in and how this is validated. It was noted by all present, this work remains ongoing

- 5.2 Tony Stevens confirmed the Belfast Trust has approximately 26,000 incidents and 100 SAIs a year. He confirmed that arrangements have been put in place for each hospital death and cardiac arrest to be reviewed. Where they met the criterion for an SAI they will be appropriately reviewed.
- 5.3 Both John Compton and Michael McBride acknowledged the cutting edge nature of this work with the close co-operation of the HSCB and PHA.
- 5.4 In response to questioning from Fergal Bradley, Colm Donaghy confirmed that any lessons to be learnt are shared across every Directorate in the Trust and with the other Trusts via the Regional SAI Review Group chaired by the HSCB. Fergal Bradley confirmed the Department would review the assurance papers handed out at the meeting and advise. **Action point: DHSSPS**

(ii) Patient and Client Safety – Improve Patient Safety

- 5.5 In respect to questioning from Fergal Bradley as to how the Trust compares mortality and morbidity outcomes for patients who have emergency surgery with outcomes for the same procedures carried out elsewhere, Tony Stevens confirmed this was done via the Trust's 6 weekly Mortality Review Group where the Trust's performance is compared with other similar bodies across a wide a range of indicators.

(iii) Patient and Client Safety–Implementation of Minimum Standards for Childminding & Daycare for Children under age 12

- 5.6 As background, Sean Holland advised the minimum standards were published in July 2012 and were coming in to effect in September 2013. He advised the aim of the standards was to raise quality in registered childcare settings and ensure regional consistency in the approach to registration and inspection. Fionnuala McAndrew confirmed that much work had been done to introduce a consistent approach to the registration and inspection processes, including the development of implementation guidance and standardised paperwork for all Trusts.

- 5.7 Cecil Worthington confirmed the Belfast Trust was making good progress in preparing for the September implementation date.

(iv) Statutory duty of involvement/Personal and Public Involvement

- 5.8 In response to questioning from Fergal Bradley, Colm Donaghy confirmed the Trust had spent a lot of time developing its PPI Scheme particularly at Board level. In the interests of expediency, he agreed to provide a written update to the Department.

Action point: BHSCT

(v) Discharge of Statutory Functions

Delegated Statutory Work

- 5.9 Sean Holland noted that the HSCT Delegated Statutory Functions Reports for 2012/13 have been submitted to HSCB and asked the Trust to advise what key issues or challenges have arisen throughout the year and whether there are plans in place to address them.
- 5.10 Cecil Worthington advised there were issues around the skills sets required for Trust staff working with adults and the need to expand social services further into the community. He confirmed a review of hospital social workers and community social workers roles would commence later in the year.

Professional Social Work

- 5.11 Sean Holland noted the Internal Audit Unit report on professional social work supervision for the Year Ended 31 March 2013, had identified a number of issues. He asked the Trust to confirm that action plans are in place to address each of the issues. Cecil Worthington advised that there were and this area would be revisited by Trust's Internal Audit Unit in the autumn.

(vi) Mid- Staffordshire NHS Foundation Trust Public Inquiry Report

(The Francis Report

5.12 In response to questioning from Fergal Bradley, Colm Donaghy and Tony Stevens advised that the Trust had undertaken a gap analysis against the Francis Report recommendations and developed an action plan which is now being implemented.

6. Resources

(i) Financial Position 2012/13

6.1 Julie Thompson congratulated the BHSCT's on achieving a surplus of £85k 2012/13.

(ii) Prompt Payment Performance

6.2 Julie Thompson noted that BHSCT's prompt payment compliance rate for invoices paid within 30 days was 86% for 2012/13, a reduction on the 2011/12 figure of 92%. She asked the Trust to take all necessary actions to ensure that the BHSCT's continues to meet the minimum 95% target in 2013/14. Colm Donaghy and Martin Dillon confirmed the Trust would take all necessary actions but noted the impact of the implementation of the Business Systems Transformation Programme (BSTP).

(iii) Financial Position 2013/14 – 2014/15

6.3 Julie Thompson noted the HSC faces significant financial challenges over the next two years, with all areas across the HSC expected to contribute to meeting these pressures and closing the funding gap.

6.4 Martin Dillon confirmed the Trust was working towards a breakeven position during 2013/14. He thanked the Department for the receipt of £6m of bridging finance, on the back of the Trust's for £8m bid. John Compton confirmed the HSCB would continue to monitor the situation and would review at mid –year.

(i) External consultancy

- 6.4 Julie Thompson confirmed DFP has updated their guidance on the use of professional services including external consultants. In particular, DFP have made two significant changes to the treatment of a number of professional services, including Gateway Reviews and IT Health Checks, which are no longer considered external consultancy.
- 6.5 She confirmed that following the PAC's recommendation that the results of PPEs be shared more widely across the public sector to ensure that key lessons can be learnt and examples of good practice are identified and disseminated, lessons learned from PPEs are now discussed at Departmental stock takes and the Department intends to share these with ALBs on a quarterly basis. Martin Dillon and Colm Donaghy noted on behalf of the Trust.
- (ii) Business cases / Single Tender Actions (STAs)
- 6.7 Julie Thompson highlighted the importance of ensuring that all business cases are thoroughly reviewed to ensure they comply with guidance before signing off. Martin Dillon noted on behalf of the Trust.

7. Service Delivery/ Improvement Performance

- 7.1 Catherine Daly set out the context of performance against the elements that comprise the 29 standards and targets set out in the Commissioning Plan Direction 2012 applicable to the BHSCT.
- 7.2 She noted there had been a number of areas of progress during 2012-13, including Hip Fractures, AHP, Elective Care Waiting Times, live donor transplants, NICE approved specialist therapies, people with continuing care needs, learning disability and mental health discharges take place within 7 days; and Number of care leavers aged 19 in education, training or employment.

- 7.3 However she noted there were a number of areas where the targets/standards had not been met – in particular Unscheduled Care (4 and 12 hours), Diagnostic waits and Cancer services (62 days).

Unscheduled Care

- 7.4 Michael Bloomfield reported that during 2012/13 there were 443 breaches of the 12-hour standard across the Trust, with 286 of these in the Royal Victoria Hospital and 146 in the Mater Hospital.
- 7.5 While noting the performance against the 12 hour standard during 2012/13, it was noted that this is a significant improvement compared to 2011/12, when a total of 2,742 patients waited longer than 12 hours. It was also noted that 4-hour ED performance remain well below the required standard.
- 7.6 In respect of both standards going into 2013/14, Michael Bloomfield advised that following the secondment of key members of the ED Improvement Action Group to the Northern Trust, the Board is moving to a new phase of work to address ED performance. This will focus on completion of a regional demand and capacity exercise by the end of July, fortnightly performance meetings with Trusts and a renewed focus on the key actions to improve the unscheduled care patient pathway.

Diagnostic Waiting Times

- 7.7 Michael Bloomfield confirmed that the majority of the breaches of the 9-week standard are in two tests – cardiology (3,271) and neurophysiology (1,470).
- 7.8 In relation to neurophysiology, he advised there has been a continued reduction in the number of patients waiting longer than nine weeks throughout 2012/13 - at the end of March 2013, 1,470 patients, when compared to the number of patients waiting longer than nine weeks (3,515) at the end of March 2012.
- 7.9 Colm Donaghy confirmed the HSCB has allocated recurrent funding to allow Belfast Trust to appoint additional staff (a fourth consultant neurophysiologist and two further clinical physiologists) to this service. He advised that to date,

the Trust has recruited one clinical physiologist. However, it has been unsuccessful in filling the second post and plans to re-advertise.

- 7.10 Colm Donaghy confirmed that in relation to the two consultant neurophysiologists (one new post and one vacancy), the Trust plans to advertise these posts in the next few weeks. It was noted that until such times as these additional posts are in place, the Trust will continue to source additional capacity from the independent sector to further reduce the waiting times.

Cancer Care (62 Days)

- 7.11 Michael Bloomfield confirmed that cumulatively during 2012/13, 75% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days (standard: 95%).
- 7.12 Michael Bloomfield advised that the focus during 2012/13 was to ensure the longest waiting patients are treated and good progress has been made on this priority. Moving forward into 2013/14, the emphasis will be to maintain this position and ensure further progress towards achievement of the 62-day standard (95%).

