



Belfast Health and Social Care Trust

Minutes of the Trust Board Meeting held on Thursday 1 May 2014 at 10.00 am in the Boardroom, Trust Headquarters Belfast City Hospital

PRESENT:

Mr Peter McNaney	Chairman
Mr Colm Donaghy	Chief Executive
Mr Les Drew	Non-Executive Director
Mr T Hartley	Non-Executive Director
Mr Charlie Jenkins	Non-Executive Director
Dr Val McGarrell	Non-Executive Director
Mr J O'Kane	Non-Executive Director
Mr Martin Dillon	Director of Finance
Dr Tony Stevens	Medical Director
Mr Cecil Worthington	Director Social Work/Children's Community Services

IN ATTENDANCE:

Mrs Marie Mallon	Deputy Chief Exec/Director of Human Resources
Mr Brian Barry	Director Specialist Hospitals and Women's Health
Mr Shane Devlin	Director Performance, Planning and Informatics
Mrs Moira Mannion	Director of Nursing and User Experience (Acting)
Ms Catherine McNicholl	Director Adult Social and Primary Care
Mrs Bernie Owens	Director Unscheduled and Acute Care
Mrs Jennifer Welsh	Director of Surgery and Specialist Services
Mrs Bronagh Dalzell	Head of Communication
Mrs June Champion	Head of Office of Chief Executive (Acting)
Dr Ken Lowry	Consultant Radiologist, HSCB
Mr Aidan Mairs	Consultant in Public Health Medicine/ Director of Quality Assurance Reference Centre, PHA

APOLOGIES:

Professor Eileen Evason	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience

Mr McNaney welcomed everyone to the meeting.

Speaking Rights

Mr McNaney advised that he had received and granted a request for speaking rights from Mr Stephen McCarroll and Mr Ian Houston, Surgical Systems Ireland Ltd. (SSI) to address the Trust Board. He then welcomed Mr McCarroll and Mr Houston and invited them to make their presentation.

Mr McCarroll thanked the Chairman for the opportunity to address the Board and explained that the presentation was regarding late payments. He explained that in January 2009 the then Director of Finance had refused to pay 191 late payment claims issued by SSI and alleged at that time SSI had been subjected to intimidation and bullying by the Trust.

He further alleged that he had been verbally threatened by a senior BSO office in the presence of a Trust senior finance manager. Mr McCarroll stated that the 191 claims had not been refuted by the Trust or DLS and that the Trust had refused to pay them, therefore, in his opinion the Trust was subverting the Late Payment of Commercial Debts Legislation contrary to MPMNI. Mr McCarroll referred to the Late Payment Legislation and quoted from a letter from the Permanent Secretary dated 3 March 2014 relating to the Trust i.e. "All concerned are well aware of the point that publicly available guidance makes clear that companies are automatically entitled to seek compensation arising out of late payment of debts and that companies also have the right to claim reasonable debt recover costs". Mr McCarroll suggested that the Permanent Secretary needed to educate DLS.

Mr McCarroll advised that the detail of SSI late payment allegations had been included in SSI Ltd's response to a consultation by the Department of Business Innovation and Skills in October 2012, and therefore was already in the public domain. The Permanent Secretaries of both the DHSSPS and DfP had confirmed that they had received and read the submission and a copy had also been made available for the Trust Board members'.

Mr McCarroll said that in January 2014, following a meeting with CPD and correspondence from the Permanent Secretary DfP indicating "I have discussed your email with Dr McCormick and I have written to him to urge the earliest possible engagement with you with a view to bringing these issues to a conclusion", his closing paragraph read "I will discuss your correspondence with Minister Hamilton, as requested, but I will await the outcome of the further engagement between you and Dr McCormick before raising the matter at the Procurement Board".

Mr McCarroll stated that given recent correspondence from Trust Officers SSI felt that there was no option but to invite the Procurement Board and the Auditor and Comptroller General to fully investigate this matter.

Mr McCarroll advised that at the end of his submission to BIS he posed the question, Incompetence or vindictiveness? The question still demanded an answer. He then invited Mr Houston to make his presentation.

Mr Houston advised that he wanted to raise a couple of points in relation to the SSI Ltd., late payments.

