

**Minutes of the Trust Board Meeting
held on 5 March 2020 at 10.30am
in the Boardroom, Belfast City Hospital**

Present

Mr Peter McNaney	Chairman
Dr Cathy Jack	Chief Executive
Mrs Nuala McKeagney	Non-Executive Director
Professor David Jones	Non-Executive Director
Dr Patrick Loughran	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Mrs Maureen Edwards	Director Finance, Estates and Capital Development

IN ATTENDANCE:

Mr Steve Austin	Deputy Medical Director (on behalf of Mr Hagan)
Dr Brian Armstrong	Interim Director Unscheduled and Acute Care
Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Bernie Owens	Director Neurosciences, Radiology and Muckamore Abbey Hospital
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Ms Brona Shaw	Deputy Director of Nursing (on behalf of Miss Creaney)
Ms Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Mr Ciaran McKenna	Service Manager, NI Specialist Transport and Retrieval Services (NISTAR)
Ms Linda McCready,	Child Health Nurse, NISTAR
Mr Wesley Emmett	Management Consultant – Observing
Mr Rory Saville	Board Apprentice

Apologies

Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Mrs Miriam Karp,	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children's Community Services
Mr Chris Hagan	Interim Medical Director
Mrs Caroline Leonard	Director of Surgery and Specialist Services

- **Service User Story** - Service user feedback from NI Specialist Transport And Retrieval (NISTAR)

Mr Dawson introduced Mr McKenna and Ms McCready, for NISTAR services.

Mr McKenna and Ms McCready gave a presentation outlining the role of NISTAR and service improvements as the result of feedback from Tristin, a young 13 year old service user who had required cardiac surgery in Children's Hospital, Dublin.

Dr Loughran welcomed the NISTAR service providing one point of contact and support for patients families.

Members commended Mr McKenna and Ms McCready for their commitment to learning from service user feedback and improving services.

Mr McNaney thanked Mr McKenna and Ms McCready and acknowledged their obvious passion and commitment to their patients, they then left the meeting.

10/20 Minutes of Previous Meeting

Minutes of the previous meeting held on 6 February 2020 were considered and approved.

11/20 Matters Arising

No items raised.

12/20 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

13/20 Chief Executive's Report

a. Emerging Issues

i. Coronavirus (COVID-19)

Dr Jack advised that Mr Hagan and Mrs Leonard were currently attending a regional workshop in relation to planning for the evolving COVID-19 situation.

Dr Jack updated on the Trust's COVID-19 management arrangements i.e.

- Operational Team – Mr Hagan (Chair) Janet Johnston, COVID-19 Operational Director and Deputy Chair, Ms Natalie Magee, Older Peoples Services and Brona Shaw, Nursing
- Executive Team – daily teleconference call to agree Sitrep report and take decisions as required.

Members noted that Mrs Owens had resumed leadership responsibility for ACCTSS.

Dr Jack provided an update in relation to patients currently being treated for the virus, one of whom was due for discharge.

Mr Austin and Dr Armstrong provided a detailed briefing in respect of Surge plans in place to deal with the anticipated increase of cases over the coming weeks.

Members noted that a testing isolation pod had been installed outside ED, RVH with the potential for a second pod at Mater Hospital.

Mr Dawson advised on plans in place in relation to Children's Hospital and the Neonatal Unit.

Mrs Heaney provided a detailed update in respect of Community Services, with the Trust facilitating two workshops for domiciliary care providers and independent care homes in order to protect hospital services.

Mrs Kennedy advised that consideration was being given to workforce issues as it is anticipated that there will be an impact on staff. She explained that the trade unions were fully engaged and supporting the development of workforce plans as the situation evolves. An Occupational Health staff helpline has been established during core hours.

Dr Loughran and Professor Jones referenced the challenging situation, which will continue to evolve and were assured the Trust was implementing appropriate action to protect services, where possible, whilst coping with the inevitable escalation in COVID-19 patients.

Mr McNaney reflected on the impact of the recent Industrial Action and the evolving COVID-19 position and commended Dr Jack and Director colleagues for their leadership and guidance

b. Review Updates

i. Industrial Action

Mrs Kennedy advised the majority of trade union ballot results had been finalised and the pay deal has been accepted, with pay parity with England restored with effect from 1 April 2019. Detailed work is underway to implement the 2019/20 pay deal, to be paid in March salaries. The plan is to implement the 2020/21 pay deal in April or as quickly as possible thereafter.

Mrs Kennedy further advised NIPSA were continuing with their 'action short of strike', which is having an impact on health and social care services, including children's community Services. There have been a number of meetings with local NIPSA representatives and to date there have been no agreed derogations. Further conversations will continue to ensure that safe services

can be provided, whilst recognising that industrial action is taking place and will have an impact. It is understood NIPSA plans to further extend and escalate this action in March.