Clinical Coding

- 7.13 Michael Bloomfield confirmed the HSCB has been working with the Belfast Trust to ensure they attain the required clinical coding standards. He confirmed that following the implementation of these plans, the Trust has committed to achieve at least 98% coverage for 2012/13 activity in their key hospital sites by 31st July 2013 and that this Plan was on track for achievement. Julie Thompson confirmed this was IAD's understanding as well.

8. AOB

8.1 No AOB.

9. CLOSURE

9.1 Andrew McCormick thanked those present for attending and closed the meeting.

HSC Sponsorship Branch

July 2013

**BHSCT 2013/14 MID YEAR ASSURANCE AND ACCOUNTABILITY MEETING -
PART B**

Monday 13th January 2014, Castle Buildings

Attendees

DHSSPS

Andrew McCormick
Michael McBride
Julie Thompson
Sean Holland
Catherine Daly
Heather Stevens
Angela McLernon
Hilda Hagan
Noel Irwin

HSCB

John Compton
Michael Bloomfield
Owen Harkin

BHSCT

Eileen Evason
Colm Donaghy
Marie Mallon
Catherine McNicholl
Cecil Worthington
Jennifer Welsh
Tony Stevens
Brenda Creaney
Martin Dillon
Bronagh Dalzell
Shane Devlin
Brian Barry
Barney McKearney
Maria O'Kane
June Champion

1. Welcome and Introduction

- 1.1 Andrew McCormick welcomed those present to the Trust's 2013/14 Mid-Year Assurance and Accountability meeting. Andrew McCormick thanked the Trust Chairman and Chief Executive for their attendance at Part A of the meeting.

2. Minutes of previous meeting

- 2.1 The progress of action points arising from the 2013/13 End of Year meeting was noted.

3. Presentation on Suicide Prevention and Positive Mental Health

- 3.1 The BHSCT gave a presentation on measures and initiatives being actioned in respect of Suicide Prevention and Positive Mental Health. Michael McBride praised the Trust's close working relationship with FASA (Forum for Action on Substance Abuse) and John Compton noted the strong community element of the Trust's initiatives which could be a model for the rest of the Province.
- 3.2 Sean Holland enquired as to volume of referrals the Trust receives via the Victims and Survivors Agency. Barney McNeaney confirmed there are some referrals. Maria O'Kane advised the Trust had always dealt with this category of patient throughout the duration of the Troubles.

4. Corporate Governance

(i) Mid – Year Assurance Statement

- 4.1 In response to questioning by Heather Stevens, Colm Donaghy confirmed that Action Plans are in place to address any issues that are identified and BHSCT has updated relevant Departmental contacts.
- 4.2 He advised there were a number of other internal control problems which need to be mentioned explicitly:-
- Asbestos and Construction, Design and Management (CDM) Regulations;
 - Urology Recall;
 - Haematology Review; and
 - Significant event in RVH ED on the 8th January 2014.
- 4.3 In respect of the CDM Regulations, Martin Dillon confirmed the issue is now with the Department's Health estates and Investment Directorate.

- 4.4 Jennifer Welsh outlined the current position with the Urology recall. She confirmed that 800 of the 1,280 patients impacted by the recall had received review appointment dates for early to mid February. The Trust is in the process of writing out again to the remaining 280 patients, copied to their GPs, requesting they contact the Trust to set up appointments by the end of February. She confirmed the clinician involved was no longer working inside or outside the Trust and had been referred to the GMC and advised the Trust had set up an SAI Investigation Team, which includes an independent member. In response to a question from Michael McBride, she explained that additional urology clinics were being held in evenings and on weekends to undertake the reviews and that no other service would be delayed by this work.
- 4.5 Against the Haematology Review, Jennifer Welsh confirmed that as each of the patients involved was a frequent user of the Trust services, there was no need to recall each of them. She confirmed that at the date of the meeting, all but 10 have been seen to date by another consultant and the remainder will be seen in a timely manner. She advised the clinician involved no longer worked for the Belfast Trust and that an SAI early alert had been raised, with the clinician involved having been reported to GMC. John Compton advised that he was confident that in this regard the correct process was being followed in all other Trusts.
- 4.6 It was noted that the significant event in RVH ED on the 8th January 2014 was discussed at Part A of the BHSCT 2013/14 Mid-Year Assurance and Accountability meeting.
- 4.7 In response to questioning from Heather Stevens, Colm Donaghy confirmed that there are no other internal control problems or issues that need to be explicitly mentioned.

(ii) Outstanding Priority 1 Audit Recommendations from 2010/11, 2011/12 and 2012/13

- 4.8 In response to questioning by Heather Stevens, Martin Dillon confirmed all outstanding Priority 1 Internal Audit recommendations from 2010/11 had been implemented, 88% of Priority 1 Internal Audit recommendations from 2011/12 had been fully implemented with 12% partially implemented and 65% of Priority 1 Internal Audit recommendations 2012/13 have been fully implemented with 35% partially implemented.
- 4.9 Marie Mallon confirmed the Trust is working with the auditors to understand the findings and recommendations arising from the Agency and Locum Audit and ensure adherence to protocols. She added that the Trust is working with BSO re moving to central appointment of locums and that through BSO the Department had been kept informed. .
- 4.10 Martin Dillon confirmed an Action Plan is in place to address the findings and recommendations arising from the Patients Private Property - Mental Health and Learning Disability Audit.

(iii) Controls Assurance Standards

- 4.11 In response to questioning from Heather Stevens about the introduction of the new Information Management Standard, Shane Devlin advised that the Trust has been working with the Information Commissioner to ensure it will be compliant with the Standard. He confirmed the Trust does not anticipate any major compliance issues.
- 4.12 Colm Donaghy confirmed the BHSCT's risk register is informed fully by the Controls Assurance Standards, including those individual criteria within the standards scored as 'moderate compliance'.

5. Quality including Safety

(i) Statutory Duty of Quality - NIMDTA Visit 28 November 2013

- 5.1 Catherine Daly sought assurance from the Trust that it is actively taking steps to put in place an Action Plan to address the concerns of trainees, particularly any raised in relation to patient safety.
- 5.2 Tony Stevens set out the Trust's concerns around aspects of the conduct of the Review. Colm Donaghy confirmed the Trust had yet to see a final version of the report and were still in discussions with NIMDTA about its findings and recommendations. In the main trainees had raised concerns around consultants' oversight of patient transfers between sites where challenges exist relating to numbers of beds available. He advised that once a final report is issued, the Trust will develop an Action Plan to appropriately manage the findings and recommendations. Both he and Tony Stevens advised that the Trust would effectively manage identified risks to patient safety. Andrew McCormick concluded that this issue would be revisited when the report is finalised in the context of ensuring that issues raised by NIMDTA are taken account of as part of further service improvement.

(ii) Statutory Duty of Quality - medication incidents

- 5.3 Michael McBride noted that during 2012/13, there had been 2205 medication incidents within the Belfast Trust and enquired how learning against each episode was circulated around staff. In response Jennifer Welsh set out the governance and safety structures that make up the Trust's two pronged approach to ensure there is rapid dissemination and quick learning by staff across the Trust in response to each incident, including incident tracking, reports to Directors, monthly services meetings and information bulletins.
- 5.4 Michael McBride noted the Trust's approach to this issue.

(iii) Statutory Duty of Quality - RQIA Reports Review of Mixed Gender Accommodation in Hospitals

5.5 In response to questioning from Michael McBride, Brenda Creaney confirmed the Trust had passed its Action Plan against the recommendation regarding “the privacy, dignity and respect for patients in mixed gender accommodation in hospitals” to the PHA in December 2013, that there are regular audits and reports to the Trust’s Assurance Committee and contributions are made to the Patient and Client Experience Working Group on this issue.

(iv) Statutory Duty of Quality – Complaints

5.6 Michael McBride asked what action the Trust takes to ensure that families are fully involved in the complaints process and how the Trust signposts advocacy and to what organisations?

5.7 Colm Donaghy confirmed the Trust in the first instance always looks to resolve complaints at a local level before escalating to the complaints procedure. At all times the Trust tries to engage with families ensuring they are aware the Trust takes their complaint seriously and in confidence. He added that the SAI process will reflect outcomes of the Hyponatraemia enquiry as the Trust reviews how best to maintain links and dialogue with families. Tony Stevens confirmed that quite often the complaints, SAI and litigation process run in parallel. He confirmed that approximately 250 enquiries were resolved locally without recourse to the formal complaints process..

5.8 Catherine McNicholl pointed out that there are additional layers in place within Mental Health and Learning Disability Services to provide extra support for these complainants and more frequent fact-to-face family contact, and Cecil Worthington acknowledged the system available within children’s service.