Mr Houston referred to the Trust being a public body expected to achieve high performance, MPMNI indicated instances of late payment should be an exception. He referred to the DHSSPS Key Performance Indicator for the year 2013/14 which required payment of a minimum of 95% of invoices within agreed payment terms, which for HSC bodies is "end of month following", a payment term, which Mr Houston said was at odds with Northern Ireland Public Procurement Policy.

He further stated that the Trust had failed to perform against both these measures and not just in 2013/14.

In relation to performance Mr Houston said in year 2013/14 the Trust reported paying 89% of invoices within term, i.e. 39,032 invoices paid late. Since the year of the Trust's formation 2007/08 it had reported paying 87% within term, i.e. 334,901 invoices paid late. He alleged that these figures clearly indicated some form of governance failure and highlighted an area of significant operational failure.

Mr Houston then referred to the statutory rights of suppliers whose invoices are paid late and referred to the Late Payment of Commercial Debts (Interest) Act 1998 which provided for statutory interest and three levels of compensation with the right of additional compensation for post March 2013 contracts.

Mr Houston said that in the case of Belfast Trust if every late paid invoice was subject to a claim, even for just compensation, the Trust would be faced with settling claims totalling, in year 2013/14 £1,561,280 and in date years £11,947,240.

Mr Houston referred to the NIAO last two Annual Reports which recognised that not many suppliers were actually prepared to pursue such claims for their statutory entitlements. He said there were obviously many reasons why and this is something SSI would want to press NIAO to pursue. Mr Houston stated that three reasons immediately came to mind with public bodies: a likely reluctance of the public body to settle claims since the payments of such claims are deemed to be fruitless payments; a lack of awareness of the workings of the legislation and a lack of grasp of Departmental Guidance (the limited body of related case law did not help, however what there was did not tend to be helpful to public bodies); and the absence of procedure and process allied with a reluctance to agree claims on the part of those with delegated authority.

Mr Houston said that asked that the Trust Board call for an immediate and thorough review of not only governance and operational issues relating to the prompt payment of invoices, but also the prompt processing and settlement of any late payment claims received. In addition it was hoped such a review would be extended to all paperwork relating to claims in respect of late payment of SSI invoices, followed by an early face to face meeting with the concerned parties to agree a resolution to all unresolved matters. He advised that in the absence of such an approach SSI would most certainly continue along the lines indicated by Mr McCarroll. He further requested that consideration be given to seeking selective media coverage perhaps along the lines currently being utilised by HSC staff.

Before concluding his presentation Mr Houston asked Trust Board members to consider the following scenario. If a customer walked past the checkouts of a local supermarket with a full basket of goods without paying any reasonable person would agree that such an act was theft. When the agreed payment date passes and Belfast Trust fails to pay suppliers should this not also be considered theft? Mr Houston said Trust Board may want to acknowledge the Trust had failed to pay for goods and services, initially supplied on delayed payments terms in a timely fashion are in reality stealing from suppliers.

He alleged the Trust was stealing; interest from suppliers bank accounts; wages from suppliers in staffing time; wages from those suppliers who need to employ staff to chase late payments; early settlement discounts suppliers cannot take advantage of due to cash flow restrictions; their suppliers current and future profits and possible expansion, dividends, etc. He finished by asking what would it take to stop this theft.

Mr McNaney thanked both Mr McCarroll and Mr Houston for their presentation and advised that he would give consideration as to how the issues raised should be dealt with.

23/14 Minutes of Previous Meeting

The minutes of the previous meeting held on 13 March, 2014 were considered and approved, subject to the following revision:

Page 6 Min 14/14 second paragraph be replaced with *“Mr Hartley welcomed the fact that additional staff were being recruited to the ED and sought clarification given the decision back in 2012 regarding the temporary closure of the BCH ED due to the Trust being unable to appointment appropriate staff.”*

24/14 Matters Arising

There were no items raised.

25/14 Chairman’s Business

a. Conflicts of Interest

There no conflicts of interest reported.

b. SSI Ltd Presentation to Trust Board

Mr McNaney referred to the earlier presentation by SSI Ltd regarding late payment and asked the Audit Committee to consider the issues raised by Mr McCarroll and Mr Houston.

c. Professor Eileen Evason – Resignation

Mr McNaney reported that Professor Evason had tendered her resignation with effect from 28 April 2014.

