

**Minutes of the 164<sup>th</sup> Public Trust Board Meeting  
on 1 February 2024 at 9am in the  
Boardroom, Non Clinical Support Building, RVH**

**Present**

Mr Ciaran Mulgrew	Chairman
Mr John Conaghan	Non-Executive Director
Mrs Patricia Gordon	Non-Executive Director
Professor Carmel Hughes	Non-Executive Director
Mr Joe McVey	Non-Executive Director
Prof Catherine Ross	Non-Executive Director
Mr David Small	Non-Executive Director
Mrs Bernie Owens	Acting Chief Executive
Miss Brenda Creaney	Executive Director Nursing and User Experience
Mrs Maureen Edwards	Executive Director Finance, Estates and Capital Development
Dr George Gardiner	Acting Medical Director
Ms Tracy Reid	Interim Executive Director Social Work

**In Attendance:**

Mr Alastair Campbell	Director Performance, Planning and Informatics
Mrs Patricia Ferguson	Operational Director, Encompass
Mrs Janet Johnson	Director of ACCTSS & Surgery
Mrs Gillian Somerville	Director of Human Resources and Organisational
Mrs Paula Cahalan	Interim Director Child Health and NISTAR, Outpatients, Imaging & Medical Physics
Mrs Heather Jackson	Interim Director Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT & Sexual Health
Mr Colin McMullan	Interim Director Adult Community & Older People Services & Allied Health Professionals
Dr Peter Sloan	Interim Director of Mental Health and Intellectual Disability
Ms Kerrylee Weatherall	Interim Director Children's Community Services
Mrs Bronagh Dalzell	Head of Communications
Mr Peter Watson	Head of Office
Miss Judith Payne	Business Support Manager, Minute Taker

**Apologies:**

Mr Gordon Smyth	Non-Executive Director
Dr Cathy Jack	Chief Executive
Ms Moira Kearney	Interim Director of Cancer and Specialist Services

## **P12/2024 Chairman's Business**

The Chairman welcomed everyone to the 164<sup>th</sup> meeting of the Belfast Trust Board.

There were no members of the public in attendance.

The Chairman welcomed Mr David Small to his first meeting of Trust Board. Mr Small retired from the Northern Ireland Civil Service (NICS) in 2021, where he had been a Deputy Secretary in the Department of Agriculture, Environment and Rural Affairs (DAERA). During his NICS career, Mr Small had worked in the areas of housing, planning, agriculture and the environment. He had also served as Private Secretary to two successive Whitehall Ministers during the 1990s and more recently, worked closely with a number of Northern Ireland Assembly Ministers. Mr Small had been Chief Executive of the Northern Ireland Environment Agency, and Chair of the Audit and Risk Assurance Committee (ARAC) for the Commissioner for Survivors of Institutional Childhood Abuse

The Chairman also welcomed Dr George Gardiner as Acting Medical Director.

The Chairman noted the large agenda for the morning, and confirmed that papers presented would be taken as read, while questions submitted in advance and at the meeting would be addressed.

The Chairman noted that there were apologies from Dr Jack, Mr Gordon Smyth and Ms Moira Kearney.

The Chairman wished Mrs Owens well as she steps up to cover for Dr Jack in her absence.

The Chairman noted that the agenda for the meeting for the Board was published on the Trust's website on 19 January 2024.

The Chairman noted there had been no requests received for speaking rights, nor had there been any questions submitted for the consideration of the Trust Board.

The Chairman noted that the public minutes from 7 December 2023, and in particular the questions posed about a particular patient, had been redacted in order to maintain patient confidentiality.

The Chairman noted that he had met with various clinical groups over the past month, including the Emergency Department staff who he had met twice, accompanied by Professor Ross, Mrs Gordon and Mr McVey on the second occasion. The Chairman also noted that he had met with the Senior Medical Leadership Team and the Medical Staff Committee.

The Chairman indicated that he considered it was important to meet with staff groups and he had also met recently with social care teams for the North and East of the city and hoped to get round as many more staff groups as he could

Finally, the Chairman noted the developments in the local political context, and indicated he hoped to hear on likely next steps when speaking later in the day with the Permanent Secretary Mr May.

#### Conflicts of Interest

None declared.

#### Minutes of previous meeting

The minutes of 11 January 2024 (P12/2024) were agreed, subject to minor amendments to be provided by Mr McMullan.

#### Matters arising

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

#### **P13/2024 Action Log**

Mr Watson referred the Board to the Action Log Paper P13/2024 and asked the Board to note the actions colour coded Green as completed. The Board agreed.