(v) Statutory Duty of Quality – Introduction of Regional Fluid Balance and Prescription Charts

5.9 In response to questioning from Michael McBride, Tony Stevens confirmed the Trust has procedures in place for monitoring the implementation of the regional fluid balance and prescription charts in advance of the planned regional audit. Also, he advised the Trust has mechanisms in place to report any issues to the regional working group in case there is learning to be disseminated.

(vi) Statutory Duty of Quality – Patient and Client Experience

5.10 In response to questioning from Angela McLernon regarding implementation of recommendations regarding Patient and Client Experience, Colm Donaghy confirmed that given previous issues around specific Trust ED cases, the Trust considers patient and client experience to be of paramount importance. They both confirmed there are processes in place with accountability through Ms Creaney to Trust Board. Details are included and evidenced by the submission to the Department of the first Quality report under the 2020 Quality Strategy and this will remain an ongoing priority for the Trust. Further, additional actions will continue to be added to the existing Action Plan to reflect changes as a result of lessons learned, for example from recent complaints.

(vii) Statutory Duty of Quality – Supervision of Nurses

5.11 In response to questioning from Angela McLernon, Brenda Creaney advised that during 2012/13, 61% of registered of nurses had received 2 formal supervision sessions and 19% had received 1 session. She advised that there have been issues regarding recording of supervision, which should be resolved when an electronic system is in place. This relates to legacy issues and Ms Creaney confirmed that an Action Plan is in place to ensure this would be addressed during 2013/14.

- 5.12 Mrs McLernon highlighted that at forthcoming accountability meetings it is intended that CNO will seek assurance regarding the implementation of the DHSSPS policy 'Safeguarding Supervision for Nurses'.

In addition the rate of Appraisal across nursing and midwifery staff will be a focus of discussion. Assurance will be sought that this is in place as this will be necessary to support the implementation of Revalidation, which will be a new regulatory requirement for registration of all nurses and midwives from December 2015.

(viii) Statutory Duty of Quality – Residential Care and Child Protection

- 5.13 In responding to questions from Sean Holland, Cecil Worthington confirmed the Trust has adequate and appropriate arrangements in place to safeguard the welfare and safety of its young people within residential care. In addition, he confirmed that children in the Trust's care, who have been assessed as in need of Secure Accommodation but for whom no place is available, are properly protected and their immediate needs adequately met

(ix) Statutory Duty of Quality – Kinship Placements

- 5.14 In responding to questions from Sean Holland, Cecil Worthington confirmed that an Action Plan is in place to reduce the number of kinship placements which do not meet the guidelines within the Trust by the end of the current financial year.

(x) Statutory Duty of Quality – Professional Social Work Supervision

- 5.15 In response to questioning from Sean Holland, Cecil Worthington confirmed the Trust were fully compliant in all areas regarding supervision and compliance with NISCC registration requirements.

(xi) Statutory Duty of Quality – End Year Delegated Statutory Functions Reports

- 5.16 In response to questioning from Sean Holland around arrangements in place to protect young people from sex abuse, Cecil Worthington advised the Trust is very vigilant in this regard, has clear processes in place, works closely with PSNI, carries out regular risk assessments and relevant staff have received appropriate training. He added that there are challenges around provision of secure accommodation and that Belfast Trust is working with the other Trusts to develop a wrap-around Action Plan in this regard.
- 5.17 He advised that there were a number of other challenges for the Trust, most notably the growth in Looked After Children (LAC) provision and around the kinship services. In relation to the latter he acknowledged that some approvals were not in line with guidelines, but, working with the HSCB, new procedures are now in place, an approvals panel has been established, cases must be considered within 12 weeks and the Trust is working to achieve 100% compliance. He also mentioned pressures generally on services (adult & children) and confirmed that legislative requirements are being met and the Trust Board is being kept informed of all pressures. John Compton confirmed HSCB is aware of all pertinent issues. Andrew McCormick concluded by reminding those present it is important to retain the focus on best patient outcomes.

6. Resources

(i) Financial Position 2013/14

- 6.1 Julie Thompson noted the BHSCCT was reporting a deficit of £6.7m deficit at year end, the position consistently reported by the Trust throughout most of the course of 2013/14. Owen Harkin and John Compton both confirmed this was their understanding as well.

6.2 In noting Departmental and HSCB comments, Colm Donaghy confirmed this was a challenging year both for the Trust and the HSC as a whole. He confirmed the Trust's commitment to achieving break even and advised it had placed a ban on administrative overtime. He advised that patient safety would not be compromised. Shane Devlin confirmed the Trust is fully aware that it will not meet the HSCB standard to complete at least 98% of clinical coding for the months October 2013 to March 2014 (i.e. within 2 months following discharge, with all 2013/14 hospital inpatient and day case activity on PAS completed by 31st May 2014).

6.3 Julie Thompson noted the Trust comments and set out her concerns about the impact of reduced clinical coding on the robustness of data provided. Colm Donaghy agreed the need to consider this in more depth with the HSCB.

(ii) Prompt Payment Performance

6.4 Julie Thompson reminded all present that prompt payment of invoices continues to be an area that attracts interest from MLAs and members of the public and needs to be improved. She noted the Trust made only 89% of payments on time during the seven months to the end of October. Martin Dillon confirmed there had been workflow issues with the introduction of BSTP and while the Trust would do their best to the 95% target, realistically performance was more likely to be around 89-90%.

6.5 Julie Thompson noted the Trust 10-day prompt payment target during 2013/14 of 46%, with performance at the end of October standing at 61.4%. She confirmed the Department would like the Trust's target be increased for 2014/15. Martin Dillon noted her comments.

(iii) Financial Issues 2014/15 and 2015/16

6.6 Julie Thompson confirmed that the HSC faces significant financial challenges over the two years to 2015/16, with an estimated funding gap for 2014/15 in

excess of £150m. She advised that further work is required to identify the full extent of pressures for 2014/15 together with the opportunities to deliver the full recurrent savings required.

6.7 Andrew McCormick asked those present to note that if the HSC is to assist the Minister in reaching decisions about the future make-up of HSC services or seeking funding via future monitoring round bids or consultations, it is essential to ensure he is provided with comprehensive, accurate and cogent analysis. He also advised that Trusts would need to make some strategic changes in approach in order to improve performance relating to services delivered.

6.8 All present noted that a budget process for 2015/16 will take place during 2014, requiring substantial input from the entire HSC. Colm Donaghy and Martin Dillon confirmed the Belfast Trust would play a full part in this.

(iv) Revenue Business Cases

6.9 Julie Thompson confirmed that in compliance with DFP guidance, the Department had just completed the revenue test drilling exercise. She confirmed there has been a significant improvement on the previous year. Colm Donaghy and Martin Dillon confirmed the Trust's adherence to published guidance.

(v) Losses and Special payments

6.10 In response to questions from Julie Thompson, Colm Donaghy confirmed that lessons learnt resulting from losses and special payments were disseminated throughout the Trust.

(vi) Mid Year Assurance Statement – Finance

6.11 Colm Donaghy confirmed that that all recommendations made by external and internal auditors have been or are in the process of being implemented.

7. Service Delivery/ Improvement

Performance

- 7.1 Catherine Daly set out the context of performance against the elements that comprise the 28 standards and targets in the Commissioning Plan Direction 2013.
- 7.2 She noted there had been a number of areas of progress during 2013-14 to date, including Healthcare Associated Infections (MRSA and CDiff), Approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis, Stroke patients, Discharge (Mental Health and Disability) and Resettlement of long stay mental health and learning disability patients. However, she noted there were performance challenges in other areas – Elective Care, Hip Fractures, Unscheduled Care waits (both 4 and 12 hour waits), Cancer (62 days) and AHP waits and asked HSCB to give their assessment of the Trust's performance to date.
- 7.3 John Compton set the context to the Trust's performance during 2013/14 to date. He acknowledged the Trust was in the midst of a strategic reshuffle that had impacted on service delivery and performance. He expected that once the changes have bedded down, the Trust's performance would improve. In relation to elective care, he confirmed that performance had been escalated between the two organisations and that an agreement had been reached on the year end position. He stated that while the expected year-end position falls far short of the Ministerial target, it is an improved position compared to what the Trust had forecast a number of months ago, and is realistically the best that be delivered at this late stage of the year.
- 7.4 In respect of Unscheduled Care, he noted there had been an improvement in performance against the 12 standard, however this had deteriorated recently and therefore the issue had been escalated between the two organisations and noted that an Action Plan had been requested by HSCB, which should be agreed by the end of January and will be reviewed in March. Colm Donaghy

noted that in respect of the major incident declared at Belfast's Royal Victoria Hospital on the 8th January only four 12 hour breaches were recorded.

