Minutes of the Trust Board Meeting
Held on 05 September 2019 at 11.00 am
in the Boardroom, Belfast City Hospital

Present

Mr Peter McNaney	Chairman
Mr Martin Dillon	Chief Executive
Prof Martin Bradley	Non-Executive Director – Vice-Chairman
Professor David Jones	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	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 of Finance

IN ATTENDANCE:

Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Bernie Owens	Director Unscheduled and Acute Care
Ms Charlene Stoops	Director Performance, Planning and Informatics
Ms Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Mrs Orla Barron	Equality Lead and Corporate Planning
Dr Margaret Flynn	Chair, SAI Panel, Muckamore Abbey Hospital

Apologies

Dr Patrick Loughran	Non-Executive Director
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development

Mr McNaney welcomed everyone to the meeting, particularly Mr Aidan Hanna and Mr Pat McDonald, NI Patient Voices, who had requested and been, granted Speaking Rights in respect of Muckamore Abbey Hospital.

Services User Story – Adoption Services

Presentation deferred and will be rescheduled.

27/19 Minutes of Previous Meeting

The minutes of the previous meeting held on 5 September 2019 were considered and approved.

28/19 Matters Arising

No items raised.

29/19 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Chairman's Awards Visits

Mr McNaney referred to the programme of Chairman's Awards Visits, being undertaken by Mrs McKeagney, and Professor Bradley and himself and extended an invitation to all Non Executives to join them if available. He commended the visits as an excellent opportunity to meet frontline staff.

c. BBC Documentary "Hospital from the Inside"

Mr McNaney referred to the recently televised "Hospital from the Inside" programmes, which featured the Royal Victoria and Belfast City Hospitals and followed patients through surgery and treatment. The programmes had featured highly skilled and dedicated staff, and showed how committed teams react when services are under pressure. Filmed over the winter of 2018/19, the documentary was an open and honest account of the challenges facing the health service. It also explored the life changing and lifesaving work staff carry out on a daily basis.

Mr. McNaney expressed pride in the inspirational staff who had demonstrated their commitment and dedication to patient care; he asked that Trust Board's appreciation be extended to all staff involved. Members endorsed Mr. McNaney's comments.

Mrs. Dalzell thanked Director colleagues for enabling the production crew unfettered access and undertook to pass on Trust Board's appreciation to staff teams involved.

d. Safety Quality Visits – Non Executive Director Reports

i. Laboratories, Kelvin Building, RVH – 25 July 2019

Mr. Smyth presented a report of his visit to The Kelvin Laboratories on the Royal Victoria Hospital site. He said whist there are challenges with the current building he found staff to be highly motivated and focused on delivering a safe and efficient service for all service users. There was also evidence of focus on training and staff development.

Members noted the report.

ii. Cranfield, Muckamore Abbey Hospital - 19 July 2019

Mr. McNaney presented a report of a visit he and Dr Jack had undertaken in Cranfield, Muckamore Abbey Hospital on 19 July 2019. They had taken the opportunity to speak to patients, management, ward managers, doctors and nurses and had observed work on the wards. Whilst there was clearly substantial challenges staff were committed to delivering safe compassionate care for patients.

Members noted the report.

30/19 Chief Executive's Report

a. Emerging Issues

Mr. Dillon had no emerging issues to report.

b. Speaking Rights

Mr. McNaney invited Mr. Hanna to address Trust Board.

Mr. Hanna thanked Mr. McNaney for the opportunity to address Trust Board.

i. Muckamore Abbey Hospital

Mr. Hanna referred to the RQIA Improvement Notices (INs) served on the Trust in respect of Muckamore Abbey Hospital (MAH). He quoted minutes of public Trust Board meetings when assurance had been given that MAH patients were receiving safe, compassionate care. Mr Hanna then quoted comments from RQIA following unannounced visits to MAH raising issues regarding appropriate staffing levels, patient safety and care plans. Given the recent RQIA INs, Mr Hanna said the public would question who is right i.e. the Trust or RQIA? He referenced the fact the Trust had not challenged RQIA.

Mr Hanna said it was concerning that; RQIA had issued INs two years after the alleged incidents being reported. He also referenced the

PSNI had stated that MAH was the biggest safeguarding investigation of its time.

Mr Hanna contended that the Trust was not addressing the MAH issues given the RQIA INs and questioned what was a resigning matter for the Chief Executive and Directors?

