

**Minutes of the 170th Public Trust Board Meeting  
on 9 January 2025 at 9am in the  
Boardroom, NCS, RVH**

**Present**

Mr Ciaran Mulgrew	Chairman
Mrs Ellen Finlay	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 Olga O'Neill	Director of Nursing and User Experience
Miss Tracy Reid	Interim Executive Director Social Work

**In Attendance:**

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 Tara Clinton	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
Mrs Marion Mulholland	Director, Trauma and Orthopaedics and Rehabilitation Medicine, Imaging, Medical Physics and Outpatients
Mr David Porter	Director of Strategic Development
Dr Peter Sloan	Interim Director Mental Health, Intellectual Disability and Psychological Services ( <i>attendance as indicated in the minutes below</i> )
Mrs Gillian Somerville	Director of Human Resources and Organisational Development
Ms Kerrylee Weatherall	Interim Director Children's Community Services
Mr Peter Watson	Head of Office

**Apologies:**

Mr John Conaghan	Non-Executive Director
Mrs Claire Corry	Interim Director of Finance
Mrs Bronagh Dalzell	Head of Corporate Communications
Mr Chris Hagan	Medical Director
Professor Carmel Hughes	Non-Executive Director
Mrs Patricia Ferguson	Operational Director, Encompass

## **1. Chairman's Business**

It was noted that there were no members of the public present, although as noted below, Dr Adam Gowdy later joined the meeting.

The Chairman welcomed all to the meeting.

At the outset, the Chairman recognised that the Board was meeting at a time when services were being stretched, perhaps as never before. The Chairman noted the impact of seasonal flu, respiratory problems, an aging population with comorbidities, and challenges in primary care availability, all of which contributed to a complex picture.

Reflecting on the Ministerial visit the previous day, the Chairman indicated that the Minister had a good understanding of the issues, and had recognised that it was not within the gift of the Trust to resolve them. While it did not provide any comfort, it had been recognised that the issues were not unique to Northern Ireland, but were widespread across the UK and indeed beyond.

The Chairman indicated that he was sorry, as he knew the whole Board was, that we were falling short of the care that we all would wish to provide to our patients.

The Chairman paid tribute to staff who continue to seek to provide the best possible care in the most challenging of circumstances. The Chairman thanked those staff who had provided interviews to the media in relation to the circumstances.

The Chairman concluded his remarks by again paying tribute to staff, and noting the hope that the renewed interest on the matters, and increased political focus, would bring improvement in the medium term.

The Chairman at this point extended the sympathies of the Board to Mr Campbell upon his recent bereavement, noting that the attendance of so many current and retired colleagues at the funeral was testimony to the high regard in which his father had been held.

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

Apologies were then noted from Mr Conaghan, Mrs Corry, Mr Hagan, Professor Hughes and Mrs Ferguson.

Mrs Edwards advised the Board that Mrs Ferguson's Director post had been due to conclude at end December 2024, but given delays in securing ongoing management support for encompass, the post had been extended to end January 2025. Mrs Edwards noted that with the potential delay in the appointment of a substantive Chief Executive post (and her therefore not being able to return to her substantive Director of Finance post), Mrs Corry had agreed to continue in the role of Interim Director of Finance to end January, with Mrs Cotter then taking over the role from the start of February.

The Chairman noted that he had added to the Board pack details of some of the visits he had undertaken. The Chairman indicated that he would be discussing further with Mr Watson how the work of Board members was better captured.

**ACTION:-Chairman/Mr Watson**

#### P63/2025 A – Minutes of Trust Board (public) of 7 November 2024

The Chairman then referred the Board to the draft minutes of the Trust Board of 7 November 2024. The Board agreed that these were a true and accurate record of that meeting.

The Chairman noted that in November he had briefed the Board on the work which he was taking forward in the context of the resignation of the Chief Executive and the retirement of the Deputy Chief Executive. The Chairman updated the Board that himself, Miss Gordon and Mrs Somerville had met with a range of stakeholders including the Department of Health, Trust Executive Team, other Trust Chief Executives and Chairs, Staff Side representatives and LNC. Further discussions were planned with Mrs Edwards in the days ahead and the Chairman anticipated returning to update Trust Board by February.

#### P64-1025A – Communication with Mr Stanford Smith

The Chairman referred Board members to the recent correspondence with Mr Stanford Smith, which correspondence will now form part of the record of this meeting.

#### Matters arising

The Chairman enquired if the Board had any matters arising from those minutes that were not already picked up on our action log. There were no such matters.

### **2. P65-2025 Action Log**

Mr Watson referred the Board to the tabled Action Log.

It was agreed that “green” items be removed, while the amber and red items remain on the ongoing action log.

