

**Minutes of the Trust Board Meeting
Held on 9 January 2020 at 10.00 am
in the Boardroom, Belfast City Hospital**

Present

Mr Peter McNaney	Chairman
Mr Martin Dillon	Chief Executive
Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Mrs Nuala McKeagney	Non-Executive Director
Professor David Jones	Non-Executive Director
Dr Patrick Loughran	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Dr Cathy Jack	Deputy Chief Executive/Medical Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children’s Community Services
Mrs Maureen Edwards	Director Finance, Estates and Capital Development

IN ATTENDANCE:

Dr Brian Armstrong	Interim Director Unscheduled and Acute Care
Mr Aidan Dawson	Director Specialist Hospitals and Women’s Health
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Bernie Owens	Director Neurosciences, Radiology and Muckamore Abbey Hospital
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Ms Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Mr Rory Saville	Board Apprentice

Apologies

Ms Anne O’Reilly	Non-Executive Director
Mrs Marie Heaney	Director Adult, Social and Primary Care

Mr McNaney welcomed everyone to the meeting.

Mr Dillon explained that some Director colleagues had been excused to participate in a teleconference meeting in relation to the industrial action and would join the meeting as soon as possible.

01/20 Minutes of Previous

The minutes of the previous meeting held on 7 November 2019 were considered and approved.

02/20 Matter Arising

No items raised.

03/20 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Chief Executive Appointment

Mr McNaney was pleased to report that Dr Jack had been appointed as Chief Executive and would take up post on 13 January 2020.

Members congratulated Dr Jack on her appointment.

c. Safety Quality Visits – Non Executive Director Reports

i. Willow Lodge Children's Home – 1 October 2019

Professor Bradley presented a report of a visit he and Ms O'Reilly had undertaken to Willow Lodge on 1 October 2019. He commended the staff for their obvious commitment to supporting and caring for the young people in the home, many of whom had challenging behaviours.

Professor Bradley commented on the need for a strategic vision for children and young people with disability.

Members noted the report.

ii. Glandore Children's Home – 7 November 2019

Mrs Karp presented a report of a visit she had undertaken to Glandore Children's Home on 7 November 2019. She paid tribute to the sensitive and skilled interaction of staff with the young people in the home. During her visit, she had observed staff managing challenging argumentative behaviour with understanding and humour.

Members noted staff provide therapeutic person centred care with an understanding of the major challenges facing the residents.

Mrs Diffin advised she would be issuing the programme of visits for 2020 and asked if members wished to remain aligned to the same home. It was agreed there would be benefit in replicating the 2019 rota.

04/10 Chief Executive's Report

a. Emerging Issues

i. Industrial Action

Mr Dillon referred to the strike action on 8 January and paid tribute to the Collective Leadership teams for their significant contribution to ensuring safe staffing levels for patients. This had required lengthy engagement with Trade Union colleagues to agree derogations and managers working with staff to ensure volunteers for derogated areas. Unfortunately, approximately 10,000 out-patient appointments had to be cancelled.

Mr Dillon referenced further strike action planned for 10 January and advised that currently there were concerns that appropriate number of staff would not be secured to ensure safe staffing levels in all derogated areas. The situation was currently being assessed. Again, it was concerning that out-patient appointments and elective surgery has had to be cancelled, also three Special Schools have taken the decision to close.

When Directors returned to the meeting, the following discussion took place.

Mrs Kennedy reported the DoH had scheduled a meeting with Trade Unions today and it was hoped a resolution could be reached to postpone further action pending the outcome of the on-going political talks due to conclude on 13 January.

Dr Jack advised that having chaired the 10.30am teleconference appropriate staffing levels had been secured for most areas and it was hoped the remaining areas could be agreed today prior to tomorrow's action.

In response to a question from Professor Bradley, Mrs Kennedy explained that whilst derogations are agreed between management and Trade Union colleagues, it is staffs decision if they wish to strike. She explained there had been incidents in the previous strike when staff had walked off shift, resulting in managers from within the nursing profession covering some shifts.

Professor Bradley referred to nurses' professional code in relation to patient safety and expressed concern at nurses leaving wards with unsafe staffing levels.