Mr Hanna referred to RQIA reports dating back to 2013-14 raising substantive safeguarding issues, which should have raised alarm bells for further investigations.

Mr Hanna referred to the Trust policy regarding the installation of CCTV in MAH indicating that all patients and staff should have been advised of the CCTV being installed.

ii. Clifton Nursing Home - Runwood Homes Group

Mr Hanna referred to Clifton Nursing Home, owned by the Runwood Homes Group, and concerns raised by RQIA since 2013 including issuing of Improvement Notices in respect of patient medication. He asked how long this home will be allowed to fail to meet standards before action is taken.

Mr Hanna emphasised the importance of vulnerable adults resident in Clifton House being provided with safe dignified care.

iii. ADHD Assessment

Mr Hanna referred to a 10-year child who has been waiting 102 weeks for an AHD assessment. The child had been referred by the GP in 2017, when in primary 5 now in primary 7 the child's parents are frantic for assessment to be undertaken. Allegedly, the emergency waiting list could be a further 2 years. Mr Hanna stated that Trust staff had told the child's parents the service is in crisis. Mr Hanna emphasised the importance of early intervention for children with ADHD. In 2015, the waiting time had been 12 weeks and in 2019 children are waiting more than 102 weeks for assessment.

Mr McNaney thanked Mr Hanna and invited him to stay to hear the update reports from Directors in relation to Muckamore, which would answer many of his questions.

Mr Dawson asked Mr Hanna to share details of the child awaiting ADHD assessment and he would arrange to have the service investigate the case.

In relation to Clifton House, Mr McNaney asked Mrs Heaney and Mrs Owens to investigate the issues raised and report back to Trust Board. He stressed the commitment of the Trust to ensure that residents receiving safe, quality dignified care.

He also indicated that Dr Flynn, the author of the SAI report on Muckamore would also be making a presentation later on in the meeting and her comments would also address some of the issues raised by Mr Hanna.

c. Muckamore Abbey Hospital

Mrs Heaney referred to the 3 RQIA Improvement Notices and advised that an Acton Plans are in place to address the issues raised and there is on-going dialogue with RQIA.

Mrs Heaney provided assurance that MHA current patients were receiving safe, compassionate care despite many challenges the most challenging being workforce. However, she pointed out that whilst the number of patients had reduced over recent months workforce levels had remained unchanged.

Mrs Heaney provided an update on a number of actions taken by the Trust on the MAH site including the introduction of the Purposeful In Patient Admission (PiPA) appraisal, which improved communication across the multi-disciplinary teams for individual patients. Individual 7-day activity plans are in place for patients; every Ward Manager holds a daily safety brief and there are regular Leadership Walkrounds undertaken. A Weekly Governance meeting occurs to review the Safety Report, which provides assurance on a range of safety metrics. The appointment of Mrs Brenda Aaroy as Carers Consultant has rebuilt communication and dialogue trust with patients' families. A programme of regular social events involving patients and their families is in place.

Mrs Heaney advised that the Trust had engaged East London Foundation Trust (ELFT) as a Critical Friend and they had undertaken a three day visit to MAH site. The Trust was liaising closely with them regarding implementing their recommendations. The Trust was revising the Seclusion Policy in line with Mersey Care's policy, which was recommended as a model of best practice. She also advised that the use of seclusion had reduced significantly.

Mr McNaney asked about progress in addressing the RQIA INs relating to the development of an appropriate nursing workforce model.

Miss Creaney advised that a proposed staffing model had been shared with colleagues in the PHA and DoH; in the meantime, the Trust had revised the skill mix of nursing staff on the MAH site. Miss Creaney referred to the complex needs of patients with learning disability and advised a regional workshop was being held to consider the future workforce model to support them.

Following a question from Professor Bradley, Mrs Edwards advised that a robust action plan was in place to address the issues raised in

the RQIA IN relating to patients finance. She pointed out that there were no concerns regarding financial miss-management, the issues related to processes not being followed. A series of training sessions had been held for MAH staff regarding awareness of the financial procedures and record keeping in relation to patient monies.
Mr Smyth said that as Chair of Audit Committee, Mrs Edwards had fully briefed him on the actions being taken in relation to financial management of patients' money and he was assured issues were being addressed.

Mr McNaney asked if the work would be completed within the timescale for the RQIA INs to be lifted.

Mrs Heaney advised that she was confident the issues within the responsibility of the Trust would be addressed, however there were some areas requiring regional input, outside the responsibility of the Trust. However, she was hopeful the issues would be addressed in a timely fashion.

