

**Minutes of the Public Trust Board Meeting
held on 03 March, 2022 at 11.30 am
via Microsoft TEAMS (due to COVID-19 guidance)**

Present

Mr Peter McNaney	Chairman
Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Ms Miriam Karp	Non Executive Director
Dr Patrick Loughran	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Mrs Carol Diffin	Executive Director Social Work/Children's Community Services
Mrs Maureen Edwards	Executive Director Finance, Estates and Capital Development
Mr Chris Hagan	Executive Medical Director

In Attendance:

Mrs Paula Cahalan	Interim Director Child Health and NISTAR
Mrs Heather Jackson	Interim Director Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT, Sexual Health
Mrs Moira Kearney	Interim Director Mental Health and Intellectual Disability
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Caroline Leonard	Director Cancer and Specialist Services
Ms Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Director Adult and Primary Care
Ms Brona Shaw	Deputy Director Nursing – on behalf of Ms Creaney
Miss Marion Moffett	Executive Assistant – Minute Taker
Ms Sarah Christie	Board Apprentice

Apologies:

Professor Carmel Hughes	Non Executive Director
Dr Cathy Jack	Chief Executive
Miss Brenda Creaney	Executive Director Nursing and User Experience
Mrs Bernie Owens	Deputy Chief Executive

At the outset of the Chairman welcomed everyone to the meeting, which was being live streamed to allow members of the public to observe virtually.

10/22 Questions submitted by members of the public

Mr McNaney advised there had been no questions submitted.

12/22 Minutes of Previous Meeting

Members considered and approved the minutes of the previous meeting held on 13 January 2022, subject to Ms Karp being listed as present and Min 05/22 reference to Mrs Maria Mongan being corrected to Mrs Bria Mongan.

13/22 Matters Arising

a. Questions Submitted by members of the Public – Mr A Roberts (Min 01/22)

Mr McNaney confirmed the Trust had responded to Mr Roberts regarding his submission to the previous meeting and a copy of the response had been shared with members as follows:

Question 1

In relation to concerns arising from the Inquiry into Hyponatraemia Related Deaths report (IHRDNI) the Belfast Trust is required to consider any concerns regarding the conduct, health or performance of a doctor employed by the Trust within the framework of Maintaining High Professional Standards (MHPS). The Trust have sought and obtained legal advice which has confirmed that the Trust would be unable to progress investigations in relation to matters which are the subject of police investigation.

a) Given that the consideration of concerns arising from the IHRDNI report by the ongoing GMC and PSNI investigations, which to date have exceeded almost 4 years, are separate considerations from those of the Trust as employer, please confirm that when, in the interim period, an individual doctor leaves the employment of the Belfast Trust the Trust cease and close all investigations into the conduct of that individual.

Dr Jack had advised most recently in her letter to Mr Roberts of 22 April 2021 that, "Once the criminal consideration of the matters is concluded the Trust will consider any and all information, which is available to it at that time, and progress the appropriate individual formal investigations. This will include the individual investigations the Trust has already determined should be progressed, in addition to any other individual investigations which might be indicated based on new information. The Trust will do all that it can to assist the PSNI and the GMC in their own separate consideration of these matters. The Trust will also ensure that its own considerations are informed by their work, and indeed any new evidence which comes to light which has not been considered already by the IHRD Inquiry."

Dr Jack had also previously confirmed that, “I am unable to share details of the specific management of concerns of any individual members of staff.”

The Trust’s position remains as outlined in Dr Jack’s letter of 22 April 2021, and in particular, for reasons which have already been explained, was unable to advise of the position regarding any specific individual member of staff.

However, the Trust wished to clarify the position which ordinarily pertains when a member of staff leaves the employment of the Belfast Trust, and where the GMC are already considering the matters.

Section VI paragraph 7 of MHPS states that, “The investigation must be taken to a final conclusion in all cases and performance proceedings must be completed wherever possible.....”. I am conscious, however, that in circumstances where an individual has left the employment of the Trust, it is likely that the only realistic outcome, if concerns were found to be proven, would be a referral to the GMC.