Mr McNaney wished to record members' appreciation to Directors and Collective Leadership Teams for their huge commitment to ensuring patient safety is maintained.

ii. Aspergillus – RBHSC

Mr Dillon advised there had been on one confirmed case of Aspergillus and a second probable case in RBHSC. He explained Aspergillus is an air borne environmental fungus, which can lead to a condition called Aspergillosis in

patients who are immuno-compromised. Aspergillosis naturally occurs during building work and leaf fall, both of which were in the vicinity of RBHSC at this time. Whilst aspergillosis can be fatal, both patients are stable and progressing to chemotherapy treatment.

Members noted that patients had been decanted from the Children's Haematology Unit to allow air-handling units to be tested. The decant had taken place on 3 January, with work in Children's Haematology due to be completed by 3 February 2020.

Professor Bradley referred to the significant building work on going on the RVH and the need for close monitoring of air ventilation in patient areas.

Mr Dillon advised an Incident Management Team (IMT) had been established, which, chaired by Mr Dawson, with representatives from all relevant Trust areas and PHA. A programme of work has been agreed and arrangements are in place for high risk patients to be referred to other units in England and Republic of Ireland if necessary. At each IMT, meeting assurance is sought from PHA that they are content with the process and action taken.

iii. Muckamore Abbey Hospital

Mr Dillon was pleased to report that following a further RQIA unannounced inspection to Muckamore Abbey Hospital from 10 to 12 December 2019, excellent feedback had been received. In relation to the 3 Improvement Notices, RQIA had reported the following:

- 1. Adult Safeguarding** – lifted in full except for point 3, a timing issue, as just want a number more months to see systems being embedded and be able to demonstrate effectiveness.
- 2. Financial Governance** – lifted in full except for requirement for internal audit - timing issue only as Internal Audit schedule is to be on site February 2020. If Internal Audit is satisfactory, the remaining point in the improvement notice will be automatically lifted without the need for re-inspection.
- 3. Nurse staffing model** - lifted in full

Members welcomed the positive comments RQIA has provided in their feedback and were assured that current patient care was safe.

Mr McNaney commended Dr Jack, Ms Creaney, Mrs Owens, Mrs Heaney and the Collective Leadership Team in MAH for the improvements implemented and positive RQIA feedback.

iv. Neurology Review

Mr Dillon advised the DoH had published Cohort 1 Outcomes Report in December.

Members noted the position.

v. IHRD Update

Mr Dillon advised the future role and membership of the Director's Oversight Group is currently being considered to facilitate the implementation and monitoring of the policies and guidance on the recommendations due to be provided by the DoH.

Members noted that in December 2019, the DoH issued an update report: Working Together to Put Things Right – Implementation of Recommendations from the Inquiry into Hyponatraemia-Related Deaths (IHRD), copies of which had been issued with papers.

vi. Infected Blood Inquiry

Mr Dillon advised further copy correspondence had been received from the Infected Blood Inquiry (IBI) instructing the Expert Witnesses Scheduled to give evidence in February.

Members noted the Trust would respond, if required, to Expert Witness Statements when available.

Dr Jack, Miss Creaney, Mrs Diffin, Dr Armstrong, Mrs Kennedy, Mrs Owens, Mrs Leonard, Mr Dawson, Ms Stoops, Ms Cairns and Mrs Dalzell joined the meeting.

05/20 Safety and Quality

Mrs Diffin advised that unfortunately, the planned Social Care Committee (SCC) meetings had to be cancelled due to the industrial action however; the papers had been issued to members and discussed with Ms O'Reilly, Chair, SCC.

a. Interim Discharge of Statutory Functions Report Adult and Children's Services – April to September 2019

Mrs Diffin presented the Interim Statutory Functions Report (SFR), which provided an overview of the Trust's discharge of its statutory functions in relation to social care services delivery. She explained the SFR outlined organisational and professional assurance arrangements underpinning service delivery and references current challenges and issues of emerging significance with regard to the discharge of such functions. While the social care workforce has lead responsibility for the discharge of statutory functions, the effective and safe delivery of statutory services requires strong multi-disciplinary and multi-professional working to provide integrated, safe and qualitative services.

Mrs Diffin drew members' attention to following key areas:

Adult Community Services – Workforce - There has been considerable pressures on the retention of staff within the Hospital Social work service. This was impacted by the recruitment of Short term Detention authorisers for the Mental Capacity Act from the Hospital Social work team. A concerted recruitment process and a change in the model of practice has led to a stabilisation of the workforce and a decrease in absenteeism. Provision has also been made to support the winter pressure period.