Cancer Care (14 and 31 days)

- 7.5 Michael Bloomfield confirmed that cumulatively in the year to end of October 2013, 100% of urgent breast cancer referrals have been seen within 14 days against a standard of 100% and cumulatively in the year to end of October 2013, 96% of patients received their first definitive treatment within 31 days of a cancer diagnosis against a standard of 98%.

Healthcare Associated Infections (CDiff and MRSA)

- 7.6 Michael Bloomfield confirmed that in the year to end of September 2013, there have been 62 episodes of C. difficile against a target profile to have no more than 65 and eight episodes of MRSA against a target profile to have no more than ten episodes.

Stroke patients

- 7.7 Michael Bloomfield confirmed that cumulatively in the year to end of August 2013, 16% of patients with confirmed ischaemic stroke received thrombolysis against a standard of 10%.

Mental health and Learning Disability

- 7.8 Michael Bloomfield confirmed that cumulatively during the first six months of 2013/14 100% of mental health discharges and 92% of learning disability discharges occurred within seven days of the patient being assessed as medically fit for discharge, against a standard of 99%.

Hip Fractures

- 7.9 Michael Bloomfield advised that cumulatively to the end of September 2013, 87% of patients, where clinically appropriate, received inpatient treatment for hip fractures within 48 hours. This compares with 95% in 2012/13. He noted that some progress had been made, with further improvements expected.

Cancer Care (62 days)

- 7.10 Michael Bloomfield advised that cumulatively in the year to end of September 2013, 80% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days. He confirmed the Trust's performance is impacted by late transfers from other Trusts and that work is ongoing to improve their timeliness. He advised the Trust has continued to have a small number of patients waiting longer than the 95-day backstop but this position is improving.

Unscheduled Care (4 hour)

- 7.11 Michael Bloomfield confirmed that while performance against the 4-hour standard remains below the required level, the trend is an improving one, from 68% in April to 74% during October 2013. Cumulatively in the year to end of September 2013, 75% of patients were treated and discharged home, or admitted within four hours of arrival.
- 7.12 However, in relation to the Royal Victoria Hospital, he noted that cumulatively during the first six months of 2013/14 only, 63% of patients were treated and discharged home or admitted within four hours and this, together with recent 12 hour performance, had prompted the escalation process outlined previously by John Compton.

Unscheduled Care (12 hour)

- 7.13 Michael Bloomfield advised that during the first six months of 2013/14, there have been 106 breaches of the 12-hour A&E standard. He noted the majority of the breaches (91) occurred during April and May and, of these, 84 were at the Royal Victoria Hospital.
- 7.14 He confirmed there has been deterioration since October with 28 breaches of the 12-hour standard in October and 55 in November and this led to the escalation outlined by John Compton.

Elective Care (including Diagnostics)

- 7.15 Michael Bloomfield noted that during the first six months of 2013/14 and into October, the Trust has not maintained the standards to ensure that at least 70% of patients wait no longer than nine weeks for a first outpatient appointment or longer than 13 weeks for inpatient / daycase treatment.
- 7.16 He confirmed the number of patients waiting longer than 9/15/18 weeks for a first outpatient appointment and 13/26/30 weeks for inpatient/daycase treatment has increased considerably during quarters one and two. He advised that while the outpatient position improved in September 2013, at the end of October 2013 the number of patients waiting longer than 9/15/18 weeks for a first outpatient appointment has again increased and the numbers waiting are greater than in 2012.
- 7.17 In relation to inpatient / daycase treatment, he advised the number of patients waiting longer than 13/26/30 weeks for treatment has reduced during October and the position is considerably improved compared to 2012/13. He confirmed that a major factor in the deterioration in the waiting time position during the first half of this year has been the under-delivery of core capacity in a large number of specialties and not fully delivering the approved volumes of additional activity (in-house and in the independent sector).

- 7.18 He confirmed that, of particular concern to the HSCB, is the number of patients waiting longer than 52 weeks - 79 patients were waiting for a first outpatient appointment and 402 patients waiting longer than 52 weeks for treatment and, in a small number of areas, patients have been waiting over two years.
- 7.19 He acknowledged there has been considerable focus on this matter at the regular performance meetings and this had prompted the escalation process outlined previously by John Compton.
- 7.20 In respect of diagnostics, Michael Bloomfield confirmed the number of patients waiting longer than nine weeks for a diagnostic test has reduced from 7,203 at the end of March 2013 to 5,691 at the end of September 2013 (-1,512/21%) He advised that a significant proportion of those waiting longer than nine weeks at end of September 2013 were in Cardiology ECHO (1,786).
- 7.21 He confirmed that the Trust is continuing to undertake the volumes of additional activity (in-house and IS) agreed with the Board to improve waiting times across all tests during 2013/14, subject to the availability of the required level of additional non-recurrent funding in Q3/Q4.

Adult Mental Health - assessment and treatment (9 weeks)

- 7.22 Michael Bloomfield confirmed the number of patients waiting longer than nine weeks to access adult mental health services has increased from 18 at the end of March 2013 to 75 at the end of September 2013 (85 patients waiting longer than nine weeks at end of October 2013). He confirmed the HSCB expects the standard to be achieved by the 31st March 2014.

Psychological Therapies - assessment and treatment (13 weeks)

- 7.23 Michael Bloomfield confirmed that at the end of September 2013, 257 patients were waiting longer than 13 weeks to access psychological

therapies. He advised that the HSCB expects the standard to be achieved by the 31st March 2014.

- 7.24 Colm Donaghy confirmed this was a fair assessment of the Trust's position and acknowledged the assistance of the HSCB throughout the year. He emphasised that the Trust is in the midst of a strategic reshuffle of its services and this has impacted on service delivery and performance. He noted the impact of inter-Trust Transfers on the 62 Cancer standard and difficulties around the 52 week elective care waiting times. Andrew McCormick acknowledged the performance challenges faced by the Trust and HSCB and encouraged continued focus to improve in unsatisfactory areas.
- 7.25 John Compton advised that both organisations have an expectation the Trust's performance against the Elective Care and Unscheduled Care standards will improve and this would be reviewed in mid – February 2014.

8. AOB

- 8.1 No further issues were raised.

9. CLOSURE

- 9.1 Andrew McCormick thanked everybody for attending and closed the meeting.

HSC Sponsorship Branch

March 2014

BHSCT 2013-14 END YEAR ASSURANCE AND ACCOUNTABILITY MEETING**Monday 16th June 2014****CASTLE BUILDINGS****PART B****Attendees**DHSSPS

Andrew McCormick
Julie Thompson
Catherine Daly
Michael McBride
Heather Stevens
Caroline Lee
Christine Smyth
Noel Irwin

BHSCT

Peter McNaney
Marie Mallon
Tony Stevens
Martin Dillon
Shane Devlin
Bernie Owens
Jennifer Welsh
Catherine McNicholl
Cecil Worthington
Moirra Mannion
Bronagh Dalzell
June Champion
Joan Wells (Presentation)
Liz Bannon (Presentation)
Wallace Dinsmore (Presentation)

HSCB

Fionnuala McAndrew
Michael Bloomfield
Owen Harkin

Welcome and Introduction

1.1 Andrew McCormick welcomed those present to the 2013/14 BHSCT End Year Assurance and Accountability meeting.

1.2 Andrew McCormick explained the meeting should be set in context of his letter on the 26th November 2013 which set out a new approach to assessing each ALB's performance.

2. Presentation on Sexual Health and Wellbeing

2.1 Joan Walsh, Liz Bannon and Wallace Dinsmore gave a presentation on how the BHSCT assures itself that sufficient emphasis is being given to sexual health and wellbeing.

2.2 Michael McBride recognised there are challenges in strengthening the linkages between sexual and reproductive health including family planning, GUM and HIV services but did not consider there was the same focus on reproductive health as on sexual health within the Trust.

2.3 Liz Barr and William Dixon set out how the Trust's services interlink and particularly the availability of Family Planning Services. Fionnuala McAndrew confirmed the approach adopted by the Trust is in line with the Regional approach.