#### **P14/2024 Chief Executive's Business**

In the absence of the Chief Executive, the Deputy Chief Executive referred to the report tabled.

Mrs Owens highlighted the thanks, which Dr Jack had given to staff across the Trust including in the Emergency Departments. Mrs Owens noted that while there had been significant disruption consequent upon the Industrial Action, due to cooperation from staff and their representatives, patient safety had been managed well. Miss Creaney said there had been a challenging period leading up to the strike, and while the level of care afforded to patients was not as she would have wished, patients had been kept safe.

The Chairman noted that there was a recognition from union colleagues that the Trust itself was not in a position to resolve the pay issues, with influence lying elsewhere.

The Chairman acknowledged the work of all through the difficult period of industrial action.

Mr Small enquired if there was an expectation of further industrial action. Mrs Somerville advised that trainee doctors were currently being balloted for strike action on 6 March 2024. The Chairman enquired as to how such strike action would be managed and Mrs Somerville confirmed that work was already underway through a regional working group, informed by the experience from England.

## P15/2024 Finance Report

Mrs Edwards referred to her report (P15/2024).

Mrs Edwards advised that there was little further clarity in relation to future financial years since her last report. There was however concern that non-recurrent monies might be provided for 2024-25, which would mask ongoing recurrent pressures. While non-recurrent monies were welcome to address waiting list backlogs for example through the Independent Sector, Mrs Edwards highlighted her concern that such action would mask the problem of the underlying gap between demand and capacity, with gaps likely to reappear quickly in the absence of recurrent investment in services.

Mrs Edwards noted that for 2024/25, the opening deficit forecast had been revised since the January report to show the opening position before any savings; this would ensure that the magnitude of planned savings was visible.

In relation to 2023/24, Mrs Edwards noted that some recent non-recurrent monies for community services “No more silos” had reduced the deficit by circa £2m. However, there were a number of other funding and expenditure trend risks that might cause the forecast outturn to increase from the current £20m deficit over the next few months. Mrs Edwards noted that other Trusts were projecting 2023/24 deficits of between £11m and £18m.

Mrs Edwards highlighted her concern that there was a month on month upwards trend in non-pay expenditure, largely attributable to social care, unscheduled care pressures, labs and surgical supplies. While some of this increase could be attributed to activity returning to pre Covid levels, this alone did not account for the increase in spend.

The Chairman noted that SPPG had recognised additional demands and cost pressures, but had not providing funding to address these.

Mrs Edwards advised that overall backfill spend needed to fall in order to deliver the Trust's savings plans and reflect reduced vacancies. Mrs Edwards also noted ongoing issues with sickness management, with morale, retention and agency costs all linked.

Medical agency spend was up on last year (anticipated £30m in 2023-24 compared with £27m in 2022-23). The medical pay underspend is forecast to be £19m so with the £30m spend on agency this equates to a net £11m overspend per annum, equivalent to around 100 senior doctors.

Mrs Edwards indicated that the implementation of the medical agency framework is now delayed to August 2024, with Mrs Owens leading a Trust planning group to prepare for a cessation in off contract agency rates and mitigate against any adverse impact on services. Concern remains however that not all Trusts will adhere to the new processes, when inevitably they come under particular staffing pressures.

The Chairman noted that some of the new non-executive directors had received detailed induction from Mrs Edwards, and it was agreed that others would meet with Mrs Edwards.

Mrs Edwards noted that in keeping with the objective of increasing financial awareness and good governance, it was still the aim to ensure that by end March 2024 all those with influence on spend received financial training.

In response to a question asked, Mrs Edwards clarified that the 'corporate services' line in the summary financial table, reflected the financial performance of smaller corporate directorates as well as central savings.

In response to a question asked, Mrs Edwards advised she was unsure of what approach would be taken by the Department of Health to any deficit which remained at year end at Trust level but she advised that any overall HSC deficit would have to be paid back to Treasury in future years.

In response to a question asked, Mrs Edwards advised that in Learning Disability there were individual patient cost pressures, in addition to the £4m pressure at Muckamore.

The Chairman noted that the approach to inescapable cost pressures was to always deliver the required care, and then to seek funding retrospectively.

### **P16/2024 Service Delivery Plan**

Mr Campbell referred to the paper tabled (Paper P16/2-24), advising that trends had not changed significantly since his previous report.

Mr Campbell highlighted that 12 hour performance in the Emergency Departments was now constant month on month, with the previous reduction during the summer months, no longer seen.

