

**Minutes of the 169th Public Trust Board Meeting
on 7 November 2024 at 9am in the
Boardroom, NCS, RVH**

Present

Mr Ciaran Mulgrew	Chairman
Mr John Conaghan	Non-Executive Director
Miss Patricia Gordon	Non-Executive Director
Mr Joe McVey	Non-Executive Director
Professor Catherine Ross	Non-Executive Director
Mr David Small	Non-Executive Director
Mrs Maureen Edwards	Interim Chief Executive
Mrs Claire Corry	Interim Director of Finance
Mr Chris Hagan	Medical Director
Mrs Olga O'Neill	Director of Nursing and User Experience
Miss Tracy Reid	Interim Executive Director Social Work

In Attendance:

Mrs Bernie Owens	Deputy Chief Executive
Dr Brian Armstrong	Director Unscheduled and Older People's Services
Ms Paula Cahalan	Director Child Health and NISTAR, Maternity, Dental, Gynaecology and Sexual Health
Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Janet Johnson	Director ACCTSS and Surgery
Ms Moira Kearney	Interim Director of Cancer and Specialist Services
Mr Colin McMullan	Interim Director Adult Community and Older People Services
Mr David Porter	Director of Strategic Development
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Ms Kerrylee Weatherall	Interim Director Children's Community Services
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Peter Watson	Head of Office
Ms Aine Stewart	Business Support Manager, Minute Taker
Ms Ruth McKibbin	Office Manager

Apologies:

Professor Carmel Hughes	Non-Executive Director
Mrs Patricia Ferguson	Operational Director, Encompass
Mrs Marion Mulholland	Director, Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients
Dr Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services

1. Chairman's Business

It was noted that there were no members of the public present.

The Chairman welcomed all to the meeting.

In particular, the Chairman welcomed Mr David Porter to his first meeting of Trust Board having recently been appointed Director of Strategic Development. The Chairman noted that the post will allow increased director oversight for the Trust's upcoming major capital schemes and in particular the New Children's Hospital which is a NI Executive flagship scheme given its size, complexity and significance in the region. Mr Porter has most recently been the Interim Director of Health Estates, at the Department of Health, and in that role worked closely with Trust staff across our major capital schemes.

The Chairman also indicated that he was delighted to welcome Mr Hagan back to the role of Medical Director. The Chairman indicated he was also delighted to see Dr Armstrong having returned to work.

Finally in his introductory remarks, the Chairman indicated he would wish to pay tribute to two colleagues who would be leaving the Trust before the Board met again.

Firstly referring to Mrs Johnson, the Chairman referred to her illustrious career since commencing general nurse training in January 1983 at St Bartholomew's Hospital in London. Following some years working in Saudi Arabia, Mrs Johnson had returned to the Royal Victoria Hospital becoming a theatre sister and then leading on the amalgamation of fracture theatre services. The commissioning of services in the new Phase 1 hospital followed, before Mrs Johnson became a Directorate Manager, a Codirector, Operational Director during the Covid pandemic, and then taking up her current role as Director of ACCTSS and Surgery. Mrs Johnson has also had an important role regionally.

Secondly the Chairman referred to Mrs Owens. The Chairman noted that Mrs Owens was just a little ahead of Mrs Johnson, with 1983 being the year she qualified as a Registered General Nurse. Like Mrs Johnson, Mrs Owens' early career was in theatre nursing, with her holding various positions including as Directorate Manager. Mrs Owens was then a Divisional Manager in the Royal Victoria Hospital and later a Codirector and Director at the Trust from 2013. In 2021 Mrs Owens had been appointed Deputy Chief Executive, and the Chairman noted that he was grateful to Mrs Owens in particular for her leadership during Dr Jack's absence earlier in 2024, when she had been exemplary in all that she did.

Mrs Owens has led service change in Unscheduled Care, led work in Custody Healthcare, Alcohol Recovery, and was the Director Lead for the implementation of the Major Trauma Centre. Mrs Owens also led the recall of patients in Neurology. During the pandemic Mrs Owens had a central role in the Trust's response, while she has also been instrumental in the resettlement programme for patients at Muckamore Abbey Hospital.

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Source: Peter Watson

The Chairman noted that there was so much more he could say about both Mr Johnson and Mrs Owens but for now he wished to thank them for their years of service, and wish them both long and happy retirements.

The Chairman then invited any conflicts of interest to be declared. None were declared.

The Chairman noted apologies from Professor Carmel Hughes, Dr Peter Sloan and Mrs Marion Mulholland.

P52-2024 A – Minutes of previous meeting 12 September 2024

The Chairman then referred to the draft minutes of the Trust Board on 12 September 2024. Mr Watson had noted that Mr McMullan's name had been omitted from the attendee list but other than that amendment the minutes were agreed as a true and accurate record of that meeting.