In noting the position, Mr McNaney referred to the earlier discussion in relation to COVID and emphasised the need for the DoH to seek agreement with NIPSA to pause their action in light of the evolving situation. Mrs Kennedy undertook to liaise with her colleagues in the DoH.

ii. Aspergillus – RBHSC

Mr Dawson referred cases of aspergillus within the Children's Chemotherapy Unit (CHU) and explained the unit had been decanted to allow air-handling units to be cleaned and reset and the wider environmental measures against aspergillus infiltration into the unit to be assessed and reinforced where necessary. The maintenance had taken place during January 2020 and the service returned to the CHU ward on 6 February 2020 and is functioning normally again.

Members were assured to note the children previously reported as having contracted aspergillus are all responding positively to treatment.

iii. Muckamore Abbey Hospital

Mrs Owens presented the Muckamore Abbey Hospital (MAH) Patient Safety report and provided assurance that patient care remained safe. There were currently 51 in-patients and 2 on trial resettlement. There were a total of 48 staff on precautionary suspension.

Members welcomed the ongoing improvement in care delivery and notably a reduction in the overall use of restrictive practices, including a reduction in the number of seclusion events.

Mrs Owens advised current nurse staffing levels, with substantive nursing staff, long-term agency staff and nurse bank, were providing a safe level of care.

Members noted the Leadership and Governance review (LGR) team had commenced their review, the purpose of which is to critically examine the effectiveness of the Trust's leadership, management and governance arrangements, in relation to Muckamore Abbey Hospital for the period 2012 to 2017.

Mrs Owens advised that Internal Audit had completed the fieldwork relating to the patient finances and a draft report is expected shortly. She also reported that notes from RQIA Feedback Session at MAH on 16 December 2019 had been received for factual accuracy checking. Draft reports of the inspections for 26-28 February and 15-16 April 2019 have also been received for factual accuracy checking.

Mrs Heaney provide an update in respect of the resettlement programme and the reform of the model of care for people with learning disability, all of whom have complex needs. She highlighted the need for significant investment to develop an infrastructure for the future provision of care for these patients.

Members noted the position.

iv. Neurology Review

Members noted the publication of the RQIA Governance Review of outpatients with a Focus on Neurology and Other High Volume Specialties.

Dr Jack advised that the April Trust Board workshop would focus on the thematic learning from the Neurology Review.

Dr Jack referred members to the RQIA report on “Review of Governance of Outpatients Services in BHST with a Focus on Neurology and Other High Volume Specialties”. She reminded members BHST had been the first organisation to undergo a thematic review and referred to the further five individual specialty reports. Dr Jack referenced the 26 recommendations and advised that an Action Plan was been developed to take this forward. A team, led by Mr Hagan has been established to oversee progress and undertake a comprehensive governance review.

In noting the report, members emphasised the need for Trust Board to have oversight of the governance issues referenced within the report.

Mr McNaney commended the quality of the RQIA report and referred to a number of system wide strategic issues, which it highlighted, specifically the need for better use of data and analysis of information across the Trust to strengthen governance and assurance and permit comprehensive oversight of the organisation as a whole.

Professor Jones emphasised the importance of an Action Plan with agreed timelines for implementation to provide assurance that appropriate action is being taken.

Mr Smyth endorsed Professor Jones comments and emphasised the need to ensure learning for relevant staff.

Dr Loughran noted the report had not identified any serious issues in respect of service provision. However, it did highlight the need for new ways of working in order to deal with patient waiting lists.

Mr McNaney acknowledged the enormous amount of work involved in addressing the recommendations and the need for the Executive Team to consider the report and agree actions to address the recommendations. Members agreed that the report should be the subject of a future workshop.

Dr Jack, referred to the evolving COVID-19 situation and advised this would have an impact on the development of the action plan, however, she agreed to bring back a short-term report on how immediate actions will be dealt with and a longer term strategic report for dealing with the systemic issues members consideration in due course.

v. Infected Blood Inquiry

Dr Jack reported the IBI Hearings ran last week in London involving testimony from Expert Witness Groups i.e. HIV, Hepatitis C, Psychological impact on patents and testimony secured by intermediates for patients who did not wish to present themselves. The Hearings had been live streamed and Trust clinical colleagues watched and advised DLS, who were in London, as appropriate. They did not raise any clinical comments with regard to content, etc.

Members noted that further Rule 9 requests are being received as the Inquiry starts to examine the evidence provided in detail.

14/20 Safety and Quality

a. Performance Report

Ms Stoops presented the Performance Report for the period April 2019 to January 2020, providing an update on activity in respect of the Safety Quality and Experience over a range of indicators and performance against the DoH Commissioning Plan Direction (CPD) standards and targets for 2019/20 and trajectories agreed between the Trust and HSCB.

Members noted the SQE dashboard for the period, detailing the overview of performance in respect of Mortality indicators, HCAIs, Classic Safety Thermometer, Other Safety Thermometer, Medicines and Patient Experience.