3. Minutes of previous meeting

3.1 The progress of action points arising from the 2013/14 Mid Year meeting was noted.

4. Corporate Governance

(i) Governance Statement

- 4.1 Heather Stevens thanked BHSCT for submitting its 2013/14 Governance Statement. In noting the eleven continuing control divergences, she asked what issues led to “Emergency Department” being included on the Statement.
- 4.2 Marie Mallon advised that the reasons are set out in the Governance Statement. She confirmed the Trust has identified waiting times to be seen by a Doctor in the Emergency Department (ED) as a risk and at this time can only give a partial assurance that patients will be seen within the recommended Triage System timing. In addition, she set out the challenges to the Trust in responding to the RQIA Report on the RVH ED.
- 4.3 In respect of the two added control divergences for 2013/14, Heather Stevens asked for the background that led to the Patent Case being included. Martin Dillon confirmed this is an ongoing legal case which relates to the application of patent law to the design of a specialised data centre. He confirmed this is a one –off issue.
- 4.4 Catherine Daly referred to her letter of the 9th June 2014, setting out the Department’s response to the Trust’s Governance Statement, in particular enquiring why the major incident on the 8th January 2014 had not been recorded in the Trust’s Governance Statement. Marie Mallon noted her point and advised the Belfast Trust Annual Report and Accounts 2013/14 were approved by the Trust Board and signed off on Thursday 5th June and subsequently submitted to NIAO on Friday 6th June. She confirmed the Trust is therefore not in a position to make any further revisions to the Governance Statement but will ensure this is considered for future Governance/Assurance Statements.
- 4.5 In referring to Catherine Daly’s letter of the 9th June 2014, Tony Stevens confirmed that all of the families identified in February 2014 have now been fully engaged by the Trust. He confirmed a formal investigation has been initiated through the Leadership Centre, with staff at all levels having been

reminded of their obligations. He explained this had been reinforced with a revised staff leaflet, copies of which were circulated to all attendees.

4.6 In response to questioning from Heather Stevens, Marie Mallon confirmed there are no other internal control problems or divergences which need to be explicitly mentioned. Martin Dillon confirmed that that all relevant contacts in the Department have been updated and that action plans will be drafted and implemented to address issues identified.

(ii) Limited Assurance / Priority 1 Findings

4.7 In response to questioning from Heather Stevens, Marie Mallon and Martin Dillon confirmed that 571 (61%) Priority 1 and 2 recommendations have been implemented, a further 159 recommendations (28%) have been partially implemented and 66 (11%) have not been implemented at all. Martin Dillon confirmed that of the 66 still to be implemented, 24 are Priority 1 Findings.

4.8 In response to questioning by Heather Stevens, Marie Mallon confirmed that action plans have been developed to ensure all of these recommendations will be implemented fully.

4.9 Marie Mallon and Martin Dillon confirmed there is clarity within Trust as to which members of the Executive team are taking responsibility for ensuring that Priority 1 audit recommendations are implemented urgently. She confirmed that progress against each is monitored through the Trust's Audit Committee with progress updates provided at Full Board Meetings and through Audit Committee minutes.

4.10 In respect of Fire Safety for which the Belfast Trust had received a limited assurance audit report, Heather Stevens asked for an update on the current position and sought an assurance that all pertinent actions are being taken by the Trust.

4.11 In response, Martin Dillon confirmed that one of the issues had been whether or not Fire Warden Training had been mandatory. He confirmed that in line with the agreed Action Plan, all formal training would be completed by April 2015. He agreed with Andrew McCormick it was essential this issue is cleared as soon as possible.

(iii) Outstanding Priority 1 Audit Recommendations from 2010/11, 2011/12 and 2012/13

4.12 In response to questioning by Heather Stevens, Martin Dillon said that action plans have been developed to ensure all of these recommendations will be implemented fully.

(iv) Controls Assurance Standards

4.13 All present noted the Trust's 2013-14 procedure for dealing with compliance with the Controls Assurance Standards. Peter McNaney set out the Trust's process in following up on weaknesses identified through the annual Controls Assurance exercise. He confirmed the exercise is conducted by the Trusts Internal Audit Service and depending on the issue, this would inform the Trust Risk Register.

5. Quality including Safety

(i) Culture of Quality Improvement

5.1 In response to questioning from Caroline Lee on the promotion of a culture of improvement within the Trust, Marie Mallon pointed to the Trust's Nursing & Midwifery Strategy published in 2013, which provides a framework for the nursing and midwifery services and the Trust's Human Resources Strategy both of which are designed to deliver high quality, safe and responsive nursing and midwifery care to patients and their carers for the next three years.

- 5.2 Tony Stevens stated that the Trust continues to promote active public and patient involvement to ensure that the needs of patients, relatives, visitors and carers are met. He further pointed to publication of the Belfast Trust's first Annual Quality Report in January 2014 which confirmed, amongst other things, that the Trust has 5% fewer deaths than expected and 6% fewer than in similar acute teaching hospitals. He added that during the previous year, 95 SAls were investigated and through these the Trust has developed staff education and training, changed practice and revised existing protocols to further reduce avoidable harm.
- 5.3 In addition Marie Mallon pointed out the Trust low incidents of CDiff and MRSA infections during 2013/14. Peter McNaney pointed to the Trust's successful retention of its Investors in People Accreditation, enabling the organisation to drive forward a culture of continuous improvement which will bring about benefits for service delivery.

(ii) Patient and Client Experience (RQIA Reviews)

- 5.4 In response to questioning from Caroline Lee, Marie Mallon confirmed the Trust is continuing to roll out training to ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable adults as part of induction and mandatory training. Tony Stevens confirmed that such training is approx 82% complete at the date of the meeting. Michael McBride reminded Trust reps of the need to ensure that NICE guidance is used as the basis for compliance.
- 5.5 In response to questioning from Caroline Lee in respect of recommendations from the RQIA Review of Hospitals at Nights and Weekends, Marie Mallon confirmed the Trusts is still considering the establishment of an emergency nursing team model at nights / weekends to facilitate responses to short term requirements for additional cover. She agreed to come back to the Department with an update.

Action Point: BHSCT

(iii) Culture of Openness and Transparency

5.6 In response to questioning from Caroline Lee, Tony Sevens outlined the actions the Trust Board and Trust Senior Management takes to ensure there is an ongoing culture of openness and transparency. He set out how all child hospital based deaths within the Trust are reported as SAIs and how this process assists identifying learning, even when it is not clear that something went wrong with the treatment or care. He outlined how the Trust's engagement with, and involvement of patients, clients, service users, carers and the public is leading to a positive impact on the delivery of services. Finally he confirmed that learning points arising from serious incidents are circulated around all pertinent staff.

5.7 Marie Mallon confirmed that Trust staff are continuously reminded about their obligations. Cecil Worthington confirmed that on the Social Services side peer review of case management is an important benchmarking tool and this was designed to foster an open, transparent, learning culture to deliver the best possible services.

5.8 In respect of the Trust's Personal and Public Involvement (PPI) Scheme's contribution to the culture of openness and transparency, Marie Mallon confirmed the Trust had established a "PPI Steering Group" to co-ordinate PPI activity. She confirmed this Group has a membership drawn from Trust Service Groups and a range of Community, Service User, Carer and Patient Groups.

(iv) Delivering Care: Nurse Staffing Levels in Northern Ireland

5.9 In response to Caroline Lee, Moira Mannion confirmed the Trust is fully committed to taking forward all aspects of the CNO's "Delivering Care" framework. She also confirmed the Trust would submit six monthly progress reports to the Department through the PHA and HSCB.

(v) Health Visiting

- 5.10 In response to questioning from Caroline Lee, Cecil Worthington confirmed that Health Visiting is a high priority for the Trust and set out the remedial action the Trust is taking to ensure it remains on track to deliver the recommendations of “Healthy Futures”.
- 5.11 Cecil Worthington confirmed the issue is now in the Trust’s Risk Register as the Trust is currently at 20% down on relevant staffing levels. He outlined the ongoing talks with the PHA, which would be conducting an inspection of the Trust service in the autumn.
- 5.12 Cecil Worthington also outlined safeguarding issues around staffing the rollout of the programme, which is monitored by the HSCB on a monthly basis. Marie Mallon confirmed the Trust is fast tracking programme placements to ensure it has sufficient resources.
- 5.13 Caroline Lee advised that the Department would be writing to the Trust to seek written assurances that it remained on track to deliver the recommendations of “Healthy Futures” as set out in the five year action plan.