Ms O'Reilly said she continued to be assured the Trust was committed to involving families in addressing the MAH issues. The engagement of ELFH provided expertise to assist the Trust in implementing change within the service. She also welcomed the involvement of carers in the DoH work, which demonstrated carers could influence services for the future.

Mrs Heaney advised that she and colleagues had met with RQIA to share progress against the Action Plans and RQIA had acknowledged a significant amount of work had and continued to be undertaken.

Mr Dillon advised that Dr Jack had agreed with the Medical Director of the RQIA that there would be regular monthly meetings between Trust and RQIA to report on progress against the INs and for assurance that the Trust was on track to have the INs lifted by 16 November.

Dr Jack said that patients on the MAH site were receiving safe compassionate care, personal activity plans were in place and there was regular contact with carers.

Dr Jack acknowledged that recent media coverage had been challenging for staff and support had been put in place.

Mr McNaney emphasised the importance of the PSNI completing their investigations quickly, which would permit the Trust to complete its disciplinary investigations.

- **Dr Margaret Flynn, Chair SAI Panel**

Mr McNaney invited Dr Flynn, Chair of SAI Panel to report on her recent review visit to MAH and to update the Trust Board on changes since the SAI review.

Dr Flynn then addressed the Board and stated she wanted to be candid in highlighting a number of issues and take a broader systems view of some of the issues.

Dr Flynn quoted the MAH website which states: *There are a number of people living in hospital who do not need to be there. They are waiting for community living arrangements to be funded so that they can leave hospital.* She said this statement underlines a principal finding of the 2018 review concerning safeguarding at MAH, she emphasised safeguarding could not be seen in isolation since custom and practice are shaped by the Hospital's history and culture, by BHSCT and the histories and cultures of other Trusts, the DoH and the Legislative Assembly**.** MAH is an isolated hospital, which is disconnected from community services. It is based on an acute-care model that does not work for people with life-long support needs.

Dr Flynn stated that for too many years, MAH has not been center-stage in the deliberations of the Legislative Assembly, DoH, HSCB, RQIA, or Trusts. She emphasised the case for major change must include all, from the Legislative Assembly downwards (i.e. politicians, Trust directors, Board members and inspectors) and must engage with people with learning disabilities and their families if they are to address the absence of home-treatment, supported living and provider expertise. All of these are associated with crisis admissions, which should be time limited.

The absence of proportionate incident reporting to the PSNI was the direct consequence of the HSCB's regional adult safeguarding policy and procedures. The frequency of the PSNI's attendance was not the result of out-of-control criminality; it was the result of a rigid policy requiring staff to report everything.

The PSNI is continuing their investigation and staff suspensions are the result of scrutiny of massive number of hours of CCTV films captured by 90 cameras.

In parts of the hospital, work practices in 2017 were harmful and disproportionate; for example, the intensive use of seclusion was not challenged. Dr Flynn pointed out that the low ratio of registered staff to patients was not a factor in those areas of the hospital where CCTV evidences patients being harmed.

Dr Flynn advised during December 2018 she had accompanied Mrs. Heaney to meetings with families to share copies of the SAI Review report she had chaired, following which she had shared the following observations with Mrs. Heaney:

- Some families revisited their experiences of caring for their daughters and sons before they were admitted to the MAH. Their accounts demonstrated their life-long commitment to their adult children, a deep desire to demonstrate their worth to others and a common singularity of purpose that they should not be harmed.
- Families shared the ways that they see their relatives and the ways in which they had negotiated their family lives. Their descriptions do not use the language of professional carers and are remote from the negative associations of "challenging behavior."
- Family routines involved parents dividing their time between their disabled adult children and their non-disabled children. Some explained that in the family home they were unable to eat together as a family or even be in the same room.
- Their loved ones admission to MAH was a major and distressing life event. It did not herald the end of family caring, but the beginning of very stressful times, as visits were not reassuring. Some envisaged entering into collaborative relationships with staff and sought to share their knowledge of their adult children, their biographies and preferences with ward managers and staff. This was not always valued. Although the families were keen to state that there are individual staff who "go the extra mile" and those who are "advocating strongly" on behalf of their relatives, they all acknowledged that their trust in professional managers and staff was eroded.
- The families described a range of scenarios, which they could not fathom. Decision-making appeared arbitrary and beyond negotiation. Some changes in their daughters and sons' lives were abrupt and promises concerning discharge placements were not realised.
- Increasing doses of patients' medication troubled families.
- The families' low expectations of MAH were realised. The efforts of "some brilliant staff" were overshadowed by the emergence of the CCTV footage and the PSNI investigation. The PSNI had visited most families and so some family members had seen images of their relatives being harmed.
- The families' aspirations are modest: "you have to take your moments – X has had a hard deal in life…to have a better life…to see X settled…to be able to visit and have dinner with X…the right people and the right environment, effective boundaries…supported by people who will treat them like family… a more hopeful future…"