Mr Drew, on behalf of the Non-Executive Directors paid tribute to Professor Evason and acknowledged the contribution she had made to the Trust over the years.

26/14 Chief Executive's Business

a. Emerging Issues

i. RQIA Inspection in Emergency Department and Acute Medical Unit

Mr Donaghy advised that an internal project management structure had been approved to consider the recommendations outlined within the RQIA review of unscheduled care.

A Project Steering Group had been established, chaired by Mrs Mallon with Mrs Bernie McQuillan, Co-Director Strategic Change, acting as Project Manager. He explained that the Steering Group would routinely report to both the Executive Team and Trust Board.

Mrs Owens briefed members in relation to the wider systems review being undertaken by RQIA, a number of meetings had been held with senior management and clinicians. Mr Drew advised that he had met with members' of the Review Team in relation to governance and reported that he had felt the meeting had been quite positive.

Mrs Owens advised that RQIA would be holding two stakeholder summits on 19 and 20 June as a forum to test the thinking around proposed recommendations for improvement, one would be regional and the other specifically for the Trust.

Following discussion it was agreed that the Unscheduled Care Improvement Plan should be presented at the June Trust Board Workshop.

Decision: Unscheduled Care Improvement Plan to be presented to TB Workshop in June

27/14 Safety and Quality

a. Performance Report

Mr Devlin presented the Trust Performance Report for the period ending March 2014, which summarised key performance targets during 2013/14. He explained the majority of targets were set out in the DHSSPS Commissioning Plan Direction Standards and Targets Schedule for 2013/14 however, additional areas such as absence and complaints were also included in the report. In relation to 31 of the key performance areas the Trust had achieved or was marginally behind in relation to 19 targets. However, 12 of the reported areas had not achieved the target. These included fractures; cancer; A+E waiting times; Outpatient Access waiting times; Diagnostic Waiting Times; IPDC waiting times; Telehealth and Telecare; and Psychological Therapies waiting times.

Mr Devlin highlighted the significant improvement in Infection Control with the Trust performing above the MRSA and CDiff targets.

27/14 (Contd.)

Mr McNaney said the improvement was to be welcomed.

In relation to fractures Mr Barry advised the due to increased pressures the performance remained below target. A response is awaited from the HSCB regarding a Trust paper highlighting the need for additional resources required to support the increase in fracture admissions.

Mrs Welsh referred to the 62 day target within cancer services and advised that the Trust continued to focus on improving performance with service areas working to reduce the waiting time for red flag referrals for outpatient appoints, scopes and imaging. She pointed out that of the 29 patients who breached the target, 22 were late Inter Trust Transfers (ITTs).

Dr McGarrell referred to the Out Patient Waiting times and expressed concern at patients having to wait 52 weeks for an appointment. Mrs Welsh advised that there was a significant capacity issues in relation to some speciality services including urology and the HSCB had acknowledged there was a need for additional investment in order to improve performance. However, Mrs Welsh gave an assurance that “red flagged” patients are prioritised for appointments.

Mr Devlin explained that the Trust currently was seeing more urology patients and yet there were still patients waiting 52 weeks and said this was an issue for discussion with HSSCB as commissioner.

Mr Devlin explained that the out-patient waiting times continued to be challenging and 52 week waits was unacceptable. The Trust continued to have a shortfall in capacity in a number of specialties, additional funding had been allocated to the Trust at the end of December and extra capacity had been put in place. There are no patients waiting in excess of 52 weeks with the exception of Thoracic Medicine and Gynae.

Mr Hartley said it would be useful for members' if a breakdown of the figures could be included as an appendix in future reports. Mr Devlin undertook to present this information at a future workshop.

In response to a question from Dr McGarrell regarding Diagnostic Waiting Times, Mr Devlin explained that the need for additional Coders had been raised with the HSCB.

Mr Donaghy advised that waiting lists are subject to risk assessment and urgent/emergency cases prioritised across all specialties.

Mr O'Kane referred to the Telemonitoring performance and asked how the Trust compared regionally.