**ACTION:-Mr Watson**

### **3. Chief Executive’s Business**

The Chairman thanked Mrs Edwards for her update paper which was a single item relating to unscheduled care pressures. The Chairman asked Mrs Edwards if there were any aspects she wished to highlight.

Mrs Edwards noted that the Trust’s Early Alert Notification would be updated to reflect the pressures within the fracture service.

Mrs Edwards also noted the recent Ministerial visit, and the recognition that staff were continuing to deliver the best possible care despite the intense pressure they

were working under. Mrs Edwards thanked all staff for their work, and also for the frank yet measured approach which had been taken in media interviews.

Mrs Edwards noted that the Minister had recognised that the issues in the Emergency Department were symptomatic of system wide pressures, with his announcements in relation to pay for domiciliary care workers indicative of this. It was recognised however that the solutions to the issues were also multifactorial.

Dr Armstrong also commented on the position within unscheduled care, and expressed his disappointment that a promised demand/capacity analysis had not been completed by SPPG. Dr Armstrong noted that an £80k allocation for winter pressures was a “drop in the ocean” when set alongside that which was required. He noted the scale of this allocation in comparison with the £50m announcement by the Minister.

Mrs Finlay enquired as to what could be done and when.

Mrs Edwards noted that the Minister had committed to “living wage” funding and also to better planning for the future. However, Mrs Edwards noted that such commitments had been made in the context of a dire financial picture for 2025/2026, with an understanding that savings would need to be realised, and with the percentage (of Executive budget) allocation to Health having fallen in a context of rising need. Mrs Edwards reiterated that there was a clear acceptance that there was a social care capacity problem.

Miss Reid noted that while there was a focus now on domiciliary care and care homes, the approach in England had been to plan to delay, prevent and reduce need i.e. preventative measures to stop people having to access the social care system. Such work included, for example, falls prevention work, reducing hospital admissions and the need for frailty support.

Mr McMullan noted that the social care collaborative forum had added prevention as a focus for its work. Mr McMullan noted that circa 50 patients who were categorised as complex discharges were discharged each day from Belfast Trust. Access to domiciliary care was not as challenging in the Belfast Trust area, as it was in other Trust areas. The biggest challenge for discharge in Belfast was on discharging those with dementia to care homes. Mr McMullan also advised that circa half of the Trust’s delayed discharges are delays in patients being repatriated to their Trust of residence.

Mrs O’Neill indicated that there needed to be continuing work on preventative measures. This was however in a context where teams were burnt out and tired. Mrs O’Neill indicated that it was important for Executive Team to remain visible with clinical teams. Mrs O’Neill referenced the feedback which Executive Directors of Nursing had received that their own visibility at this difficult time was valued by staff.

Miss Gordon advised that she agreed with the comments made in relation to the importance of preventative measures. Miss Gordon noted that there needed to be long term planning and a focus on how we manage frailty. Miss Gordon queried the extent of there being inappropriate referrals from primary care to emergency

departments. Miss Gordon also queried if there was an impact in reduced support to care homes from primary care.

Mrs Edwards indicated that on her visit to ED the chair suggested that while on occasion there were some inappropriate referrals from primary care to emergency departments this was not a significant contributory factor to the current challenges in the department.

*Dr Sloan joined the meeting at this point.*

Mrs Edwards referred to the ongoing work at the Trust to seek to manage the pressures in unscheduled care through the recent establishment of the Unscheduled Care Programme Board; this work is clinically led and managerially supported.

Mr Small enquired as to how work to manage the issues was brought together regionally.

Mrs Edwards advised that coordination of work at BHSCT was done through the Unscheduled Care Programme Board, and this would feed through to regional work being progressed including a workshop being hosted in February by the Minister.

Mr Campbell reflected that a decision was required as to whether there would be a focus on hospitals, such as in Germany and Japan where additional bed capacity was provided, or a focus on strengthening primary care. Not having a focus on either of the two was not in his view sustainable.

*Dr Adam Gowdy, a doctor from the Emergency Department, joined the meeting as a member of the public, and was (with his agreement) welcomed and introduced to the meeting by the Chairman.*

Professor Ross was asked by the Chairman to provide some insight on her experience from Scotland. Professor Ross referenced in particular the work which had been undertaken to develop and retain staff working in social care.

#### **4. P67-2025 Finance Report**

In the absence of Mrs Corry, Mrs Edwards referred to the tabled financial report.

Mrs Edwards reiterated that the financial challenges in 2025/2026 would be significant, which would add pressure to services already under pressure. It had been recognised that fixing the issues in unscheduled care would require investment, but the resource was not yet apparent. Mrs Edwards noted that the Minister and the Department of Health continued to seek funding for health in the context of competing demands for public finance from other Departments. Mrs Edwards noted that she understood that there was a commitment to pay 10 months of the 2024/2025 pay award in March 2025, with funding for the remaining two months to be sought from January monitoring.