Dr Flynn referred to the Permanent Secretary's statement "….. *action is urgently needed by the health and social care system as a whole…no one should have to call Muckamore their home in future, when there are better options for their care…Muckamore will return to being a hospital providing*

acute care, and not simply a residential facility….I fully recognise that the December 2019 deadline for the resettlement process will be challenging, but the Department owes it to patients and their families to be demanding…I remain very concerned about the HSC system's current structures and attitudes regarding concerns and complaints from service users and their families. All too often, it seems the onus is on citizens to persuade the system that something is wrong."

Dr Flynn reflected on an evening meeting hosted by BHSCT in February 2019, following which Mrs. Aaroy, Carers' Coordinator circulated a note of the discussion to families. The note set out a checklist of what families expect, i.e.:

- evidence of "honesty" and "action"
- not leaving problems unattended and contacts initiated by families without a reply; and ensuring that the lessons identified feature in the Trust's staff and management training
- reiterating clearly to the hospital and Trusts responsible for placing people how vital it is to listen to people with learning disabilities and their relatives; and to engage in ways which are mutually respectful
- purposeful engagement with families
- the clear intention to cease placing people in seclusion
- "better options" for people currently stuck at the Hospital
- ensuring that every family has information about who to contact in the event of any questions, objections or doubts they have concerning the care, support and treatment of their relatives
- staff members being required to "declare" whether or not they are working with relatives, in-laws and partners because this should not happen
- staff supervised by managers who are demonstrably engaged, knowledgeable, competent and accountable
- relatives being and feeling welcomed [it was acknowledged that "This has happened…It has changed already"]; and being respected as knowledgeable advocates and leaders
- a drive to improve the quality of community-based service provision that is planned on the basis of accurate information about individuals as well as being responsive to people's care and support needs
- precise RQIA registration and inspections which ask searching questions; evidence of a greater readiness to de-register homes which are failing people with learning disabilities and/ or have no track record in using information from families and knowledgeable front-line staff to achieve valued outcomes; a professional and credible response from the regulator when families report distressing events
- being respectfully offered timely information, most particularly when measures need to be taken in uncertain situations e.g. media coverage of events concerning our relatives.

Dr Flynn referred to a Trust adult safeguarding event for staff she had participated in. The purpose hinged on safeguarding practice. "Loss of focus" was a recurring theme. It was recognised that dovetailing

safeguarding procedures with inspections, contract monitoring, Mental Capacity and other legislation, professional regulation, complaints, clinical governance, internal disciplinary arrangements and serious adverse incidents is a critical task for professional leaders across the region.

Dr Flynn outlined five levels and contexts of adult safeguarding – from the individual level the Commissioner of the service to the Legislative Assembly from attending to a person's immediate safety to regional policy to introduce legislation. It is clear that "safeguarding practice" alone cannot achieve these outcomes because the levels are interconnected.

Dr Flynn referred to the number of staff suspensions and disciplinary proceedings; the RQIA notices; monitoring of historical CCTV footage; drafting of a CCTV viewing policy; and the ongoing PSNI investigation. All of which had a destabilising impact on morale and the hospital's ability to recruit to the workforce. She said there was no sense that these interventions arose from a coherent, whole system approach where multiple organisations and agencies worked in a collective sense of responsibility to achieve the best possible outcomes for citizens with learning disabilities.

Dr Flynn advised she was disappointed to be advised that the numbers of MHA patients being discharged continued to be compromised by new admissions, including re-admissions. Since March 2019, the number of patients has remained at "around 60," irrespective of BHSCT's "statutory supported housing scheme" and plans to discharge almost 20 people.

Dr Flynn said that during her return visit in June she had attended ward reviews, which were illuminating and upbeat. The multi-disciplinary team ward processes provided information about patients over the preceding week. The MDT included nurses, day support staff, psychologists, psychiatrists and a pharmacist who were focused and receptive to challenge. Plans concerning discharge arrangements were discussed in relation to each patient.