(vi) Safeguarding Supervision (Nurses)

- 5.14 Caroline Lee asked the Trust if the Safeguarding Supervision Policy Framework for Nurses issued by the CNO in February 2011 was in place yet. Moira Manning confirmed it is.
- 5.15 All present noted the PHA would be writing to the Trust seeking assurances that it would be fully compliant with this policy by 31 March 2015. Mare Mallon confirmed the Trust would be in such a position.

(vii) Delegated Statutory Functions

Iveagh Centre

- 5.16 In respect of the Iveagh Centre, Christine Smyth confirmed the RQIA has issued a number of Improvement Notices, under Article 39 of the HPSS (Quality Improvement and Regulation) (NI) Order 2003, to the Belfast HSC Trust in respect of failings to meet quality standards relating to the care of young people at the Centre. In particular, Ms Smyth highlighted professional concerns regarding the use of restraint in the Centre.
- 5.17 Marie Mallon and Catherine McNicholl acknowledged the seriousness of the situation and confirmed that the Trust would take action to rectify the situation. Catherine McNicholl acknowledged that there had been staffing issues, including inadequate input from psychology, social work and other specialism's over the past 18 months the Centre which had impacted on the service provided and that staff recruitment had been slower than anticipated.
- 5.18 She confirmed a senior manager and social worker from Muckamore has been seconded into Iveagh to assist in addressing the issues. She confirmed the Trust is focused on achieving the agreed action plan.
- 5.19 Cecil Worthington acknowledged there were a number of clients using the Centre who had very challenging sets of behaviour. Catherine McNicholl confirmed the Trust's response to the RQIA would be comprehensive and would take account of dealing with restrictive practices.
- 5.20 Peter McNaney confirmed that any responses would be overseen by the Trust Board. Andrew McCormick confirmed he wanted to see a response from the Trust at a very early stage and Marie Mallon agreed this would be provided as soon as possible.
- 5.21 Fionnuala McAndrew confirmed the HSCB would make funding available to take account of the longer term arrangements for the Centre.

Unscheduled Care

- 5.22 Christine Smyth asked the Trust for an update on the actions being taken to ensure the adequate provision of domiciliary care and other social care provision to avoid unnecessary pressure throughput of patients and on the ED that could be created by delayed discharges.
- 5.23 Catherine McNicholl advised lack of domiciliary care has not featured highly as a factor in delayed discharges. Managing complex discharges and repatriation of patients to other Trusts are more challenging. Ms McNicholl advised that the Trust is reviewing its domiciliary care providers, following an incident where a small provider was unable to provide a weekend service due to lack of staff, with the aim of moving to a smaller number of providers to provide a more resilient service.

Child Sexual Exploitation

- 5.24 Christine Smyth enquired what actions the Trust is taking to ensure it responds effectively to children and young people known to social work services who may be vulnerable to Child Sexual Exploitation and, in particular, what actions have been taken to strengthen child protection for young people in the care system.
- 5.25 In response, Cecil Worthington confirmed the Trust has adequate and appropriate arrangements in place to safeguard the welfare and safety of its young people within residential care. He confirmed the Trust's strengthening of relationships with the PSNI, with which he and the rest of the HSC meet on a monthly basis through the Social Services Management Group, where this issue is discussed.

Work force issues

- 5.26 Christine Smyth asked the Trust to provide assurance that there are currently sufficient social workers, including ASWs, within mental health services to discharge its delegated statutory functions responsibly, and what plans are in

place going forward to ensure an adequate supply of social work expertise within these services.

- 5.27 Cecil Worthington confirmed there are sufficient ASWs at this point and confirmed that plans are in place to fill vacancies going forward.

End year Delegated Statutory Functions Reports

- 5.28 Christine Smyth asked the Trust what key issues or challenges have arisen throughout the year and what plans there are to address these.

- 5.29 Cecil Worthington noted the increasing demands being placed on the Trust, in particular and increase in adult safeguarding referrals. He commented on the strong performance of hospital social work in managing a greater number of hospital patients at the same time as the roll out of the TYC and that Finance is a growing pressure within the system.

(viii) Diabetic Retinopathy

- 5.30 Michael McBride sought assurances that the Trust is on target to return to normal service by July 2014 and asked what long term measures have been identified and put into practice to avoid a recurrence, to create resilience and to modernise the Diabetic Retinopathy Screening programme.

- 5.31 Jennifer Welsh confirmed the backlog would be cleared by the end of July 2014, with a normal service resuming thereafter.

(ix) Letter of concern – Professor Karen Middleton, Chief Executive Chartered Society of Physiotherapists - 19th March 2014

- 5.32 Caroline Lee sought Trust comments on the issues raised in this letter. Marie Mannion confirmed the Trust had responded to Professor_Middleton's queries on the 6th May 2014 and on request had provided the CNO with a copy of all correspondence, on 15th May 2014. She confirmed the Trust's response to Professor Middleton set out how the Trust engages with its professional staff,

the process by which staff may raise their concerns about service provision and an update on the recruitment position.

5.33 Marie Mallon confirmed that 20 WTE Physiotherapy posts have since been filled by the Trust.

6. Resources

(i) Financial Position 2013/14

6.1 Julie Thompson noted that BHSCCT is reporting a small surplus of £112K in its 2013/14 draft accounts for the period to the end of October 2013 and a small surplus of £0.3m at the end of 2013/14. This was to be welcomed, including the consistency of reporting during 2013/14..

(ii) Financial Issues 2014/15 and beyond

6.2 Julie Thompson confirmed that the HSC faces significant financial challenges during 2014/15 and beyond, pointing to the unresolved funding gap in 2014/15 of over £160m against the assessed level of need.

6.3 All present noted the outcome of the June 2014 monitoring round was still outstanding with no guarantee of additional in-year assistance. Andrew McCormick advised that all HSC organisations are therefore expected to take all necessary measures to secure financial breakeven in 2014/15. Both Julie Thompson and Andrew McCormick noted it is paramount that front line services are protected and that patient/client safety is not compromised.

6.4 In response to questioning from Julie Thompson, both Owen Harkin and Martin Dillon confirmed the Trust is planning to ensure that a deficit of no more than £27m is achieved by year end in line with Financial Planning parameters agreed with the HSCB. This was prior to further considerations from the June monitoring outcome and ultimately there was a need for the Department to break even.

6.5 Andrew McCormick set the scenario for the longer term, the increasing funding gap and difficult choices that face the Executive. He confirmed that achieving the Savings Plans is an important part of the process.

6.6 Peter McNaney agreed that the whole of the HSC is operating in very difficult times and noted the importance of the outcome of the June Monitoring Round. Although only in post for a short while, he was confident the level of collaboration right across the Trust and up to Board level is key to greater effectiveness. He advised both he and the Trust's Non Executive Directors (NEDs) are fully aware of the need to assist the Minister in reaching decisions about the future configuration of services.

(iii) Prompt Payment Performance

6.7 Julie Thompson noted that BHSCT's prompt payment compliance rate for invoices paid within 30 days was 84% during 2013/14, against the 95% standard.

6.8 Against the ten day prompt payment target, Julie Thompson noted the BHSCT target for 2013/14 of 46%, with performance at 62% during the year.

6.9 In response Martin Dillon confirmed the Trust's 2014/15 ten day payment target would be more challenging. He set out Trust concerns and experiences with the implementation of BSTP and advised it had drawn up Action Plan with BSO to improve performance.

6.10 In noting Trust concerns Julie Thompson and Andrew McCormick emphasised the importance of this issue and the need to resolve any outstanding issues with BSTP directly with the senior management of the BSO.

(iv) Revenue Business Cases

6.11 Julie Thompson highlighted the importance of ensuring all business cases are thoroughly reviewed before signing off to ensure they comply with guidance. Martin Dillon confirmed the Trust is compliant with guidance set out in HSC (F) 34/2013, with all such cases are reviewed by the Trust's Board.

(v) External Consultancy

6.12 Julie Thompson confirmed that DFP has just commissioned the 2013/14 Test Drilling Exercise and the Department will shortly be requesting information in relation to this. Martin Dillon and Marie Mallon confirmed the Trust understood the importance of liaising with DHSSPS Financial Policy Branch on a timely basis on this exercise.

(vi) Losses and Special Payments

6.13 Julie Thompson asked Belfast Trust to note HSC (F) 50/2012, which sets out guidance on losses and special payments. In noting the Belfast Trust losses and special payments for 2013/14, Martin Dillon confirmed the Trust Board is aware of the importance of having processes and procedures are in place to prevent recurrence of any such incidents.