P52-2024 B – Communications with Mr Stanford Smith

The Chairman noted that at the September Board meeting he had read questions which had been received from Mr Stanford Smith. Board members had seen the responses which went to Mr Smith on 2 October and subsequently, following his further emails, while Mr Watson will ensure that a full copy of the responses is kept for the public record.

The Chairman noted that Mr Smith had written again on Thursday 31 October with additional questions. The Chairman then read these questions for the public record, noting that colleagues had already begun to prepare responses to these questions, which responses would be shared with the Trust Board.

The questions read were as follows :-

I wish to submit the following questions for the public Trust Board meeting on the 7th of November.

Item 6.

Can the Chairman please provide a copy of proposed revision of standing orders and whether an equality impact assessment will be carried out, along with a public consultation?

Item 9.

Can the Chairman please provide the full costs associated with accommodation for medical physics? And please provide the context for this.

Item 11.

Can the Chairman please provide a copy of the performance report on encompass?

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In 2022/23 and 2023/2024 how much did the Trust spend on the HSC-Leadership centre consultants?

Can the Chairman give the public an update on the new maternity department at the RVH?

A full list of issues preventing the new department from opening?

The projected costs involved to rectify the issues at the new department?

The Trust took control of new maternity department in March this year, what has the running costs been from then until the 31th October?

Could the Chairman provide a full list of vacancies within the CAMHS department?

In 2022/23 and 2023/24 how much of Belfast Trust's budget was spent on agency staff?

Matters arising

There were no matters arising other than those which were already on the agenda.

2. P53/2024 Action Log

Mr Watson referred the Board to the tabled Action Log.

It was agreed that "Green" items be removed, while Mr Watson noted that it was hoped that Convene would facilitate more effective tracking of actions from the Board meetings.

ACTION:-Mr Watson

Miss Gordon noted that her previous query had not been about seeing a copy of the correspondence which had issued to complete actions, rather it was in relation to what response there had been from Dan West.

3. Chief Executive's Business

The Chairman thanked Mrs Edwards for the Chief Executive's report which had been received the previous day.

Mrs Edwards indicated that in addition to those written updates, she wished to provide some further updates to the Board.

Mrs Edwards noted that encompass had gone live at Northern Health and Social Care Trust at 4am on Thursday 7 November. She praised Belfast Trust staff for the significant support they provided to NHSCCT staff in the run-up and during go-live. She also noted that the core Laboratory Information Management System (LIMS) had gone live recently, while the regional cervical screening programme had also commenced in November..

Mrs Edwards noted that Dr Sloan was an apology due to his attending an awards ceremony in London, but that he had provided some briefing to her to relay to the Board.

The Psychiatric Assessment & Treatment Hub is planned to open in the Mater Hospital on 11 November 2024 and will function as a 'safer place to wait' for patients on a waiting list for a bed in the Adult Mental Health Inpatient Centre (AMHIC). Since April 2022, the demand for inpatient care in AMHIC has been high, necessitating the development of a waiting list. This has resulted in prolonged waits for patients in Emergency Departments (ED), general hospital wards and at home, negatively affecting their experience and well-being. The establishment of the Psychiatric Assessment & Treatment Hub is a proactive measure to improve the experience of patients who have to wait for inpatient care, and to reduce pressures on the ED. The unit will be staffed with Mental Health Nurses and supported by psychiatry medical staff.

This area is dedicated to supporting patients from the Royal Victoria ED/ Mater ED; Home Treatment Team (HTT) patients requiring admission, who require a place of safety, and patients detained in community settings.

The Chairman noted that he and colleagues had very much enjoyed the volunteer recognition event, while the staff remembrance service in Stormont on Monday evening past had been deeply moving.

4. Papers for noting en bloc

The Chairman noted that there were no papers for noting en bloc at this meeting.

5. P54/2024 Finance Report

Mrs Corry referred to the finance report which had been circulated.

Mrs Corry highlighted that £76.7m of savings had been identified in order to produce a breakeven plan for 2024/2025. A review of the budgetary position at the end of month 6 had led to increased confidence in the achievability of breakeven, but there remained much work to be done to ensure that savings identified for the second part of the year were realised.

Mrs Corry noted that the Trust has also contributed to regional recovery planning across the next five years. The Trust had provided indicative income and expenditure figures for the next five years based on a number of Service Planning and Performance Group (SPPG) planning assumptions including no growth funding, deficit funding reduced to zero by end of year 3, and fully funded pay and non pay inflation. The Trust's deficit had been reported as £230m after five years, to reflect anticipated demand and cost growth and savings in excess of £90m.

The Chairman referenced the recent public announcements of increased funding. Mrs Corry indicated that it was unclear as yet as to the impact on health, but it was likely that the full deficit would not be addressed.