Dr Flynn noted patient's interests and activities are being advanced via activity plans. This is a significant improvement since the previous year given that the lifestyles of many adults with learning disabilities resemble those of sedentary older people.

Dr Flynn stated there has been a sea change in communications with carers and an observed readiness to make person-to-person contact with the hospital's managers – which can only be enhanced by the new Carers' Forum, co-chaired by a relative. Families need the reassurance that the provision of supported housing is changing the lives of discharged patients.

Dr Flynn said if there is a regional commissioning model concerning the support of people with learning disabilities and autism over the life cycle, its priorities remain to be set out. Adults with autism appear to be

especially vulnerable to being overlooked since there are so few providers with expertise in delivering valued support in Northern Ireland. She referenced the MAH's website, which is a stark reminder that BHSCT cannot deliver community placements. Hospital managers are striving to promote resettlement, maintain safe staffing levels, keep patients occupied and active and repair relationships with families, without promoting the MAH as "the default placement" which, remarkably, is how it continues to be perceived by some commissioners.

Dr Flynn advised that in July 2019 she had been disappointed to learn the upbeat references to "collective commissioning" during 2018 and the importance of taking collective action had no impact on MAH or those who were being returned to MAH due to "failed" placements. Although the WHSCT and SHSCT have Assessment and Treatment Units, BHSCT, NHSCT and SEHSCT have relied heavily on access to MAH. Meetings with managers responsible for "procuring" community services in three HSC Trusts confirmed that work with the Learning Disability Forum, for example, does not connect with the "ad hoc" purchase of services. Some providers have increased fees by as much as 40%. This has not resulted in improved services. Closer notice needs to be paid to whether what is being commissioned is value for money. There is no consensus on the way forward with some investments taking months to expedite and there are issues when people move from one Trust to another regarding what services they can access.

Dr Flynn stated there is no procurement as such, with commissioners looking to providers to come up with solutions and options. There is anxiety about the loss of the MAH because of the limited provider portfolio in Northern Ireland.

Dr Flynn referred to the all-purpose services of "day centres", which are out of step with people's aspirations, with considerable resources in transporting people at the beginning and end of each weekday. Yet these are critically important for families of people who would struggle to manage in the absence of this form of support. She had spoken to Managers who were seeking a Departmental commitment to the outcome of the Regional Adult and Learning Model; clear pathways in and out of acute, specialist provision, security of tenure for people moving into supported accommodation, consequences for providers who take patients and then quickly return them to hospital, greater investment and flexibility from housing providers and he support of society in demonstrating collective responsibility to house people with learning disabilities within communities.

Dr Flynn pointed out that the Carers' Coordinator is attuned to the fragility of families, particularly those who were assured of placements, which did not materialise or were terminated within weeks. The investment in working with families is integral to developments at the hospital because their involvement is enduring and changing. Many spend a great deal of time visiting their relatives.

Dr Flynn referenced the RQIA IN issued in August concerning staffing and nurse provision, adult safeguarding and patients' finances. Alongside this the PSNI reported "1500 crimes" had been committed within the Psychiatric Intensive Care Unit with a Detective Chief Inspector was quoted as describing this as PSNI's "largest adult safeguarding case of its kind." The RQIA's actions and the PSNI claims have placed an unreasonable burden on patients, their families and staff. The Stephen Nolan show of 28 August devoted part of the morning programme to MAH specifically the "1500 potential crimes." He asked: "why did the Hospital install CCTV if it did not intend to use it immediately? Whose job was it to view the CCTV? Are people at the top of BHSCT still going to work? Is there any accountability?" Dr Flynn said it was important that peoples questions should answered.

In concluding her presentation, Dr Flynn made the following points:

- BHSCT should respond to the allegations made in the media, initially to the families of patients who remain in MAH and to those who have left during the last two years. It should be clear about the actions (i) it has taken (ii) the MAH has taken since the CCTV images were viewed. Openness about the actions taken are paramount
- Muckamore Abbey Hospital requires a redefined *Statement of* Purpose hinging on the assessment and treatment for people with learning disabilities and autism with mental health problems. It has never been a single-purpose Hospital providing acute care
- a closure date and programme leading to this for Muckamore Abbey Hospital remains to be set out. It is essential that this decision involves people with learning disabilities and their families
- as an interim measure consideration should be given to NHSCT and SEHSCT being allocated their own acute care resources – separate buildings on the MAH site for which these Trusts have total responsibility in terms of admission and discharge, staffing and therapeutic input. This will "shadow" the creation of specialist, short term facilities within their own Trusts
- an acute care resource for the BHSCT should be in Belfast
- in the event of RQIA issuing further notices, the MAH should draft a Business Contingency Plan addressing (i) Hospital closure and (ii) transfer of responsibility for the MAH from the BHSCT
- A bold and well formulated regional effort is required. It must be pursed with energy and persistence at all levels, by Belfast Trust, by other Health Trusts, by providers, self-advocates, commissioners and families, by the DoH and society