Approved Social Workers (ASW) – the recruitment and retention of ASWs for the Daytime Rota remains a priority. Significant efforts have been made to recruit Social workers to the role and this year, 8 staff have been supported by the Trust to complete the training, which will bring the complement to 29 by the end of January 2020.

The recruitment of the Short term Detention Authorisers under the newly implemented Mental Capacity Act has proved equally challenging but 5 people have been appointed and are required to complete the ASW training within the next 3 years.

Community Social Work teams – currently the ratio of social care workers in the community teams is 50% which brings challenges in relation to the delivery of statutory duties and has led to the development of waiting lists for assessments and carers assessments. The service recognises the need to increase the number of social workers in these teams and is currently using demography monies to replace social care posts with social work posts once they become vacant.

Adult Safeguarding team – as a result of a number of staff moving to cover the safeguarding work as part of the Muckamore Abbey Hospital historic investigation a number of vacancies emerged in the Adult Safeguarding teams, which have provide difficult to fill.

Recruitment and retention of band 7 social workers into TL/DAPO roles in learning disability – There is currently difficulty recruiting social workers into learning disability posts resulting in a number of vacancies remaining unfilled. Work will continue to try to attract staff into this area of work.

Domiciliary Care unmet need - There remains significant issues with regard to domiciliary care capacity, a situation reflected across Older People's Services, Physical and Sensory Disability and Intermediate Care. As previously highlighted in the Annual DSF Report, there remain particular challenges in the South and East Belfast sectors.

The current unmet need position for the Trust is approximately 4,000 unmet need hours per week, with over 600 people awaiting a care package. This is an issue of significant concern for the Trust and is recorded on the Principal Risk Register.

The Trust has a number of arrangements in place to monitor and manage this situation including weekly monitoring system; capacity targeted at those at

highest risk within the community; waiting lists for unmet need are regularly reviewed; alternative provision using Self Directed Support payments, voluntary, community providers, and a pilot of independent providers to support hospital discharge.

The Purposeful Inpatient Admissions (PIPA) framework - this continues to increase bed capacity within the Trust, which has significantly reduced the number of out-of-area admissions under the Mental Health order (MHO). The availability of GP's continues to be a major challenge in completion of MHO assessments at the time of request from the referrer, this leads to further demand on the ASW time and delays in assessments being completed. This is being monitored. The Division is continuing to strengthen the Social Work presence within the Directorate.

Accommodation needs for supported housing placements for a range of people with complex needs - the Learning Disability Service has developed an Accommodation Plan until 2023, which has identified accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.

The service area has also developed a supported living scheme, Cherryhill. This is located opposite the hospital site. To date three patients have successfully been transitioned from the hospital. This facility will accommodate a total of 9 patients from the hospital.

Adult Safeguarding - as part of the Trust's move to a Trust wide Adult Protection Gateway Team, the Older Peoples service area is working with the Gateway team to reduce the number of non-protection cases being referred to the Gateway Team. This screening function will be transferred back to the Community Social Work team and CREST by December 2019. This will create the capacity for the Gateway Team to move to deliver a Trust wide central point of referral for all internal and external referrals.

The CREST team are currently undertaking a Quality Improvement QIST project with a small group of Care Home providers and the Adult Protection Gateway to reduce the number of people in Care Homes being managed through Adult Protection Procedures.

Mental Health and Learning Disability have recruited additional Designated Adult Protection Officer (DAPO) roles to strengthen the adult safeguarding capacity across the Trust.

Implementation of the Mental Capacity Act 2016 Phase 1 - the DoH notified Trusts of the requirement to implement Phase 1 of the Mental Capacity Act by the 2 December 2019. (Originally 1 October 2019). This has required extensive planning to ensure that the required training is put in place for staff across the Trust, Policies and Procedures developed and practice guidance for staff are in place. The Act requires that anyone over 16 years old who needs treatment or care and lacks Capacity should be detained either as

a short-term detention or that a Deprivation of Liberty Safeguard (DOLs) is put in place to protect their rights. The process requires assessment of their best interest, a medical report and authorisation by a Trust Panel. It is also expected that Trusts will put in place arrangements to process all legacy cases within 12 months of the commencement of the new legislation. This implementation will be challenging for a range of staff groups including social work and social care staff within the context of high vacancy levels and already stretched workforces.