The Chairman noted that in informal discussions with politicians, the sense he had gained was there was a growing view that health had previously benefited to the detriment of other sectors, which were now raising demands for increased resource.

Miss Gordon enquired in relation to medical staff savings. Mrs Corry noted that much would depend on a revised regional medical agency framework, the introduction of which had been delayed. The Trust had however taken initial steps internally focusing on high cost and off contract agency doctors. Mrs Edwards added that reducing medical agency costs was one strand of work being led by the Chief Executive of the Western Health and Social Care Trust, as part of a wider medical staff strategy.

Mr Small thanked Mrs Corry for the clear paper but also noted the increasing costs of nurse and medical agency costs, enquiring if there was a plan to address these. Mrs Corry provided reassurance that the Delivering Value Programme Board meetings and regular finance meetings with Directorates focussed on these issues, including for example in nursing where there was robust scrutiny of "one to one" nursing. Mrs O'Neill echoed Mrs Corry's comments referring to the work across the region to seek a consistent approach.

Following a query from the Chairman, Mr Hagan described the differing roles of consultants and specialty doctors.

Miss Kearney noted the financial pressure which arose when facilities were open for longer hours than they were commissioned for, while Mr Hagan highlighted the

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Source: Peter Watson

importance of making Northern Ireland an attractive place to work in a context where the terms and conditions particularly in the Republic of Ireland were so much better.

6. P55-2024 Proposed revision to Standing Orders

The proposed revision was noted and agreed.

7. P56-2024 A, P56-2024 B Financial Governance Report

The Chairman noted the very positive report which had been received from our “critical friends”, which should place the Trust in a good position when it comes to engagement with the Department and SPPG for additional funding.

Mrs Corry noted the reassurance provided by the report on financial management and financial governance within the Trust but noted that there was always room for improvement, with recommendations in relation to clinical engagement which she would be picking up.

Mrs Corry referenced the suggestion of a Finance and Performance project board, but indicated that much of the work of such a board was already done through the Delivering Value Programme Board; she welcomed the views of non-executive directors.

Mrs Edwards indicated that a performance group had been tried at one stage but her suggestion was not that we do not set up another committee as finance was well covered through directorate finance focus groups, QMS and DVP and there was regular reporting to Trust Board. She suggested that the issue could be picked up in the overall review of Trust Board and committee structures if necessary.

ACTION:-Mr Watson

The Chairman indicated that he would consider such matters to be operational, and not requiring non-executive director involvement. Mrs Edwards indicated that the Board should derive assurance from the report of the critical friends.

Mr Campbell noted that the current thinking from SPPG would envisage non-executive director involvement in performance matters moving forward, but this was still to be fully considered.

Reflecting on the Chairman’s comments, Mr Small indicated that he did not consider such matters required to be escalated to the Board, that the Board should trust the executive team to do the work, and provide regular reports to the Board.

8. P57-2024A, P57-2024B Review of Terms of Reference of the Audit Committee

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Source: Peter Watson

Mr Small referred to the proposed minor amendment to the Terms of Reference of the Audit Committee and this was agreed.

Mr Small also referenced the specific concern raised at the recent Audit Committee regarding the number of unacceptable and limited audit findings. The Chairman agreed that action was required now in relation to these, with Mrs Edwards advising that while Belfast had not been given limited overall assurance (as other local Trusts had) in 2023/24, it was only a fine margin from such position. Mrs Edwards advised that job planning, for example, would be heavily scrutinised by IA this year and that close attention would be needed from Mr Hagan and service director colleagues.

9. P58-2024 Accommodation for Medical Physics

The Chairman noted the comment of Professor Ross regarding the nomenclature of agenda items and papers, which Mr Watson will attend to.

ACTION:-Mr Watson

Board members indicated that the paper was very clear and the approach was approved.

There was a query regarding the long term plans for the Knockbracken site, and the Board noted that a number of facilities were now on that site. Query was raised regarding the status of the Forster Green site, it being noted that access to the site was problematic. Mrs Edwards agreed to speak to David Porter about potential works this year to improve the site.

10. P59-2024 – Capital Scheme for Modernisation of Stem Cell Processing Facility

Ms Kearney referred to the tabled paper, and provided a response to the query raised by the Chairman regarding the increasing costs of the proposal, citing the increased scale of the project, the relocation of the facility, and the increasing costs of building work in general. Ms Kearney also noted that delays in procurement process oftentimes incurred increased costs.

The Board agreed the capital business case.

Miss Gordon enquired as to whether there was a strategic plan for the location of clinical services across the Trust. Mrs Edwards noted that there had been New Directions, then some further work in 2023, and that Mr Campbell will now commence a long term plan for the use of all of our sites, focusing primarily on the BCH, MIH and RVH sites. Ahead of such review there are some actions which need

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Source: Peter Watson

to and can be taken, given for example the service profile of the BCH and the need to site the new Haematology ward there.