Mr. McNaney thanked Dr Flynn for her very comprehensive feedback and agreed the importance of a regional agreement for a more appropriate care provision for people with complex learning disability needs.

Professor Bradley acknowledged the improvements the Trust had put in place for MAH patients. However, he referenced the need for issues to be addressed at policy level and the importance of the regional review

ensuring future services are flexible to meet the complex needs of people with learning disabilities.

Ms. O'Reilly stated the learning disability service needed to be commissioned differently. She was particular interested in feedback from families and emphasised the importance of them being included in the development of future services given their lifetime committed to caring for their loved one.

Mrs. Karp thanked Mr. Hanna for his comments earlier. She said she was grateful for Dr Flynn and ELFTs external challenges in respect of improving services. She said that she was assured that MAH were currently receiving safe compassionate care. Governance processes had been strengthened and whilst MAH wasn't the ideal setting for people with complex learning disabilities, for the short-term it was important it continued to care for these patients to allow more appropriate care pathways to be developed.

Mr. McNaney thanked Mr. Hanna for attending the meeting and sharing his concerns and asked him if he had any refractions on Dr Flynn's comments.

Mr. Hanna said it was important BHSCT liaise with relevant Directors in other Trusts regarding the discharge of patients. He reflected on his personal experience, his brother with learning disabilities attends a day centre and recently due to staff shortages, he had been unable to attend. He stressed the need for understanding of the impact this has on people with learning disabilities, to have their routine changed. He also referred to recent media coverage regarding the change in role of the Chair of Division and stated the need for communication with families so they don't learn of such changes in the media.

Mrs. Heaney advised that she is in regular contact with Director colleagues in other Trusts regarding a discharge programme for patients in MAH and the future care model for people with complex learning disabilities. In addition, Mrs. Heaney advised that herself and colleagues liaise very closely with families to keep them appraised of issues relating to MAH.

Mr. Dillon advised that the issues raised by Dr Flynn were being considered by the DoH Assurance Group. He stated that it was important that MAH continues to provide safe compassionate care for patients pending appropriate discharge arrangements and a regional view on future of Intellectual Disability Hospitals. However, he advised contingency arrangements were being drawn up for BHSCT patients in the event of the nursing workforce becoming unsustainable. He emphsised the overriding priority and preferred option is to stabalise the service in the interests of the patients.

b. Neurology Review Update

Mrs. Owens provided an update in respect of the Neurology Review.

Members noted the position.

c. IHRD

Mr. Dawson provided an update on the on-going work in respect of the IHRD workstreams. He advised hat arrangements were being made for a stocktaking to be held in November for Trust staff.

Members noted the position.

d. Infected Blood Inquiry (IBI)

Mrs. Leonard advised the last round of this phase of IBI public hearings for the infected and affected was scheduled to commence on 8 October in London. The Inquiry will publish witness lists in advance; a significant number of individuals are giving evidence anonymously.

Members noted, as was the case with the Belfast Hearings, the Inquiry will not give the Trust advance notice of witness statements from those giving evidence at the Inquiry. The Inquiry have advised that statements will be published electronically on the website for Core Participants one week in advance.

Members noted the position.

j. Annual Report 2018/19

Mr. Dillon referred to the publication of the Annual Report for 2018/19, the draft of which had previously been considered at the confidential Trust Board meeting in June, together wit the annual accounts.

Members noted the publication of the Annual Report for 2018/19.

31/19 Safety and Quality

a. Performance Report

Ms Stoops presented the Performance Report for the period April to July 2019 providing an update on activity in respect of the Safety Quality and Experience over a range of indicators and performance against the DoH commission 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 13 are being delivered or substantially delivered, 3 are to be confirmed and 18 are not currently being delivered i.e. HCAI – MRSA and C.Difficille; 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 and Psychological Therapies 9 / 13 weeks; AHP patient waiting longer than 13 weeks to first treatment; 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 13 are being delivered, or substantially delivered, and 3 are not currently being delivered i.e. ED patients treated, discharged or admitted within 4 hours (RVH site); Diagnostics 9 weeks; and CAMHS 9 weeks

Dr Jack pointed out that in some areas the trajectory figures can be misleading as they do not demonstrate service improvements.