Large scale adult safeguarding investigation in Mucakmore Abbey Hospital (MAH) - this investigation has continued during this reporting period and has continued to have a significant impact on service users, carers and staff. The PSNI investigation is ongoing alongside the Trust investigation. The service has a dedicated team solely involved in the historical CCTV investigation whose main focus at this stage is in ensuring that all safeguarding incidents identified have been responded to.

A number of concerns raised by RQIA in August 2019 resulted in an improvement notice being served in relation to safeguarding. There has also been substantial work undertaken across the MAH site to address these concerns.

Children's Community Services - Workforce - The Directorate has worked hard to recruit new staff across all teams and reduce vacancies. Unfortunately, retention continues to be a challenge with staff citing high numbers of challenging cases on caseloads as a key reason for moving to perceived easier roles in other services. There remain significant vacancies within all of the teams. A recruitment campaign was held in November and weekly recruitment meetings are being held to manage the situation.

This is a regional issue, which requires a long-term strategic approach to the attraction, recruitment and retention of social work staff. The reliance on agency staff and the numbers of AYE staff in some teams creates a skills and knowledge deficit. The Trust has taken proactive measures to support AYE staff to enhance skills and knowledge through support offered by the Learning and Development team. This requires further work during 2019/2020.

The Directorate's Senior Management Team has been involved in a period of major change and restructuring. Three new permanent appointments have now been made with new staff commencing in May and July 2019. The Director has engaged the Leadership Centre to work with the Directorate to support the development of the collective leadership approach and to embed the new structures and support the new Senior Management Team.

Looked After Children Reviews - despite all of the staffing challenges the Looked After teams have worked hard to ensure there were no outstanding reviews at the end of the reporting period.

Supervision Orders (SOs) - the Trust has seen an increase in the number of SOs in this reporting period, due to a continued focus on reducing the numbers of children looked after in parental care i.e. Care Orders at home. The Trust is focused on ensuring the least restrictive order is secured in respect of this cohort of children. Currently there are 25 SOs.

Children with Disabilities - there remains a need for a strategic planned regional approach to the development of placement options for children with disabilities to meet the increasingly complex needs of these children. The need for further development of community based services, which are equipped to meet the complex behavioural needs, has been highlighted to the HSCB to ease the pressure on the beds within Iveagh. This needs strategic oversight and additional resourcing. The Trust is currently funding three specialist placements at risk to meet the complex needs of three children with a disability. This highlights the lack of sufficient appropriate regional provision to provide choice and options for children. In the context of increasingly complex presentations across physical, emotional and psychological domains in younger children with disabilities, there is a pressing need for a regional strategy to address appropriate placement options and workforce knowledge and skills capacity to meet their highly specialised needs.

Detention under the Mental Health Order/delayed discharges - the number of children detained under the MHO is small, reflecting the fact that the Trust is supporting treatment and specialist support at home for most Children in Need who present with psychological and behavioural difficulties. A small number of children with resistant psychiatric or complex behavioural difficulties remain within the Iveagh Centre, a number of whom are delayed discharges due to a lack of capacity/appropriate placements within the community to safely care for these young people.

Trauma Informed Practice - the Trauma Informed Organisation Leadership programme is being led by the SBNI. The Executive Director of Social Work, along with three other senior managers from across the Trust have secured places on this Programme. A session on Trauma Informed Practice has been delivered to a wide range of staff as part of the implementation of this approach within the Trust. A small project is being developed as part of the collective leadership approach within the Directorate to take this work forward. Trauma Informed Practice has been embedded within the children's residential service with all residential staff being trained in this approach during this year. This approach is also being considered by the Children with Disability Service.

Placement Pressures - there are ongoing substantial pressures in matching foster placements to the needs of individual Looked after Children as a result of the volume of children who are currently looked after, the throughput of children through the care system and the complexity and range of their needs. The Trust's Fostering and residential services are facing ongoing pressures in sustaining their present placement capacity. In particular the growing number of younger children (<12) who are presenting to/engaged with Children's Services with complex emotional and challenging behavioural needs, who

require access to specialist therapeutic services and bespoke fostering and residential resources.