Members noted of the 34 DoH CPD standards and targets reported 13 are being delivered or substantially delivered, 2 are to be confirmed and 19 are not currently being delivered i.e. HCAI – MRSA and C.Difficile; ED 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 9 weeks and Psychological Therapies 13 weeks; AHP patient waiting longer than 13 weeks to first treatment; Carers Assessments and 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 10 are being delivered, or substantially delivered, and 6 are not currently being delivered i.e. ED patients treated, discharged or admitted

within 4 hours (RVH site); hip fractures 48 hours; Diagnostics 9 weeks; and CAMHS 9 weeks and 26 weeks and CAMHS 9 weeks.

In response to a comment from Dr Loughran regarding the hip fracture performance, Mr Dawson advised there had been an increase in referrals, with a significant number of frail older patients during the winter. He explained that data was being analysed for further discussion with the HSCB.

Members discussed the concerning performance in respect of waiting lists and the need for a breakdown by speciality. Ms Stoops advised that whilst work is going on within services to address the issue the Trust is continuing to seek additional funding from the HSCB.

Dr Loughran referenced CAMHS figures and asked if there was any correlation to the number of young people committing suicide.

Mr. Dawson advised there had been workforce issues over the Christmas period. In relation to suicides, he advised he had recently met with representatives from political parties when the need to build resilience and support to communities had been discussed.

Having considered the document in detail members approved the Performance Report.

b. Trust Delivery Plan 2019/20

Ms Stoops referred to previous discussion and presented the Trust Delivery Plan (TDP) for 2019/20 for approval. She explained the TDP outlined BHSC's response to the draft HSCB Commissioning Plan, incorporating Ministerial objectives set out by the Department of Health (DoH) and Regional and Local Commissioning priorities identified by the Health and Social Care Board (HSCB) and Public Health Agency (PHA).

In relation to the Commissioning Plan Directions (CPD) objectives, Ms Stoops advised that of the 80 targets identified, 77 (96%) are within the Trust's remit to deliver and 3 (4%) are primarily the responsibility of other agencies. Of the 77 CPD targets within the Trust's remit, a total of 65 (84%) are assessed as likely to be achievable/affordable, with 12 (16%) not likely to be achievable/affordable.

Ms Stoops referred to the HSCB Regional and Local Commissioning priorities and explained there are 191 regional and 13 local priorities identified by the HSCB. Of the 191 regional priorities, 182 (95%) are within the Trust's remit to deliver and 9 (5%) are Healthcare in the Criminal Justice System, within the remit of SEHSCT. She advised that BHSC plans to deliver, or substantially achieve, all Regional and Local priorities.

Professor Jones and Mrs McKeagney expressed concern at the number of targets considered to be unachievable by the Trust.

Having considered the TDP, members approved the document for submission to HSCB.

15/20 Resources

a. Finance Report

Mrs Edwards presented the finance report for the period ending 31 January 2020. She explained with additional funding received through October monitoring and recent cost containment measures, alongside additional funding and further investment slippage in the last four months of the year, the Trust is now projecting a balanced financial position by 31 March 2020. A revised TDP was submitted to HSCB with a breakeven position.

Mrs Edwards advised that budget allocation for 2020/21 is awaited from DoH. The Trust has commenced financial planning and had recently provided an indicative opening deficit position of £62m to HSCT. Discussions continue with the HSCB and DoH.

Members noted the report.

b. Major Capital Projects – Update

Mrs Edwards provided the following update in respect of major capital projects:

- **Maternity Hospital** – the Trust continues to liaise with DoH to secure additional contingency monies
- **Children’s Hospital** – planning approval conditions, relating to car parking have led to the business case having to be reviewed.
- **Glenmona** – business case approval has been received to replace two units on the site i.e. intensive support unit and a separated minors unit
- **Critical Care Building** – theatre programme has been delayed slightly, the Project Board has agreed to delay the opening to coincide with the completion of the hybrid theatre
- **Helipad** – officially opened by the Minister on 18 February the Trust meeting with NIFRS and HES to agree final issues regarding the One Shot firefighting system and test flights
- **RGH Energy Centre** – planning permission has been received for the Energy Centre enabling works, however Energy Centre project is still pending. Previously reported Design Team issues continue to impact on the tender timeline, the Trust is liaising with CPD-HP regarding the matter.

Members noted the report.

c. Charitable Trust Fund Applications

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

- Neurosurgery Ward – purchase an Image Fusion and Data Management Subscription
- RBHSC – to support the employment of 2 clinical fellows in Simulation and Medial Education

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

Members formally approved the above CFT applications.

16/20 Audit Committee

Mr Smyth presented the minutes of the Audit Committee meeting held on 8 October 2020 for information.

Member noted the content of the minutes.

17/20 Assurance Committee

Mr McNaney presented the minutes of the Assurance Committee meeting held on 26 November 2019 for information.

Members noted the minutes.

18/20 Date of Next Meeting

Members noted the next meeting was scheduled for 7 May 2020