Mr. McNaney referred to the need for realistic targets to demonstrate the Trust activity against capacity.

Professor Bradley referred to a Chairman's Award Visit to a staff team who had reorganised CT scanner rotas, which had resulted in reduced waiting times and suggested learning could be shared with other specialties in respect of managing waiting lists.

Ms Stoops advised that learning and best practice is shared across services.

Mss Stoops advised that the Performance Framework was currently being reviewed.

Members noted the performance report.

b. Rural Needs Annual Monitoring Report 2018/19

Mr McNaney welcomed Mrs Barron to the meeting.

Ms Stoops presented the first Rural Needs Monitoring Report for the period 2018/19, providing an overview of how the Trust has fulfilled its legislative obligations in accordance with the Rural Needs Act (NI)(2016).

Members noted the reported detailed the*:* Description of each Activity that was subject to the Act; the policy area that the Activity relates to; and narrative description to evidence compliance with the Act.

Ms Stoops advised that Rural Needs due consideration has been undertaken and has limited relevance to the policies/service delivery that the Trust has undertaken during this reporting period. Whilst 145 policies

were subject to an equality screening, 4 were considered to have a potential bearing on rural needs.

Members noted the report highlighted the Trust is committed to adopting a proportionate approach to rural needs when there is greater relevance i.e. in the delivery of regional services

Following consideration members approved the report for submission to Department of Agriculture Environment and Rural Affairs.

32/19 Resources

a. Finance Report – Draft Financial Plan 2019/20

Mrs Edwards presented the financial position for the period ending July 2019, together with the draft Financial Plan for 2019/20. She explained that at the end of July 2019, the deficit position for the Trust is £12.5m. This deficit would pro rata to give a FYE £37.5m, which is £7m higher than the residual opening deficit. This is indicative of the fact that not all savings are currently being achieved at this stage of the year and workforce management targets are currently not all being achieved.

Members noted the ongoing pressure in relation to recruitment continues in 2019/20 and as a consequence there continues to be an increase in nurse agency usage in the first couple of months in comparison to 2018/19, particularly in relation to off-contract high cost agencies, resulting in increased average costs. The Trust is committed to achieving its 2019/20 workforce targets and is therefore relying on directors to fully deliver their workforce targets. This will be monitored closely in the next few months to understand if this is a continuing trend.

In relation to the draft Financial Plan, Mrs Edwards advised that whilst the Trust reported a breakeven position in 2018/19, much of the in-year reduction in the Trust's opening financial deficit was attributable to one-off, non-repeatable measures and a substantial amount of non recurrent income. As a result, the Trust is facing a recurrent underlying funding deficit of £70.2m after accounting for recurrent savings commenced in 2018/19. This deficit is the opening deficit before accounting for new pressures in 2019/20 including inflation, demographic growth and other inescapable cost pressures, estimated at £5m, pay uplifts or new developments.

Mrs Edwards advised the HSCB indicative allocation issued at the end June 2019, included £33.7m recurrent funding against the roll forward deficit, £4.52m against 2018/19 emerging pressures and £5.6m against other pressures/anticipated income. This has resulted in a residual opening deficit of £26.25m, comprising £1.5m from the rolled forward 2018/19 deficit, £13.5m 2018/19 unachieved savings and £11.2m 2018/19 unfunded

cost pressures. In addition DoH, through HSCB, has also levied a new savings target comprising the Trust's equity adjusted share of a £42.85m regional general Trust savings target (£17.65m), a 49% share of an £8m regional secondary care pharmacy savings (£3.89m) and a 56% share of a regional £1.7m car parking target (£0.95m).

Mrs Edwards pointed out that it is anticipated the Trust will be able to achieve, through a mixture of recurrent and non recurrent measures, a total of £15m new savings against general efficiencies. The majority of these savings will be set against the unmet 2018/19 savings target with only £1.5m available to set against the 2019/20 general savings target. New pharmacy savings of £3.89m are expected to be delivered in 2019/20 giving total savings of £18.9m. The Trust must also continue to meet its workforce management target of £18m.