Mrs Finlay commended the achievement of savings in the context of the service pressures, noting in particular the significant reduction on agency expenditure. Mrs

Finlay noted that it had been reported to her (when she had attended Trust induction) that it had taken staff 8 to 10 months to be appointed. Mrs Finlay also queried the impact of reduction of spend in research and development.

Mrs Edwards acknowledged the significant work to reduce nurse agency expenditure.

Mrs Somerville and Mrs O'Neill advised that they would be happy to update Mrs Finlay in more detail on the work on nurse agency and the work on recruitment processes, where there were a number of factors which could contribute to recruitment delays including in individuals obtaining required professional registration.

Miss Gordon enquired in relation to the merger of GP Out of Hours services which the Board had previously been briefed upon. Mr Campbell noted that the consultation had closed with circa 900 responses, the vast majority of which were in opposition to the merger. Dr Armstrong noted that the principal resistance was from those who were opposed to the service moving from South Belfast.

Mrs Edwards noted that while the question had arisen during a discussion about finance, the proposed merger of GP Out of Hours services was driven by concerns for service sustainability, and not by financial considerations.

A number of Board members reflected on their personal and very positive experiences of the care they had witnessed at the Emergency Departments in recent weeks.

## **5. P68-2025 Service Delivery Plan**

Mr Campbell referred to the tabled report.

Mr Campbell highlighted the continuing data quality issues following the implementation of encompass, which issues he was confident would improve in future reports.

Mr Campbell acknowledged the huge scale of the work to improve the quality of the Cancer data.

Mr Campbell apologised for the omission of data regarding echo procedures, which omission he will ensure is rectified for future reports.

It was noted that issues with AHP data remained unresolved.

Mr Small observed that 15 of the 22 targets were coded red. Mr Campbell indicated that this was a consequence of a lack of realism in target setting.

Mrs Finlay noted the good performance in daycases and scope procedures, also in CT Scans, and in particular the excellent performance of patient experience at 99%. Mrs Finlay enquired as to whether there was learning which could be applied from successful areas to other areas.

Mr Campbell indicated that endoscopy was an area which was performing very positively, while work continued to share such positive experience both internally and externally.

Mr McVey also referenced the high levels of patient satisfaction, but echoed the concern that the Trust was being asked to achieve targets which could not be achieved. Mr McVey indicated his view that this approach should be changed.

Mr Small agreed, advising that setting a target for improvement rather than an unrealistic target would be more appropriate.

Mrs Edwards advised the Board that she and colleagues continued to remind the Department of the need for work on demand and capacity, and the challenging financial context in which such targets were being set.

Miss Gordon enquired in relation to the impact of the elective activity on waiting lists.

Mr Campbell noted that the direction of travel for daycase waiting lists had been good but outpatient waiting lists were growing because annual demand outstrips capacity which means waiting times grow each year. He noted that any increase in outpatient capacity would result in additional surgical activity and increase inpatient/daycase waiting lists.

Ms Kearney highlighted that work was about to commence on a regional breast cancer pathway.

## **6. P69-2025 Progress update on the new Maternity Hospital and the new Children's Hospital projects.**

The Chairman thanked Mr Porter for his written update, and noted that there may be matters of a legal or commercial sensitivity which could not be discussed in the forum of the public session of Trust Board.

Mr Porter highlighted to the Board that the Interim Report from Hydrop in relation to the new Maternity Hospital had contained a number of recommendations, the vast majority of which had been implemented. In particular, recommended flushing regimes are now in place, with the one area outstanding being the connection of the chlorine dioxide dosing plant to the building management system to allow remote checking of the dosing levels within the system. The independent expert has confirmed that this outstanding action is not having any impact on the flushing regime or on the safety of the water within the system..

Mr Porter advised that targeted sampling was anticipated to commence in the coming weeks, the results from which sampling will inform the options to be taken. Engagement continues with clinical teams in relation to remedial works and assurance. The position remains as previously reported to Trust Board, that a full removal of pipework from the building is not anticipated, but the precise level of remediation works will be led by the results from the sampling.

Miss Gordon indicated that it would be helpful for the Board to have some indication of timescales. Mr Porter noted that timeframes had been outlined in the previous paper, which he would ensure was recirculated to the Board.

**ACTION:-Mr Porter**

The Chairman enquired as to the impact of the current circumstances on staff morale.

Ms Cahalan noted that there remained a challenge from the lack of a definitive position, but that communication, including updates from Mr Porter to staff, continued. Ms Cahalan noted that plans were also underway for staff and the Health Committee to view the building.

The Chairman acknowledged the work of Mr Porter in addressing matters which predated his appointment.

Mr Porter then referred to the paper in relation to the Children's Hospital. Noting that the letter of approval in July 2024 had included a cost of £615m, Mr Porter referred to ongoing discussions with the contractor and the Department of Health with a view to the contract being awarded by end January 2025, and work commencing on site in February 2025.