There is a lack of available specialist placement options and related therapeutic supports to manage the specific needs of these children. This is an issue of growing significance across all of the Trusts and will require a regional response.

The Trust has continued to proactively pursue and support a range of fostering recruitment and carer supports initiatives to its non-kinship carer's base while developing its knowledge, skills, practice base and supports to kinship carers. Securing carers' engagement and recognising their crucial contribution to the care of the Trust's looked after children have been a pivotal dimension to the Trust's recruitment and retention strategy. However, in the context of wider societal social and demographic changes and the volume and range of demands for placements, the challenges related to enhancing capacity are significant.

Paris Implementation - the implementation of Paris has continued within the Trust, however, due to the staff changes and turnover this requires further embedding to ensure full compliance. It is vital that the needs of social care services are profiled and appropriately prioritised as part of the implementation of the regional strategy informing the roll out of Encompass.

Currently the model is based on NHS application not social care and whilst the vision of Encompass is truly transformational it will require attention to the needs of Social Care to ensure it realises its full potential.

Mrs McKeagney referred to the significant workforce pressures across health and social care services.

In response to a comment from Mrs Karp, Mrs Diffin advised there is a Regional Workforce Group in relation to the social work workforce. She further advised that Directors of Social Work had highlighted growing workforce pressures and the need to consider alternative training models.

Professor Bradley and Mrs Karp said that the health care system needed to be creative and innovative in growing and training a sustainable workforce for the future.

Mr Smyth referred to the merger of two Social Care teams in RVH and asked if there had been any savings. Mrs Diffin undertook to follow this up with Mrs Heaney and report back.

Professor Bradley referred to the continual issues with PARIS, which hopefully will be addressed with the roll out of ENCOMPASS.

Following discussion members approved the Interim SFR.

Mr McNaney thanked Mrs Diffin for the comprehensive report.

b. Corporate Parenting Report

Mrs Diffin presented the Corporate Parenting Report for the period ending 30 September 2019.

Members noted that at 30 September 2019 there were 3844 children in need in the Trust, of which 943 were children with a disability. There were a total of 295 children on the Child Protection Register.

It was noted of the 826 looked after children, 631 were in fostering placements, 59 were in residential care placements, 105 were placed at home with parents, with the remainder in a range of other placement settings.

Mrs McKeagney referred to a recent meeting with Mrs Weatherall and her team and commended the Fostering Branding initiative.

Following consideration members approved the Corporate Parenting Report for the six month period ending 30 September 2019.

c. Performance Report

Ms Stoops presented the Performance Report for the period April to October 2019, providing an update on activity in respect of the Safety Quality and Experience over a range of indicators and performance against the DoH Commissioning Plan Direction (CPD) standards and targets for 2019/20 and trajectories agreed between the Trust and HSCB.

Members noted of the 34 DoH CPD standards and targets reported 12 are being delivered or substantially delivered, 2 are to be confirmed and 20 are not currently being delivered i.e. HCAI – MRSA and C.Difficile; ED patients treated, discharged or admitted within 4 hours and 12 hours; Hip Fractures 48 hours; Diagnostic – tests reported within 2 days, 9 weeks and 26 weeks; Cancer Urgent 62 day pathway; Out-patient percentage waiting no longer than 9 weeks; number waiting longer than 52 weeks; IPDC patients waiting no longer than 13 weeks; number waiting longer than 52 weeks; CAMHS 9 weeks and Psychological Therapies 13 weeks; AHP patient waiting longer than 13 weeks to first treatment; Carers Assessments and Complex patient discharge – 48 hour and 7 days.

Mrs Stoops advised that in addition to the CPD standards and targets, the Trust is monitoring trajectory plans as agreed with the HSCB in relation to 16 areas, of which 10 are being delivered, or substantially delivered, and 6 are not currently being delivered i.e. ED patients treated, discharged or admitted within 4 hours (RVH site); hip fractures 48 hours; Diagnostics 9 weeks; and CAMHS 9 weeks and 26 weeks and CAMHS 9 weeks.

Dr Jack presented the Safety Quality and Experience Dashboard demonstrating the Trust position in relation to being in the top 20% of high performing Trusts by 2020. In relation to the mortality indicators, Dr Jack advised that the Trust had invested in clinical coding staff, which following training will provide more timely reporting.