It is the Trusts understanding that the policy intent behind the requirement at paragraph 7 is to ensure that all concerns are appropriately investigated and addressed. In circumstances where a doctor has already left the Trust’s employment it is the Trust’s view that the GMC would be best placed to ensure appropriate investigation of the concerns, and action to protect the public if warranted. This approach has been discussed previously with both Practitioner Performance Advice (formerly NCAS) and with the GMC Employer Liaison Advisor for Northern Ireland, who were in agreement with the approach of the Trust. However, the Trust will ensure (further to the previous commitments outlined above) that once the criminal consideration of the matters is concluded, any and all information, which is available at that time, will be considered, with the Trust progressing the appropriate individual formal investigations and/or taking any other appropriate steps, including informing the GMC and the Department of Health so they can consider any actions in relation to their areas of responsibility.

b) When an individual doctor leaves the employment of the Belfast Trust before the completion of GMC and PSNI investigations do the Trust then conclude that no further action will be taken by the Trust unless the individual has committed and been convicted of a criminal offence in relation to the IHRDNI report findings?

As answer at 1a above.

Question 2

Mr Justice O’Hara initially intended to publish his Public Inquiry report into Hyponatraemia Related Deaths (IHRDNI) before the end of 2014. The report was formally published on 31 January 2018.

Mrs Miriam Karp was appointed, as a Non-Executive Director, to the Belfast Trust Board on 1 September 2015. Mrs Karp has been a member of

the General Medical Council (GMC) Medical Practitioners Tribunal Service since 2011. Dr Michael McBride was Belfast Trust Chief Executive and Northern Ireland Chief Medical Officer at the time of Mrs Karp's appointment to the Trust Board.

a) Prior to the appointment of Mrs Karp in 2015, has a member of the GMC Medical Practitioners Tribunal Service (MHPS) ever been appointed to the Belfast Trust Board?

No to the Trust's knowledge.

b) Could it reasonably be thought that Mrs Karp's current role within the GMC Medical Practitioners Tribunal Service in conjunction with her role as a Non-Executive Director on the Belfast Trust Board represents a real or potential conflict of interest with regard to her independence or impartiality and duties as a GMC associate?

In particular, an interest which might influence, or be perceived to influence, the Trust decision making process in relation to ongoing Maintaining High Professional Standards (MHPS) investigations, or any potential interactions between Mrs Karp and the Trust Case Manager in the course of a Trust investigation, or with an individual employed by the Trust whose investigation has either concluded or is currently being considered?

Ms Karp, as a Non Executive Director (NED) of the Trust, has acted as the NED for individual MHPS investigations. As previously advised, Ms Karp is not involved in any way in any Belfast HSC Trust cases at MPTS and so no conflict of interests arises.

Ms Karp has had no involvement (other than as a member of the Trust Board being updated on the matters) in the decision making regarding individual doctors arising from the concerns in the IHRDNI report.

As a named NED on a number of MHPS investigations the NED can receive representations from the named doctor. Ms Karp has confirmed that she has never received any representations from the individual doctors in respect of the IHRDNI Report nor has she ever met any of these doctors in respect of the above.

At the public meeting on 13 January 2022, Mrs Karp stated that she has always been aware of the potential conflict or perception of conflict in her role as a Tribunal Member for the Medical Practitioners Tribunal Service, the independent tribunal that hears doctors' cases. The Medical Practitioners Tribunal Services is independent and operationally separate from the General Medical Council. However, Ms Karp stated she had taken a decision, prior to taking up her Non Executive Director role with Belfast Trust, that she would never sit on any doctors cases, who are Belfast Trust doctors, or doctors who have ever worked in the Belfast Trust. She advised the Medical Practitioners Tribunal Service and the Belfast Trust are aware of this decision. Ms Karp explained this is normal

practice, because many of the other members' of the Tribunal Service (a UK wide operation) are Non Executive Directors in individual Trusts in the UK and it is standard practice. Ms Karp welcomed the question as it had given her the opportunity to clarify her position.