Members were advised the current HSC financial plan does not take account of emerging 2019/20 cost pressures. The Trust is already aware of a number of emerging pressures, including high cost cases and auto enrolment, but at this stage has not included them in the financial plan as they are yet to validated or require further direction from commissioners. HSCB has been alerted to a number of potential pressures.

Mrs Edwards advised that after taking account of the new funding, savings targets and plans there is a residual net 2019/20 deficit of £30m, the Trust does not believe that this is achievable in-year without resorting to service impact measures. She emphasised the he Trust continues to explore all opportunities for efficiency and productivity savings or cost containment. A workshop has been held with key clinical and management leaders to review high spend areas and opportunities emerging from quality improvement work and comparative analysis with other Trusts. Following this a number of workstreams have been identified and task and finish groups established to take forward savings initiatives.

Mr Dillon advised the Permanent Secretary had written seeking assurance that the Trust would achieve all financial statutory requirements within 2019/20.

Members expressed concern at the financial position and current impact on waiting times for patients, which would be further impacted upon.

Mr McNaney acknowledged the difficulties facing the DoH and the overall allocation of funding to health from the Northern Ireland bloc grant, however he express the view that if savings need to be made, Trusts should act together and adopt measures, which had the least impact on the vulnerable.

Mrs Edwards explained she had to leave Trust Board early to meet with DoH colleagues to appraise them fully of the Trust position prior to responding to the Permanent Secretary. She undertook to provide an update at the next meeting.

b. Major Capital Projects

Mrs Edwards presented a summary report in relation to the on-going major capital projects as follows:

- **Acute Mental Health** – services to transferred the new in unit June, there are some building related issues to be addressed.
- **Maternity Hospital** – the Trust is liaising with DoH to secure additional contingency monies
- **Children's Hospital** – CPD-HP have alerted the Programme Board to an additional year for construction, the financial consequences have been requested
- **Critical Care Building** – the Project Boar have agreed to delay the theatre programme to coincide with the completion of the hybrid theatre to avoid any disruption to services
- **Helipad –** contractor replaces part of the system, NIFRS checking to ensure adequate water supply for fire suppression.
- **RGH Energy Centre –** significant delays in the planning approval process have had an impact on the programme.
- **Glenmona –** approval for the business case for the replacement of two units on the site i.e. an intensive support unit and separated minors unit.

Members noted the report.

c. Claim Under the Late Payment of Commercial Debts (Interest) Act 1998

Mrs Edwards advised the Board had previously requested her to seek legal advice from an independent QC, on a long standing matter in relation to monies claimed on behalf of Surgical Systems Ltd and an individual. She stated that legal opinion had been received from the QC and that it was clear the purported late payment claims were statute barred and the Trust's decision not to pay interest and compensation should remain as stated in earlier correspondence to Surgical Systems Ltd and the individual concerned.

Mr. Smyth confirmed that Mrs Edwards had shared the legal advice with him as Chair of the Audit Committee and he was happy to accept the advice. Mr Dillon also confirmed he was happy with the recommended course of action.

Members of Trust Board endorsed the decision proposed by Mrs Edwards.

d. Charitable Trust Fund Applications

Mrs Edwards presented the following Charitable Trust Fund (CTF) applications for final approval:

- Oncology – modification to the Acuity Room, Radiotherapy Department
- Neurosurgery Ward – purchase a spinal operating table

Mrs McKeagney advised the Charitable Trust Fund Committee had considered and approved both applications.

Members formally approved the above CFT applications.

33/19 Assurance Committee

a. Minutes – 30 April 2019

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

Members noted the minutes

b. Terms of Reference – Annual Review

Mr McNaney presented the Terms of Reference (ToR) of the Assurance Committee, which had been subject to annual review, with no revisions.

Members approved the ToR.

34/19 Social Care Committee

Ms O'Reilly presented the Social Care Committee Adult and Social Care minutes of the meeting held on 29 November for information.

Members noted the minutes.

35/19 Any Other Business

a. Pseudomonas – Neonatal Unit

Miss Creaney advised on 3 cases of pseudomonas within the Neonatal Unit. Whilst not an outbreak the situation had been managed as one by the IPC Control Team, with hand hygiene audits undertaken and water and equipment tested.

Mrs Karp said this raised the need for all staff to ensure they adhere to Infection Control Protocols.

Members noted the position.

36/19 Date of Next Meeting

Members noted the next meeting was scheduled for 7 November 2019.