Mr Campbell noted that he was writing the draft Terms of Reference for this planning group, which would start with a “blank sheet” of paper, and involve the engagement of a wide group of staff across the Trust.

Professor Ross noted that it was important that planning now took into account likely demands and changes in service provision across the next 10 to 15 years.

Miss Gordon noted that she expected that the Mater Young Philanthropists would be supportive of schemes for the development of services at the Mater site.

Following discussion, the Board agreed that they would wish to see a report from Mr Porter of the current Trust Estate, indicating its current use (or whether it was vacant).

ACTION:- Mr Porter

11. P60-2024A, P60-2024B Performance Report / encompass

Mr Campbell referred to the tabled report, noting it was in a new format and that there had been some “teething” difficulties.

Mr Campbell noted the key headlines including:-

- Ongoing confidence issues regarding activity reporting within encompass (noting that at Guys and St Thomas Hospitals such issues remained a year following go-live)
- 31 day and 62 day cancer target information was still not available and this had been escalated for regional consideration. Regional consideration is now more problematic with the regional team stretched as encompass implementation continues across NI Trusts.
- Inpatient and daycase waiting lists remained stable but there was an increase in waits in outpatients and Allied Health Professional (AHP) services.

Mr Campbell also referred to the draft Support and Intervention Framework which had been brought forward by SPPG. Mrs Edwards advised of the discussions which Trust Chief Executives were engaged in with SPPG, in the context of what was hoped to be a constructive relationship moving forward.

Mr Hagan noted that the approach was welcome, but should be “sold” not as performance management but improving patient care. The Chairman and Professor Ross concurred.

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Source: Peter Watson

Professor Ross noted that it would be important to have reporting going forward which also looked at areas performing well.

Mr Small noted that targets should be achievable and in that context he was concerned that the Trust was only meeting 50% of current targets.

It was agreed that the previous less than positive experience of performance management should not be repeated, but there did need to be effective management, with Trusts and clinical teams being clear as to what was expected of them.

Mr McVey and Mr Conaghan reflected on the impact on staff of imposing unachievable targets.

Mr Small reflected on the great work reported at the Staff and User Experience Steering Group.

It was agreed that performance should be assessed against reasonable targets with it being necessary to articulate specific reasons why some areas were not performing on target or in line with the expected trajectory of improvement.

12. P61/2024 Annual Quality Report

Mr Hagan referred to the report which had been prepared during the period when he was not Medical Director. He noted that pulling together a report to capture the activity across such a large and diverse organisation was always a challenge. Referring to the content of the report, Mr Hagan highlighted complaints numbers which were down, falls and pressure sore numbers which were rising, and good information in relation to the Emergency Departments.

Miss Gordon indicated it was good to see positive reporting, including in relation to clinical audit, while there were concerns in some areas including mandatory training and staff absenteeism. The approach now adopted of completion of mandatory training prior to commencing in post was noted, while the Board also agreed that while it was already covered at Assurance Committee, the attendance management dashboard should be on Trust Board agendas for noting.

ACTION :- Mrs Somerville/Mr Watson

Mrs Edwards noted that the presented report looked back to 2023/2024 but for future years the team would be keen to hear thoughts on how the report could be improved.

The Annual Quality Report for 2023/2024 was approved.

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Source: Peter Watson

It was agreed that there should be discussion around planned changes to QMS at the Trust Board workshop in December, and how this would sit within the revised Trust Board committee and assurance structures.

ACTION:- Mr Watson

13. P62-2024A, P62-2024B Update on the Renfrew Report

Ms Cahalan referred to the synopsis provided.

Mr Hagan expressed concern that the report was silent in relation to reference to Ockenden, and also had not adequately addressed the financial costs of poor care. Professor Ross noted that it was as yet unclear as to what recommendations had been accepted, but did note in particular the recommendation specifically for Trust Board.

Mrs Cahalan noted that the Trust would be responding on each of the five points posed of it at this time.

14. Being Belfast

The Chairman noted that there had been plans for a Being Belfast session in relation to services at Muckamore Abbey Hospital but that this had not been possible. Being Belfast session to be arranged going forward.

15. Any Other Business

The Chairman indicated that following the Chief Executive's resignation and Mrs Owens's retirement, he had initiated a stakeholder engagement/consultation process on the recruitment of a new Chief Executive. This would involve Trust Board, Executive Team, the Department of Health including professional leads, staff side chairs, and medical staff leads, with a focus on the issues facing the Trust at present, how responsibilities should be distributed and what outcomes should be sought.

There was no other business, and the meeting moved to confidential session at 1110.