14/22 Matters Arising

No items raised.

15/22 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Safety Quality Visit reports – Non Executive Director's

i. Weavers Hill Supported Living Accommodation – 17 Nov 2021

Mrs McKeagney provided a report on her recent virtual visit to Weavers Hill, a supported living facility for people with mental illness, containing a Care Unit/Rehab and Assessment Unit with 10 beds and 7 self-contained flats. It provides 24:7 support for a period of up to 2 years, based on support plans developed to meet a continuum of individual needs. She stated the facility and staff were very impressive and it was evident the staff are very committed to supporting residents. During the pandemic, service users had not had regular contact with their families, staff had worked hard to manage anxieties and keep them occupied given there was no access to external day activities during this time. Staff worked with service users to co-design and develop the garden. Staff and residents are very proud of the end result and the process involved in engaging the whole team. A lunch for service users and families was held in the garden at the end of the first lockdown.

Mrs McKeagney commented on the need for the development of an additional/ similar supported living facility given the growing need for step down facilities, particularly for people with a forensic history. A business case has been developed for such a facility, based on a social care model to support service users' recovery journey, and should be supported by a properly funded community infrastructure.

Members noted a member of staff, redeployed to Weavers Hill during Covid has decided to apply for a post in the unit as they enjoyed working there.

ii. Acute Medical Ward D, Mater Hospital – 1 Feb 2022

Professor Bradley presented a report on his virtual visit to Acute Medical Ward D, Mater Hospital on 1 February 2022. An acute medical ward primarily for elderly patients some of whom are confused or suffering from dementia. It is a very busy ward with a turnover of 4-5 discharges every day, which is impressive. The ward is managed by 2 Consultants 1 Care of the Elderly and 1 in Acute

Medicine. In response to the Covid pandemic and care for the patients, medical teams from Belfast City and Mater Hospitals merged to create this ward. There is also an Advanced Nurse Practitioner and a Pharmacist assigned to the ward. In relation to staffing concerns the ward is under extreme pressure, a proportion of staff are preparing to leave primarily to relocate to an agency to try to gain control over their daily lives. A member of staff had commented, "It's not a wave anymore the sea has risen" in relation to the pressure within the system.

In the context of medical reconciliation, antibiotic governance, people's sensitivities to particular drugs and cross reactions is ongoing work for the Pharmacist assigned to the ward. The Advanced Nurse Practitioner is undertaking a prescriber course with support and input from the 2 consultants.

Professor Bradley commented on the reported high level of slips, trips and falls these are the most frequent reported incidents in the ward. Patients who are confused and suffering from dementia appear to be most at risk. The challenge is the cohort of patients to the number of staff available to provide good supervision especially at night. Introducing sonar pads to alert staff to a patients movements is a priority although the same issue will occur for staff as to availability to respond to the patients in a timely manner.

Meal times are challenging as a number of patients require assistance with nutritional needs. This has been exacerbated during Covid non-visiting guidelines as previously patient's relative could assist, although the guidance may be changing. The ward is exploring the idea of dementia companions to assist with individual patients. In relation to falls prevention there needs to be a refocus. Staff are committed to improving the compliance in Venous Thrombosis Embolism and monitoring ongoing medicine safety.

Professor Bradley stated that on reflection the group of staff on the ward, who have been brought together through Covid from various locations were working extremely hard to care for patients and maintain patient safety.

iii. Knockbracken Day Centre for Older People – 14 February 2022

Professor Bradley presented a report of his virtual visit to Knockbracken Day centre for Older People on 14 February 2022. A Day Centre for older people with dementia. Prior to the pandemic it provided care for a maximum of 40 clients. It had closed in the early stages of the pandemic, with staff offering an outreach service to clients in their own homes, however, as lockdown became more stringent this had to cease. Following the initial closure the staff were redeployed to 24 hour residential and supported housing activities. Since August 2020 they have gradually reopened, now with 12 clients and moving to 20.