27/14 (Contd.)

Mr Devlin advised that the Trust performance was similar to other Trusts. A Steering Group had been established to support the utilisation of the FT3 Telehealth and it was anticipated there would be an improvement in performance.

Mr Donaghy advised that the Trust did have other Telemonitoring systems in place, however the target related to a specific project.

Mr O’Kane referred to the Acute Hospital activity information which indicated that there had been an increase in patients being treated during 2013/14, compared to previous years’ and yet waiting lists had increased.

In concluding the discussion members noted the Performance Report for the period 2013/14.

Decision: Performance Reported noted – breakdown of waiting time figures by speciality to be presented at future workshop.

b. Belfast and South Eastern Trust’s Breast Screening Programme Annual Report 2012/13

Mrs Owens introduced Dr Adriane Mairs, Consultant in Public Health Medicine/Director of Quality Assurance Reference Centre, PHA (QARC) and Dr Keith Lowry, Consultant Radiologist, HSCB and invited them to present the Belfast and South Eastern Trust’s Breast Screening Programme Annual Report for 2012/13.

Dr Mairs explained that the the Breast Screening Programme (BSP) covered the whole of Northern Ireland, involving staff from GP surgeries, Health Centers and the Breast Screening Units. The BSP was a rolling programme which called women from GP practices in turn every 3 years from the age of 50-70, with results are issued within two weeks. There are three possible results: normal, in which case the patient will automatically invited for screening in 3 years time, however, if by then you are over 70 you can contact the screening office for an appointment; technical recall, which means the mammogram needs to be reported for technical reasons; and thirdly women are called back for a second visit because the result suggests further tests are required – this does not necessarily mean there is something wrong whilst 4 in 100 women are called back, 3 out of 4 are given normal results following the additional tests.

Dr Lowry then briefed members on the activity, details of which were contained within the annual report. During the year 367,977 women had been invited for screening with 26,168 (69%) attending of which 184 (18%) had been diagnosed with cancer. He explained key challenge for the future would be the upgrading of equipment and increasing staff involved in the programme.

27/14 (Contd.)

In response to a question from Mr Hartley regarding women who do not attend, Dr Lowry advised that a second letter of invitation is issued to the women who do not take up the first invite.

Mr Hartley asked if there were any plans to introduce the programme to under 50 year old women. Dr Lowry advised that there was ongoing research into reducing the age to 47 and the outcome of this work was awaited.

Mr O'Kane said it was pleasing to note the success rate in the early detection of breast tumours.

Dr Mairs advised that there tends to be a higher number of women diagnosed with breast cancers within less deprived areas.

Mr Donaghy congratulated all those involved within the Breast Screening Programme for the significant impact with early diagnosis and treatment there were positive outcomes for women.

Mr McNaney thanked Dr Mairs and Dr Lowry for their interesting and informative presentation.

Decision: Annual Report noted.

28/14 Director of Finance and Estate Services

a. Finance Report

Mr Dillon explained that due to year end there was no financial report available and a detailed report would be given to the July meeting. He further advised that the Trust was on target to submit the Annual Accounts for 2013/14 to the NIAO and the Audit Committee would be meeting on 2 June to consider and approve the accounts.

The Chairman agreed to a short confidential meeting on 5 June prior to the Trust Board workshop in order to deal with the annual accounts.

Decision: Annual Accounts to presented to confidential Trust Board meeting on 5 June 2014

28/14 (Contd.)

b. Disposal of Trust Property

Mr Dillon sought approval to the disposal of Trust property at 37 Glantane Drive, which was surplus to the Trust's requirements. He explained that this property had been a satellite house attached to a former Trust residential unit at 505 Antrim Road.

The property had become unfit for purpose and had been vacant for a number of years.

Members' approved the disposal of the property.

Decision: Disposal of 37 Glantane Drive approved.

29/14 Director of Human Resources

Mrs Mallon introduced Mrs Ola Barron, Health and Social Inequalities Manager and paid tribute to the work of her and her staff in preparing the following documents.

a. Trust Equality Scheme

Mrs Mallon reminded members that the Trust had previously developed a draft Equality Scheme, which had been the subject of an extensive consultation process following which it had been submitted to the Equality Commission for Northern Ireland (ECNI). The Trust's Equality Scheme had been revised and there had been a number of nomenclature amendments proposed. She explained that these proposed changes were not material in nature and did not dilute any of the Trust's commitments to the current Equality Scheme and therefore did not require formal submission to the ECNI for approval.