Professor Bradley referred to the spike in cardiac arrests and asked if there was any specific reason for this.

Dr Jack advised that there had been several cardiac arrests within Care of the Elderly wards, each had been reviewed by the Divisional Chair to ensure appropriate care, and decisions had been given. Dr Jack further advised that if Crash Team are called this is recorded as a cardiac arrest. She advised it is important to review all cases to ensure appropriate process have been followed and decisions taken.

In noting that there was further work to be done on the corporate dashboard, Mr McNaney commented on the need to create a narrative to share the positive position in relation to progressing to the Top 20% target.

Mrs Karp sought clarification in relation to the Cdiff performance.

Miss Creaney advised there had been a reassuring improvement in the Cdiff performance in the last three months, with improvement in antibiotic stewardship.

Ms Stoops referred to the continuing challenges with waiting lists for in-patient and day-patients

Professor Jones noted the continuing referrals to the waiting list and asked if additional investment would address the problem.

Mrs Edwards advised that whilst there is a need for significant investment there are also capacity and workforce issues. She said that if additional funding becomes available there will be a need to engage the Independent Sector to do some of the work.

Professor Bradley referred to the need for specialties to share learning for QI projects and consider what could be done differently to reduce waiting lists.

Mr McNaney acknowledged the huge issue of addressing waiting lists and asked if all specialties are utilising maximum capacity to address gaps.

Following a lengthy discussion Mr McNaney asked that Waiting Lists be discussed in detail at a future Trust Board Workshop, Ms Stoops undertook to take this forward.

Dr Loughran referred to cancer services and the disappointing deterioration in performance in respect of the 62 day target.

Dr Jack advised that concerns in relation to urgent cancer targets had been raised directly with the CMO.

Mr Dillon stated there need to be realistic debate in relation to targets, whilst the 95% cancer targets the Trust has to be clear with the HSCB and DoH what can be achieved within current resources.

Having considered the document in detail members approved the Performance Report.

06/20 Resources

a. Finance Report

Mrs Edwards presented the Finance Report for the period ending 30 November, 2019. The Trust began the financial year with a recurrent underlying deficit of £70m before accounting for emerging cost pressures, new funding and 2019/20 savings targets. The financial position was revised a number of times during the year to reflect additional recurrent and non-recurrent income from HSCB, savings targets and savings delivered including in-year slippage. The Trust Delivery Plan, submitted in early October, identified a year-end deficit of £8m. However, additional funding received through October monitoring and recent cost containment measures mean that the Trust is now reporting an anticipated year end deficit of £1.9m. Therefore, it is envisaged that through a combination of additional funding and further investment slippage, the Trust will achieve a balanced financial position by 31 March 2020.

In response to a comment from Mr McNaney, Mrs Edwards advised that the additional funding was non-recurrent.

Mrs Edwards pointed out that a number of financial risks remain, including any pressures which might emerge as a result of EU Exit and the 2019/20 pay award.

Mrs McKeagney expressed concern at the on-going financial pressures impacting on service delivery.

Members noted the financial position.

b. Major Capital Works Projects Updates

Nothing further to report.

c. Business Cases – Radiopharmacy

Mrs Edwards presented the following Business Case for approval in respect of Radiopharmacy – to replace the Ferguson Building on the RVH site, following inspections the Medicines and Healthcare Products Regulatory Agency (MHRA) have indicated the current facility is not compliant with “continuing Good Manufacturing Practice (cGMP)

Following consideration members approved the Business Case

d. Outline Business Case – RVH Management Equipment Service

Mrs Edwards presented the Strategic Outline Case in respect of RVH Management Equipment Service (MES), for the replacement of the current MES facility on the RVH site covering Imaging, Cardiology, Theatres and Critical Care.

Following consideration members approved the Outline Business Case.

07/20 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 30 July 2019 for information.

Members noted the content of the minutes.

08/20 Any Other Business

a. Martin Dillon's Retirement

Mr McNaney acknowledged this would be Mr Dillon's final Trust Board meeting prior to his retirement. He paid tribute to Mr Dillon's leadership and contribution to health care over many years and wished him well in his retirement.

Mr Dillon thanked Mr McNaney and wished Dr Jack and the Trust well for the future.