Professor Bradley reported the staff had advised they had enjoyed their redeployment in other areas which had given them the opportunity to get an understanding of how other users are cared for, particularly in the residential sector.

Professor Bradley stated his overall impression was of a Day Centre run by extremely caring and professional staff, experienced in caring for those with dementia. Their focus is not solely on the condition, but more so on the quality of life for the service user. They are very kind people who the Trust should be extremely grateful to and proud of.

In relation to areas for improvement, there had been a delay in refurbishing the toilets, a derelict area behind the centre could be further developed into a garden. Professor Bradley had advised Charitable Trust Funds may be able to support such a project. There is also a need for additional OT, Physio and Podiatry support and also extra background of the social history of the clients as this would be helpful in relation to wider issues clients may face.

Mr McNaney noted when undertaking visits, even virtually, it is encouraging to witness staffs commitment and enthusiasm to their service users, which is really uplifting.

Professor Bradley endorsed Mr McNaney's comments and stated the importance of undertaking visits and engaging with staff.

Mr McNaney thanked Professor Bradley and Mrs McKeagney for their reports.

16/22 Chief Executive's Report

Mrs Edwards presented on behalf of Dr Jack.

a. Emerging Issues

i. Service Pressures

Mrs Edwards advised the Trust is continuing to experience huge pressures within both adult and children's Emergency Departments. There have been increased attendances, admissions and delayed discharges. She paid tribute to the extreme efforts of all staff, especially those working in the EDs in these challenging times.

Members noted, in relation to Covid the figures have continued to sit at around 150/160 in recent weeks. The Trust continues to take all steps to reduce the potential for nosocomial infections. Covid ICU numbers have reduced, at present there are 4 inpatients in ICU, but there continues to be significant challenge due to the number of ICU staff vacancies. There has been a number of new appointments in ICU who are currently undertaking training and induction. This will allow staff who were redeployed due to the pandemic to return to their substantive posts which in turn will allow for a gradual increase in theatre lists.

Mr McNaney noted that despite the pressures faced by the Trust's EDs, staff had continued to support the system and had taken over 40 ambulance divers over the past weekend. Mrs Edwards advised that the Trust continues to work as part of a regional group with other Trusts, PHA and NIAS to co-ordinate ED pressures across the region, although Belfast has taken a significant number of

diverts. She again commended ED staff, who continually respond to the pressures, despite the fact that their own department is under severe pressure.

Trust Board members extended their thanks to staff for their diligence, commitment and compassion in these challenging times.

b. Muckamore Abbey Hospital Update

Mrs Kearney referred to the Muckamore Abbey Hospital (MAH) update report. She highlighted that resettlement review work continues with the DoH, HSCB and other Trusts with plans for service users resettlements over the next few months and years. Workforce continues to be a major risk, specifically nursing and social work staff, with vacancies not only in MAH but also in community settings, impacting on service delivery. Medical staffing remains constant, there are vacancies among the social work team and adult safeguarding although the Trust continues to recruit into these posts. There had been Covid outbreaks reported in individual wards which have now closed. Trust staff on site are continuing with the Covid lantern twice weekly screening.

Members noted real time feedback had restarted, this had been paused due to staff pressures relating to Covid. The Trust has received comments from patients and their families and this feedback will be evaluated with all stakeholders involved.

Mrs Kearney reported the DoH had commissioned a review on the Advocacy Service in MAH, which should be finalised in April 2022. This will include speaking to patients, service users and their families to gain as much feedback as they can to improve the service.

Mrs Karp welcomed the re-establishment of the real time feedback and was reassured that East London Foundation Trust is working in partnership with the BHSCT to share learning.

17/22 Safety and Quality

a. Quality Management System report

Ms Stoops presented the Quality Management System (QMS) report, which provides an overview of the current position against a range of metrics under each of the 6 quality parameters, together with an update on phase 7 of the Delivery Plan and the Trust performance in respect the Commissioning Plan targets. The QMS framework summarises the reporting arrangements at each level and is about the assurance and accountability processes.