Mr Campbell advised that future reports would show a reduction in activity in December (as always due to holidays), and in January due to industrial action. Moving into 2024/25 there would be a drop in activity in April/May of circa 10% in the lead up to go-live for Encompass.

Referring to the SDP summary and the number of red indicators, the Chairman enquired if BHSCT was an outlier. Mr Campbell indicated that BHSCT was "in the middle of the pack"

The Chairman noted the community waiting lists and asked what the issues were. Dr Sloan advised that the key factor was staff vacancies, but there was a plan in place to seek to fill these.

In response to a question asked, Mr Campbell advised that outpatient demand was increasing and so there was a need for a properly commissioned plan. Outpatient modernisation would assist, but not solve, the core issue of demand/capacity.

Mr Campbell provided clarification in relation to the Cancer targets report.

Dr Armstrong and Dr Gardiner provided clarification in relation to the increasing demand for Echo tests, which were now a standard pre surgery safety test, especially with frail elderly patients. Professor Ross enquired if this was then being recognised with capacity being grown. Dr Armstrong advised that physiologists were now being trained to report on Echo tests, but there was then an issue that trained staff were then lost staff to other local Trusts.

In relation to Industrial Action, Mr Campbell advised that this had been well managed but that there had been a big impact on activity including cancellation of circa 3200 outpatients, and circa 350 inpatients and day cases. SACT services had also been cancelled, while there were particular issues in domiciliary care and hospital at home services.

In response to a question asked from Mrs Gordon regarding productivity on different hospital sites, Mr Campbell advised that the focus had been on specialties across the Trust, but that he would seek to look at data for individual specialties on individual sites.

**ACTION :- A Campbell**

In response to a question asked by Mrs Gordon, Mr Campbell advised that there were a number of pooled waiting lists across the Trust, but individual lists still remained including in regional specialties. There was however regional oversight of this including in ENT and Gynae where there was work seeking to equalise waits across the region.

Mr McVey referred to the pressures in mental health. Dr Sloan advised that work continued to address the vacancy issues. It was agreed that Mr McVey and Dr Sloan would speak further outside of the Board meeting.

**ACTION :- Mr McVey/Dr Sloan**

Noting the presentations to be considered later in the morning, the Chairman highlighted the Emergency Department 4 and 12-hour data, and the NIAS activity.

**P17/2024 Encompass**

Mr Campbell referred to the paper tabled.

Mr Campbell advised that overall Encompass planning is in a good place, with learning taken from the implementation at the South-eastern Trust (SET), and with BHSCT ahead of where SET had been at the same time.

Data migration was a significant focus of work at present.

Mr Campbell noted that the next Go Live Readiness Assessment would take place, week commencing 5 February.

Mr Campbell also noted that there was a Go Live planning committee chaired by Mrs Owens.

In response to a question asked, Mr Campbell indicated that at the Trust, there would be an estimated 10% reduction in activity for two months prior to go live, dropping by 75% for 4 days, over go live, before aiming to return to circa 50% activity immediately following those 4 days. Mr Campbell cautioned however that SET were still not back to 100% of pre-Encompass activity levels, with their activity between 55% and 85%.

Mr Campbell noted that there a range of factors why SET had not achieved the planned activity level return, including that they had been the Trust to implement first, and that there had been training issues. Mr Campbell highlighted the role analysis and personalisation of training at BHSC, which it was hoped, would address some of the issues, which SET experienced.

Mr Campbell noted that there would be a communications strategy highlighting the impact of Encompass.

Mrs Edwards advised that revenue had recently been confirmed for Encompass.

Mrs Ferguson provided an update on the role analysis work and the bedded cut over process.

Mr Campbell advised that a regional risk summit occurred on 26<sup>th</sup> January and the decision was that due to the complexities of the build that at this juncture it was unsafe for children's social work services to go live on the 6<sup>th</sup> June 2023.

In concluding his remarks, Mr Campbell advised that the implementation of Encompass would be akin to the Trust managing a Major Incident for circa 6 weeks.

### **P18/2024 HSC Banking Services Contract Award**

Mrs Edwards referred to the update provided, which was in accordance with the Trust's Standing Financial Instructions. The Board noted the update.

### **P19/2024 Dorothy Gardiner Development Business Case**

Mrs Edwards referred to the business case for the works, which would be funded from general capital.

The Board approved the business case.

### **P20/2024 Capital Schemes Update**

This agenda item was moved to the Confidential section.

### **Any Other Business**

It was agreed that the June 2024 Trust Board meeting should be rescheduled to Wednesday 12 June, given that the previously scheduled date of Thursday 6 June was the go-live day for Encompass.

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