Members' noted the proposed amendments related to changes to staffing numbers; a growth in the population profile; budget allocation and changes to the organisational chart. The Trust's Equality Scheme, which had been formally approved by the ECNI on 3 October 2011 remained the primary focus for the discharge of the Trusts Section 75 Equality Duties.

Following consideration members' approved the revised Trust Equality Scheme.

Decision: Revised Trust Equality Scheme approved.

b. Draft Section 75 Inequalities Action Based Plan and Draft Disability Action Plan

Mrs Mallon explained that In accordance with respective legislative requirements under Section 75 of the Northern Ireland Act 1998 and the Disability Discrimination (NI) Order 2006) the Trust had developed a draft Section 75 inequalities action-based plan for May 2014-May 2017 and a draft Disability Action Plan for 2014-2017.

29/14 (Contd.)

- The draft Section 75 inequalities action based plan is the second action based plan that the Trust has produced. The purpose of which is to promote equality of opportunity and good relations through the function of the Trust, over and above, the commitments within the Trust Equality Scheme.
- The draft Disability Action Plan is the third such plan that the Trust has developed. The purpose of the plan is to demonstrate how the Trust will fulfil its duties to promote positive attitudes towards disabled people and to encourage their full participation in public life.

As with previous plans, the 6 Trusts worked collaboratively to maximise impact, share best practice and optimise use of resources and incorporated local actions where appropriate. Trust Equality leads met with the Equality Commission of Northern Ireland (ECNI) to discuss this approach in December 2013 and ECNI endorsed the direction of travel.

Mrs Mallon explained that a regional stakeholder engagement event was convened on 26 March 2014, when Trust Equality leads highlighted the progress to date and their draft proposals for the forthcoming three year period. Feedback indicated that stakeholders would welcome a full consultation period of 12 weeks. On this basis, the draft action based plan and draft Disability Action Plan have been issued for consultation until 19 June. The ECNI approved this formal consultation period.

Members noted the Draft Section 75 Inequalities Action Based Plan and the Draft Disability Action and the finalised respective plans would be presented to a future meeting for approval by Trust Board prior to being submitted to the ECNI.

Mr McNaney thanked Mrs Barron and her team for the ongoing work within Health and Inequalities.

Decision: Draft Section 75 Inequalities Action Based Plan and the Draft Disability Action to be presented to a future meeting.

c. Trust Recognition Ceremony Newsletter 2014

Mrs Mallon presented the newsletter highlighting the Recognition Ceremony held in March to acknowledge staff achievements in learning.

Mr McNaney said this had been the first Trust event he had attended following his appointment as Chairman and he had been very impressed with the achievements of all grades of staff across the organisation.

30/14 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 11 February for information.

Members' noted the content of the minutes.

31/14 Any Other Business

a. Mrs June Champion - Retirement

Mr Hartley, on behalf of Non Executive Directors, acknowledged that this would be the last public meeting of Trust Board Mrs Champion would attend prior to her retirement in June and paid tribute to the guidance and support she had provided to Trust Board members' and wished her well in her retirement.

Mrs Champion thanked Mr Hartley for his kind words.

b. Mr Colm Donaghy and Mrs Marie Mallon

Mr Hartley also referred to this being the last public meeting Mr Donaghy and Mrs Mallon would attend prior to them both leaving the Trust in June and wished to acknowledge their dedication and commitment not only to Belfast Trust but the Health and Social Care in Northern Ireland. On behalf of Trust Board Mr Hartley wished Mr Donaghy well in his new appointment and Mrs Mallon a long and happy retirement.

Mr Donaghy and Mrs Mallon both thanked Trust Board members' for their support over the years and paid tribute to all the staff for the tremendous work they undertake on behalf of the Trust in delivering first-class health and social care services.

32/14 Date of Next Meeting

Members noted the next meeting would be held on 3 July, 2014.