Ms Stoops advised the current Covid position figures are high in terms of inpatients, although much lower in terms of ICU pressures. The community sector continues to be faced with significant challenges, as of 2 March there were 33 Care Homes in Covid outbreak. The Covid vaccination programme has delivered over 335,000 vaccines. Workforce challenges continue, currently there

are 902 staff absent due to Covid related issues. This is 5% of the workforce, in addition there are also staff absent due to other sickness.

In relation to Covid the Trust has treated 4,499 inpatients and seen 310 admissions to Critical Care. Of the 4,499 admissions 83% have been discharged. On assessing the impact of the pandemic on services, waiting lists have grown.

As at 31 January 2022, there were a total of 110,390 patients waiting. 49,246 patients are waiting on inpatient/day case appointments, with 63% waiting over 52 weeks, an increase from 37% in December 2019. There were 110,390 outpatients waiting on a consultant led appointment, an increase of 6% compared to December 2019. Of those patients, 48% were waiting over 52 weeks, a slight reduction from 51% in December 2020.

Ms Stoops noted there had been an increase in waiting times for Psychiatry of Old Age and Learning Disability and a reduction in the waiting times for Mental Health services. There are particular concerns in relation to the increasing number waiting on CAMHS - of 598 patients, 268 have been waiting over 9 weeks for a first appointment.

There has been an improvement in the AHP waiting lists which have reduced from 19,054 in September 2021 to 15,702 in January 2022, an 18% reduction. The number of people waiting over 13 weeks has also reduced by 28%, from 10,207 to 7,326 at January 2022.

Ms Stoops reported good progress has been made against many service areas in the Delivery Plan, which are monitored on an ongoing basis. There continues to be challenges in delivering elective care activity, due to the impact of Covid and ongoing workforce pressures.

Professor Bradley referred to the AHP improved position and asked if there was any learning. Ms Stoops advised this had been unexpected considering the absenteeism rates of AHP staff. She advised the service will review to gain a better understanding and agreed to provide an update to a future meeting.

Mr McNaney referred to a recent Safety and Quality visit to the AHP unit in Knockbracken when staff had advised they had achieved a good impact on the waiting lists due to a lot of the clients wishing to access the service through virtual appointments.

In relation to Safety Thermometer Indicators in Maternity Hospital in January 2022, there was reduced performance in harm free care and concerns not being taken seriously in terms of the reports received. This was unusual and has been highlighted to the service and the ward sister for consideration.

In relation to the Maternity Safety Thermometer figures, Professor Bradley sought clarification for 'mother's separated from their babies'. Ms Stoops advised sometimes this can be due to the baby being admitted to the Neonatal Unit and the mother in the Post Natal ward. Generally both mother and baby are

not separated whilst in the Post Natal Ward, if babies have to go for checks the mother is always asked to accompany the baby.

Ms Stoops advised in relation to medications that the Trust is falling short against the target which relates to the percentage of patients with medicine allergy status. Also having the percentage of patients documented with an omitted dose and the timeliness of medicine reconciliation. She explained work is ongoing to understand the activity.

Dr Loughran sought an update in respect of the CHKS data presented at a recent Trust Board workshop. Ms Stoops advised the CHKS exercise had identified a number of areas for improvement and advised that work is ongoing on a productivity and efficiency plan to enable the co-ordination of progress against each of those. When finalised, this data will be included in the QMS reports.

In relation to mortality rates after elective surgery the Trust performance is 0.3%, which is in line with a peer figure of 0.2%. The emergency surgery rate is 1.1% against a peer figure of 1.6%. The Trusts crude mortality rates compare favourably against peer hospitals. When looking at the Risk Adjusted Mortality Index, the Trust index value is 97 for that period of November 2020-October 2021, indicates that deaths are 3% less than expected in the statistical model. The statistical variation in the Summary Hospital mortality Index shows the Trust is within normal levels of variation against the rest of Northern Ireland.