(vii) Capital Priorities Review

6.14 Julie Thompson confirmed the Capital Priorities Review has gone to the Minister, following discussion by Chief Executives on the 28 April 2014. She sought and received an assurance from the BHSCT that all pertinent Business Cases would be submitted on time in year.

(viii) 2013/14 Capital Underspend

6.15 Julie Thompson advised that the provisional outturn for the 2013/14 capital programme showed an underspend of £10.1m, of which £400k was directly attributable to the Belfast Trust. She confirmed the Department is keen to

avoid a repeat during 2014/15 and recommended BHSCT reviews its budget management processes. Martin Dillon agreed to do so.

(ix) 2014-15 Expenditure

6.16 Julie Thompson advised it is important for the Trust to ensure that any Business Case for a 2014-15 Executive funded project is progressed promptly, to ensure relevant expenditure is incurred in year, otherwise funding could be lost.

6.17 Martin Dillon noted this and confirmed ongoing discussions with Health Estates Investment Group (HEIG).

(x) Head of internal Audit Report

6.18 Julie Thompson noted that an Internal Audit review of procurement and contract management arrangements within estates had received a limited assurance assessment. She noted with the Department's concern with the critical nature of these issues and sought assurances from the Trust that all the capital funds allocated to it would be tendered, procured, contracted for and spent in year in line with requirements.

6.19 Martin Dillon noted the Department's concerns and confirmed this would be case during 2014/15.

(xi) HEIG Transfer

6.20 All present noted the transfer of the HEIG to DFP at October 2014.

7. Service Delivery/ Improvement

Performance

- 7.1 Andrew McCormick set out the context behind his letter of the 26th November 2013 which confirmed a new approach to performance management. In particular he confirmed each Trust would be subject to an end of year assessment, with input from the HSCB and PHA.
- 7.2 Catherine Daly confirmed the Department looks to the HSCB to implement a comprehensive framework for performance management and service improvement which adequately monitors HSC performance against Commissioning Plan targets and standards and to provide appropriate assurance to the Department and the Minister about their achievement.
- 7.3 She confirmed the Department expects HSCB to address poor performance promptly and effectively through intervention and, where necessary, the application of sanctions. She asked the HSCB to provide an overall assessment of the Trust's performance, with a focus on the following key areas:-
- Cancer Care (14 and 62 Days)
 - Unscheduled Care (4 and 12 hours);
 - Elective Care (Outpatients and Inpatients / Daycases); and
 - Mental Health (Psychological Therapies)
- 7.4 In response, Michael Bloomfield set out those standards / targets where performance was progressing- Cancer (14 and 31 Days), HCAI (CDiff and MRSA), Specialist Drug therapies (for Arthritis and Psoriasis), patients receiving Thrombolysis, Discharge (Mental Health, Learning Disability and Non- Complex), Resettlement (Mental Health and Learning Disability) and CAMHS.
- 7.5 Michael Bloomfield then turned to those standards / targets where performance has been a challenge during 2013/14.

Unscheduled Care

- 7.6 Michael Bloomfield confirmed the Trust's performance against the 4-hour standard cumulatively during 2013/14 was 73%, compared with 71% during 2012/13.
- 7.7 In relation to performance against the 12-hour standard, Michael Bloomfield confirmed that 517 patients waited longer than 12 hours during 2013/14, compared to 426 during 2012/13. He advised the majority (79%) of the breaches of the 12-hour standard in 2013/14 occurred during the second half of the year at the Royal Victoria Hospital.
- 7.8 Michael Bloomfield confirmed that given the deterioration in 12-hour performance in Belfast Trust, escalated performance measures between the Board and Trust were put in place from October 2013 and the Trust has submitted a plan of urgent actions to bring about a significant improvement in its 4-hour and 12-hour performance.
- 7.9 Michael Bloomfield stressed the importance of the Trust delivering substantially improved performance during 2014/15.

Cancer Services (62 Days)

- 7.10 Michael Bloomfield advised that during 2013/14, 79% of patients urgently referred with a suspected cancer began their first definitive treatment within 62 days, which was an improvement from 75% during 2012/13. He noted that during 2013/14, there was an increase in the number of people referred as a red flag suspect cancer which resulted in challenges to providing timely outpatient access and contributed to poorer performance against the 62-day standard.
- 7.11 He also pointed to the challenges experienced by the Trust by late Inter Trust Transfers (ITT), which had an impact on performance during 2013/14 but advised the HSCB expected to see further improvements during 2014/15 given the resources in place.

Fractures

- 7.12 Michael Bloomfield confirmed that during 2013/14, 87% of patients, where clinically appropriate, received inpatient treatment for hip fractures within 48 hours.
- 7.13 While acknowledging there had been an increase in demand for hip fracture services during 2013/14, he confirmed the HSCB assessed that the Trust had sufficient resources to maintain the 95% standard. He advised HSCB would continue to work with the Trust to improve performance.

Elective Care (Outpatients / Inpatient or Daycase Treatment)

- 7.14 Michael Bloomfield advised that at the end of March 2014, 60% of patients were waiting less than nine weeks for a first outpatient appointment, compared to 76% at end of March 2013. In addition he confirmed that at the end of March 2014, 54% of patients were waiting less than 13 weeks for inpatient or daycase treatment compared to 58% at the end of March 2013.
- 7.15 He confirmed that although a number of patients (394) in a small number of specialties were waiting longer than 52 weeks at the end of March 2014, the Trust broadly achieved the previously forecast position. He asked all present to note that a major factor in the deterioration of the waiting time position during 2013/14 was the significant underdelivery of core capacity in a large number of specialties and failure to deliver fully the approved volumes of additional activity (in-house and in the independent sector).
- 7.16 Michael Bloomfield noted that in specialties where there is a continued material underdelivery of core capacity, HSCB has arrangements in place to withdraw an element of funding pending demonstration by the Trust that specialties are delivering in full the required volumes of activity. In the first three quarters of 2013/14, the Board withdrew funding totalling £1.06m from the Belfast Trust in a number of specialties where there had been a continued underdelivery of core capacity. He confirmed HSCB will shortly be reviewing the delivery of core position for quarter four and will be writing to confirm the withdrawal of funding in any specialties previously highlighted to the Trust

where there has been a continued underdelivery of agreed levels of core activity.

- 7.17 Fionnuala McAndrew confirmed that given the end of year waiting time position, the Board has written to all Trusts requiring them to have plans in place to reduce, by no later than end of September 2014, the waiting times in specialties with patients currently waiting beyond 15/26 weeks. In addition she advised that, to ensure elective care waiting times do not deteriorate moving through 2014/15, HSCB has confirmed the volumes of additional activity to be undertaken by Trusts (in-house and, where appropriate, in the independent sector) during quarters one and two, taking account of increased demand. Both she and Michael Bloomfield emphasised the need for Trusts to deliver fully the agreed volumes of core elective activity across all specialties.

Elective Care (Diagnostic Testing)

- 7.18 Michael Bloomfield confirmed that the number of patients waiting longer than nine weeks had reduced at the end of March 2014 (5,145) as compared to the position at the end of March 2013 (7,203). He also confirmed that the HSCB expects the Trust to secure further improvement moving through 2014/15.

AHPs

- 7.19 Michael Bloomfield confirmed that the number of patients waiting longer than nine weeks increased at the end of March 2014 (1,359) as compared to the position at the end of March 2013 (52). He advised the Belfast Trust had introduced vacancy control measures in AHP services from September 2013, and this has contributed to the increase in waiting times.
- 7.20 He confirmed that a review of the AHP data definitions has been completed and HSCB / PHA are finalising the information systems and processes required to gather consistent and accurate demand and activity data for monitoring purposes.