The Chairman enquired as to whether (given the Board was not due to meet again until February) an extraordinary meeting of the Board would be required.

Mr Porter indicated that such a meeting may be required; this meeting would be in confidential session given the nature of that which would need to be discussed.

Mr Small queried the figure of £615m, and Mr Porter confirmed this was the figure for what was a very significant capital project. Ms Cahalan noted that building this hospital would be transformational, not just for the children and their families who would be cared for within it, but also for staff.

## **7. Updates from Committees / Standing Report**

### **P70-2025 Assurance Committee Update**

The Chairman then referred to the section of the agenda for reports from Committees and Standing Reports. The Chairman thanked Mr McVey, as the new Chair of the Assurance Committee who, with Mr Watson, had developed a new format for updating the Board. The Chairman indicated that he considered the new format to be helpful, and asked for feedback to be provided to Mr Watson by the Trust Board members.

**ACTION:-Trust Board members**

Mr McVey thanked Mr Watson and Mr Hagan for the work that had been undertaken to progress the work of Assurance Committee more efficiently and effectively.

Miss Gordon asked for an update as to the timeframe for the revised Board Assurance Framework to be provided. Mr Watson noted that in the confidential section of the Trust Board there would be the opportunity for further discussion regarding this, but his expectation was that a revised framework would be provided (in draft) for consideration by the Trust Board at its April 2025 meeting.

Mr Small noted that he had attended the Assurance Committee and the revised approach had worked well. Mr Small noted that similarly the Audit Committee had worked well, with appropriate papers provided to the Committee.

### **P71-1025 A-C Interim Corporate Parenting Report**

Miss Reid introduced her report by firstly noting the important role of Ms Weatherall as Director of Children's Services.

Miss Reid noted that this report was brought to the Board twice per annum.

The report reflected continuing challenges in this area, particularly in relation to Looked After Children, and in the context of ongoing industrial relations issues. Miss Reid commended the work of Ms Weatherall and her colleagues.

The Chairman indicated that in meetings with Staff Side representatives, they had been effusive in their praise of Ms Weatherall, including for her bringing relevant matters to the attention of the Trust Board.

Ms Weatherall noted that the increasing challenge in relation to caring for Looked After Children, was a regional issue, including in relation to the flow of children through the relevant processes. A February workshop would provide a focus on preventative measures which also could be taken.

Ms Weatherall noted that the coming weeks may bring an escalation in industrial action, with the suggestion of caseloads being capped. Ms Weatherall indicated that she had been clear with all parties on the significant risks of any such action.

Miss Reid indicated that she was content to recommend the Interim Corporate Parenting Report to the Trust Board.

Mr McVey acknowledged what he considered to be a comprehensive report. He noted the reference to data issues.

Ms Weatherall indicated that work continued to cleanse the data so that all needs were clearly identified.

Mrs Finlay welcomed the focus on prevention, which had been referenced by Ms Weatherall. Mrs Finlay also welcomed the work with the 3<sup>rd</sup> sector.

Miss Gordon said that she too was happy to approve the report. In that context Miss Gordon wished (in her role as a member of the Adoption Panel) to highlight the thoroughness and care of that team, which she considered to be outstanding.

Mr Small also advised that he was happy to agree the report, with his recognising the work of Ms Weatherall and her team. He noted however that it remained

concerning that the Trust was continuing to fail to meet a number of its statutory obligations.

Mrs Edwards shared Mr Small's concern that the Trust was continuing to fail to meet a number of its statutory functions, and noted the importance of our being clear and transparent about this, and doing all we could to address these matters.

The Interim Corporate Parenting Report was approved by the Board.

## **8. Papers for noting/approval**

### **P72-2025 A –C Audit Committee minutes of 13 June 2024 and Audit committee minutes (draft) of 1 October 2024**

The Chairman referenced the papers which had been tabled.

Mr McVey noted the reference to job planning.

Mrs Edwards indicated that she would ensure an update was provided on job planning to the Trust Board, by Mr Hagan.

**ACTION:- Mr Hagan**

### **P73-2025 A- B Regional Cervical Screening Laboratory Business Case**

### **P74-2025 – Adult Pre-operative Assessment Services BHSCT**

The Board noted the above business cases. Query was raised by Board members in relation to the purpose of such papers coming to the Trust Board.

Mr Watson advised that in recent days he had been in discussion with a colleague from the Planning, Performance and Informatics team, and that he hoped to be in a position to bring clarity to the Trust Board shortly.

**ACTION :- Mr Watson**

## **9. Any Other Business**

There being no further business, the meeting concluded at 1050, and moved to confidential session.

*NB Ms Weatherall left to attend to other business and did not attend the confidential session of the Board meeting.*