In regards to Clinical Coding the Trust is achieving 98% within 3 months of discharge. There have been improvements in line with the peer in accuracy of coding with some further improvement need in 2 remaining areas.

Following a query by Dr Loughran Ms Stoops undertook to review the data in respect of palliative care.

In relation to healthcare associated infections the Trust has performed well over the pandemic; however, we are seeing a high number of admissions coded with C-Difficile 22 compared with the same period in 2020/21. MRSA cases have increased since November 2021.

In relation to patient experience, 98.9% of 571 patients who completed a survey in January 2022 were extremely likely to recommend the ward that they were admitted to their family and friends. Additional information shows the trend graphs on 9 of the domains, and patient experience in respect of ED admissions. This has only recently commenced within ED and is based on the first 9 surveys completed with all patients recommending the service to others.

The Trust is continuing to see more engagement through regional Care Opinion, 356 stories have been reported to date with 457 staff responding by January 2022. There has been very positive feedback with a few areas for improvement, a monthly analysis has been added. Real time feedback in MAH was showing an overall satisfaction rate of 94% in December and January 2022. The Domiciliary

Care survey continues to be paused due to workforce issues but is due to recommence shortly.

Ms Stoops noted the staff experience survey results are as previously presented a second survey is underway and will report in coming weeks.

In relation to effectiveness and timeliness there continues to be increased pressures to meet Covid demands and staff being redeployed. The overall length of stay has increased to 7.5 days compared to 7.1 days in January 2020.

There continues to be an increase in cancer service referrals since January 2022, with 1,751 red flag compared to 1,540 in January 2021. The Trust has continued to achieve 100% against the 14 day target and 90% against the 31 day target. In December 40% of patients were treated with the 62 day target.

Whilst there is improvements in the diagnostic activity it has been extremely challenging to meet the CPD targets around the timeliness of reporting and the length of time for patients to be seen.

In relation to Unscheduled Care, there has been a reduction on the activity in the Beechhall Covid Centre. It is understood this services is due to cease. There has been a levelling off of the GP Out Of Hours activity over recent weeks and the Trust is having increased pressure within the EDs. In the week commencing 12 February 2022 there had been 2,500 attendances. ED performance has suffered due to the increase in demand, with 43.5% achievement against the 4 hour target in September 2021, the lowest since April 2018. However, performance in January 2022 was 51.1%. Similarly over the last 8 months the EDs have seen an increase in patients waiting in excess of 12 hours. Between April 2021 and January 2022 there was 15,557 patients waiting over double that time, compared to the same period in the previous year.

Outpatient referrals have increased consistently since the outset of the pandemic with over 17,656 referrals in January 2022. The Trusts continues to review over 10,500 Consultant led outpatient appointments each week. Overall out-patient activity would indicate that by the end of January 2022 performance will back in line pre-pandemic.

In relation to the hip fractures target i.e. 95% of clinically appropriate patients should wait no longer than 48 hours for inpatient treatment. During January 2022 the performance was 92%. The average for 2021-22 is 81%, to date, which is a reduced position.

Ms Stoops advised that Muckamore Abbey Hospital (MAH) at the 16 February 2022 there were 39 patients in residence with an additional 3 patients on trial resettlement placements. The detailed sitrep report has been developed to ensure a continued focus on performance, including reporting on adult safeguarding. The increase in physical interventions, reported previously, related to a small number of patients admitted for assessment and treatment. There continues to be a daily focus on patient flow as discharge is crucial to

moving people through the system. The Trust is also continuing to achieve against the Direct Payments target.

Members noted the number of children referred to social services has been higher than average in 2020/21 compared to the previous year. Overall referral trends since July 2021 are broadly similar on average to the same period last year. There has been a further 3% increase of children on the register compared to the same period last year. There also continues to be an increase in the number of looked after children, with 938 in total at 8 February 2022.