Hospital Discharges

- 7.21 Michael Bloomfield advised that cumulatively during 2013/14, 64% of complex discharges from an acute hospital took place within 48 hours, compared to 68% during 2012/13. In addition, he advised that 362 hospital discharges during 2013/14 took longer than seven days. He confirmed this continues to be a challenge for the Trust.
- 7.22 Marie Mallon thanked the HSCB for its continuing work with the Trust and Michael Bloomfield for his balanced assessment of performance. She confirmed the RVH site could and will perform better against the 4 and 12 hour standards but asked all present to note the continuing issue of recruiting practitioners for the Trust's "Out of Hours Service" as we move through 2014/15. Shane Devlin and Tony Stevens confirmed the Trust's current focus is on improving ED performance, discharge arrangements and the impact on patient flow but not at the expense of patient safety.
- 7.23 Michael McBride sought clarification on the end of year Elective Care figures and particularly the Trust's underdelivery of core capacity in a number of specialties. Shane Devlin advised that the Trust did not agree with the volumes in a number of Service and Budget Agreements (SBAs).
- 7.24 Michael Bloomfield advised that the SBAs were based on a combination of previous volumes of activity delivered by the Trust, and a robust demand and capacity model applied consistently across all Trusts. He set out the HSCB's rationale for withdrawing funding from Trusts where specialties are not delivering in full the required volumes of activity. He outlined the extent of under-delivery by the Trust during 2013/14, and stressed the importance of the Trust urgently addressing this. Andrew McCormick advised that the system is not set up for an impasse and that the issue should either be resolved by the HSCB / Trust or escalated to the Department. He confirmed the Department's default position in such disputes is to support the Commissioners view unless the evidence suggests otherwise.
- 7.25 Peter McNaney noted the comments by HSCB and the Department. He confirmed the Trust Board would revisit this issue at the next Board Meeting.

8. AOB

8.1 No issues were raised.

9. CLOSE

9.1 Andrew McCormick closed the meeting and thanked everybody for attending.

9.2 Peter McNaney and Marie Mallon thanked Andrew McCormick for all his hard work, support and guidance to the Trusts and the wider HSC during his tenure as Chief Executive of the HSC and wished him very success for the future.

HSC Sponsorship & Performance Branch

July 2014

BHSCT 2017/18 MID YEAR ACCOUNTABILITY MEETING**Thursday 21 December 2017, Castle Buildings****Attendees**DoH

Richard Pengelly

Deborah McNeilly

Jerry Mulholland

BHSCT

Peter McNaney

Martin Dillon

1. Welcome and Introduction

- 1.1 Richard Pengelly welcomed the BHSCT Chair and Chief Executive to the 2017/18 Mid-Year Accountability meeting and acknowledged that the ground clearing meeting had covered quite a few issues.

2. Performance/Productivity

- 2.1 In response to Richard Pengelly's question on performance improvement trajectories, Martin Dillon confirmed that the agreed trajectories are stretching but achievable. Peter McNaney welcomed their introduction and said these now make targets more meaningful and manageable and allow Trust Boards to more meaningfully monitor performance.
- 2.2 Martin Dillon provided an assessment on the effectiveness of 100% challenge days and said that overall they are effective as following each event more and more of the improved performance is being sustained. The constraints are whenever the focus on patient flow has to change, for example in the case of the Trust having 41 fracture patients requiring treatment following the recent bad weather.
- 2.3 Martin Dillon advised that the issues around SBA queries with the HSCB are reducing and relate only to a small number of specialties. He made the point that as long as they are comparing like with like the Trust internally seeks to improve on the previous year's performance which is deemed as a fairer

method of measuring performance. Richard Pengelly said that he would prefer a much sharper focus to be on performance by the Trust, rather than an exclusive focus on the Ministerial waiting time target (which is heavily influenced by demand, and can thus distort actual trust issues).

Cancer

- 2.4 Martin Dillon said that in relation to the 62 day target there are major capacity issues around a small number of specialties including urology and that this is an ongoing issue. Richard Pengelly referred to other Trusts whose performance had dipped in August which have been attributed to the leave season. Martin Dillon advised that the clinical director within the BHSCT ensures that performance is unaffected by the appropriate managing of staff leave.

C Difficile

- 2.5 Richard Pengelly acknowledged the improvement and the reduction in the numbers of cases compared to last year.

Other

- 2.6 Deborah McNeilly explained that the WHSCT flagged at their mid-year ground clearing meeting a clinical governance issue around Mr Hunt's review patients (Neurology) following the retraction of his outreach clinic by BHSCT. New patients have been assigned to WHSCT consultants but Mr Hunt's review patients, who were the responsibility of the BHSCT, do not have new management plans in place and WHSCT does not have the capacity to subsume these reviews. Martin Dillon said he was aware of this six months ago but he hasn't heard anything recently and agreed to establish the latest position. **Action Point: BHSCT**
- 2.7 There was a discussion on collaboration between Trusts and Martin Dillon assured the Department that where the BHSCT has capacity to help it will not be found wanting.

3. Maternity & Children's Hospital Projects

- 3.1 Richard Pengelly expressed concern about the significant costs increases, timeliness in communications and lack of detail in the lessons learned paper recently submitted by the Trust in respect of Children's and Maternity Hospital project.
- 3.2 There was a discussion around CPD's role in the project including the integration of Health Estates within DoF. Martin Dillon said that the Trust relies on CPD to provide the necessary expertise as this is not available "in house". It was agreed that the Trust as the client should be prepared to challenge the CPD design team as when it is appropriate to do so.
- 3.3 Martin Dillon agreed to address the concerns raised by the Department.

Action Point: BHSCT

4. 2017/18 Financial Position

- 4.1 Deborah McNeilly advised that allocation letters had issued at the start of this week however letters relating to the £26m for pay increases are still to be issued. She said that amounts for Trusts had been agreed for the £7m elective care and £7m for winter pressures. Martin Dillon said that the Trust had assumed this was the case and was already starting to process.
- 4.2 Deborah McNeilly advised that, based on latest estimates, overall the system is currently in balance and all Trusts are on track to breakeven. Peter McNaney acknowledged the work carried out in this area by Deborah McNeilly alongside Martin Dillon and Maureen Edwards.

5. 2018/21 Financial Outlook

- 5.1 A discussion took place on the briefing paper just published on the Budgetary Outlook for NI including how to address the shortfall in 2018/19 and 2019/20. It was acknowledged that a wider debate was needed as to where and how we spend money as a society and how services should be funded on a sustainable basis.

5.2 Peter McNaney expressed concern at the idea that a similar process to the last public consultation exercise would be carried out this time as a means to addressing funding gaps. It is his view that both a strategic approach and a greater level of engagement from all of the HSC is required in order to deliver a balanced budget. He also stressed the need for clarity on what is to be achieved and the differences that this will make. Richard Pengelly underlined the point that there was considerable HSC engagement in relation to 2017/18 requirements especially at Chief Executive level. The timing of a Budget outcome was discussed, including the importance of timely notification of budgets to Trusts, so that early action can be taken to live within available funding.

6. AOB

6.1 Martin Dillon and Peter McNaney gave a brief outline of the Trust's New Directions document which sets out a future configuration for acute services within the Trust.

6.2 Peter McNaney gave an assurance that in relation to the issue at Muckamore Abbey Hospital, the Trust has introduced additional measures and is confident of the ongoing safety and care of the patients in the hospital.

6.3 Richard Pengelly informed the Trust that he would be writing to them about a letter received from Jim Wells regarding alleged vile comments made by a BHSCCT employee on Twitter. Martin Dillon agreed to investigate on receipt of correspondence.

7. Closing

7.1 Richard Pengelly thanked the Chair and Chief Executive for their attendance and closed the meeting.

HSC Sponsorship Branch

December 2017

Summary Action Points

Para	Issue
2.6	<p>Deborah McNeilly explained that the WHSCT flagged at their mid-year ground clearing meeting a clinical governance issue around Mr Hunt's review patients (Neurology) following the retraction of his outreach clinic by BHSCT. New patients have been assigned to WHSCT consultants but Mr Hunt's review patients, who were the responsibility of the BHSCT, do not have new management plans in place and WHSCT does not have the capacity to subsume these reviews. Martin Dillon said he was aware of this six months ago but he hasn't heard anything recently and agreed to establish the latest position.</p> <p>Action Point: BHSCT</p> <p>The Trust have been in correspondence with the Chief Executive of the Western Trust regarding this matter and are awaiting their response.</p>
3.1 3.2 3.3	<p>Maternity & Children's Hospital Projects</p> <p>Richard Pengelly expressed concern about the significant costs increases, timeliness in communications and lack of detail in the lessons learned paper recently submitted by the Trust in respect of Children's and Maternity Hospital project.</p> <p>There was a discussion around CPD's role in the project including the integration of Health Estates within DoF. Martin Dillon said that the Trust relies on CPD to provide the necessary expertise as this is not available "in house". It was agreed that the Trust as the client should be prepared to challenge the CPD design team as when it is appropriate to do so.</p> <p>Martin Dillon agreed to address the concerns raised by the Department.</p> <p>Action Point: BHSCT</p>