In relation to efficiency, sickness and absence has increased due to Covid-19. Whilst there has been an increase in compliance in statutory mandatory training against all 10 core areas since March 2021, there continues to be less than 50% compliance in 2 core areas i.e. equality and manual handling. QMS reporting provides added focus on mandatory training, which has seen improvement in compliance.

Ms Stoops reported the month 10 financial position indicates a £73k deficit, with an annual overall breakeven position anticipated. Ongoing workforce pressures continues in 2021/22, reflected in the agency spend which is 6.9% higher during April 2021-January 2022 than the same period the previous year.

The Trust continues to focus on treating the highest priority patients, which is an agreed established regional process. The latest report has been further developed capturing the many areas of focus on equity right across the Trust. This includes equality screening of any service changes and reported through the annual Equality Report, newsletters and staff briefings.

In concluding, Ms Stoops advised that of the 35 targets set regionally, there are 19 rated red, 10 are amber and 2 green, the remaining 4 relate to funding or resettlement issued outside the control of the Trust. She noted this is a similar position as the previous few years and will remain challenging to achieve by year end.

Mr McNaney asked what progress is the Trust making in reducing waiting lists and enquired what further progress can be made within existing resources.

Ms Stoops explained that she and Mrs Edwards are undertaking a piece of work focusing on efficiency and productivity in relation to improving the waiting list position. There continue to be workforce challenges and waiting lists have continued to increase incrementally month on month. The Trust has seen a steadying of outpatient waiting lists as some staff, unable to do their usual elective activity, may have taken on more outpatient activity. The Trust has made good progress within pilots and initiatives in Dermatology, Gynae, ENT and Rheumatology.

Mrs Edwards stressed the need to contain costs and improve efficiency and productivity alongside significant additional funding to meet our statutory financial responsibilities. She advised that a financial stability, efficiency and productivity plan is at an early stage of production. She noted the Trust needs to assure DOH

and the public that it is utilising monies in best way possible. Improving efficiency and productivity will improve the financial position and help address some of the waiting lists.

Mrs McKeagney referred to theatre staff redeployed to other areas and asked if this was still impacting on theatre lists. Mr Hagan advised the Trust is developing a theatre recovery plan to increase theatre capacity.

In response to a question from Professor Bradley Ms Stoops advised there is no specific team to review waiting lists within each speciality, each area holds daily meetings to constantly review data. Virtual appointments are continuing and works is ongoing to review DNA (do not attend) trends and modernisation work.

18/22 Resources

a. Finance Report

Mrs Edwards advised the Trust is on target to breakeven this year in line with the statutory obligations. However, she noted in arriving at this position the Trust will have a significant underlying recurrent funding gap at the beginning of April 2022.

Mrs Edwards explained that due to the collapse of the NI Executive the draft budget consultation has been paused and there is no mechanism to agree the budget at the present time. The Trust has been told to plan on the basis of the DoH 2021/22 recurrent budget. This budget is over £1bn less than actual HSC expenditure in 2021/22.

With regard to capital, the Trust is expected to breakeven. Looking to 2022/23, the HSC capital budget is overcommitted in terms of bids for major schemes. General capital will be insufficient to make a significant impact on the Trust's extensive backlog maintenance and other capital needs but will be prioritised to meet the greatest needs.

Mrs Edwards noted that the tender for the Children's Hospital will close soon.

b. Battery Energy Storage System, Belfast City Hospital

Mrs Edwards sought approval for a business case for a Battery Energy Storage System on the Belfast City Hospital, an invest to save capital project. She explained the project was in line with the Trust's commitment to reduce energy consumption and increase the proportion of its energy from renewable sources.

Members approved the business case.

19/22 Audit Committee

Mr Smyth presented the minutes of the Audit Committee held on 12 October, 2021 for information.

Members approved the minutes.

20/22 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 9 November 2021 for information.

Members approved the minutes.

21/22 Any Other Business

No items raised.

22/22 Date of Next Meeting

Members noted the next public meeting was scheduled for 5 May 2022.