

**Minutes of the Trust Board Meeting  
Held on 7 November 2019 at 10.30 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 Nuala McKeagney	Non-Executive Director
Dr Patrick Loughran	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Mrs Miriam Karp,	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, Estates and Capital Development

**IN ATTENDANCE:**

Dr Brian Armstrong	Interim Director Unscheduled and Acute Care
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Jacqui Kennedy	Director Human Resources/ Organisational Development
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Bernie Owens	Director Neuroscience, Radiology and Muckamore Abbey Hospital
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Mrs Bronagh Dalzell	Head of Communications
Ms Brona Shaw	Co-Director (Designate) – Nursing (Induction)
Mr Joe McCusker	Regional Officer, UNISON
Ms Linda Smith	BHSCT Nurse, UNISON
Mrs Heather Jackson	Divisional Nurse
Ms Ita Collins	Assistant Service Manager Cardiology

**Apologies**

Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Ms Claire Cairns	Head of Office of Chief Executive

Mr McNaney welcomed everyone to the meeting, particularly Mr Joe McCusker, Mrs Linda Smith and UNISON colleagues; Dr Armstrong, attending his first meeting as Interim Director and Ms Shaw, recently appointed Co-Director for Nursing in attendance as part of her induction.

## **SPEAKING RIGHT – UNISON – PAY/WORKFORCE ISSUES**

Mr McNaney welcomed trade union colleagues to the meeting and explained UNISON had applied and been granted speaking rights to address Trust Board in relation to pay and workforce issues.

Mr McCusker thanked the Chairman and Trust Board for the opportunity to share UNISON's concerns regarding pay and unsafe staffing levels. He advised that UNISON was currently balloting members regarding industrial action.

Mr McCusker advised that Trade Unions had been in discussion with the DoH since February 2019 and the 1% pay offer was not acceptable. He referenced the NHS 2018 3-year pay deal in England, Scotland and Wales and the inequity for Northern Ireland HSC staff. Northern Ireland HSC staff are paid less than their colleagues in England, Scotland and Wales, for doing the same work. There is a resultant impact on recruitment and retention with significant vacancies regionally across a range of posts. Agency staff are paid more than Trust staff, which seriously undermines the BHSCT workforce. The current high level of vacancies, particularly in nursing, across the region was resulting in the reliance on agency staff to fill shifts, Belfast Trust has a £50m agency spend, and this is not sustainable.

Mr McCusker paid tribute to the dedication of the workforce, who were demoralised and feel undervalued given the pay differential with their colleagues in Great Britain. The current situation was unsustainable with trained nurses choosing to move away from Northern Ireland. As guardians of the Belfast Trust, Mr McCusker appealed to Trust Board members to write to the DoH in support of pay parity with England, Scotland and Wales. Mr McCusker introduced Ms Linda Smith, a Belfast Trust nurse with 28 years' service and invited her to explain how the current workforce issues and pay inequity was impacting on her and her colleagues.

Ms Smyth advised she had worked for the HSC for 28 years and during that time had been given great opportunities to develop her career. She had been supported to undertake a degree via the Open University. She and her colleagues wish to be treated equitably with colleagues in England, Scotland and Wales; pay parity should be applied to Northern Ireland HSC workforce doing the same job as those in England, Scotland and Wales.

Ms Smyth said she knew of staff who had left the Trust to work via agencies because they could earn more money. She acknowledged that she knew how committed management was to ensuring patient safety, which due to the high levels of vacancies meant the use of agency staff to ensure safe staffing levels. Ms Smyth said it was unacceptable that agency staff could earn more per hour than Trust staff. She said that all grades and professions of staff i.e. domestic, portering and nursing work together as a team to provide safe patient care and carry out the same duties, as colleagues in England, Scotland and Wales, therefore should have pay parity with Great Britain. In concluding Ms Smyth asked Trust Board members to speak to DoH colleagues and support the workforce and Trade Unions in achieving pay parity and safer workforce levels.

Ms Smyth said that if something is not done there will be no nurses and when people are sick they need very skilled specialist nurses to care for them.

Mr McCusker thanked Ms Smyth and re-iterated his appeal for the Trust Board to support their campaign and write to the DoH seeking pay parity for their committed workforce.

Mr McNaney thanked Mr McCusker, Ms Smyth and colleagues for coming along to Trust Board. He emphasised that Trust Board and Executive Team members were well aware that the high standards of care provided by the Belfast Trust is due to the dedication and commitment of the workforce to provide safe and effective care to patients. He said he personally had spoken to senior Civil Servants, and would continue to do so, regarding the need for the HSC workforce to be remunerated fairly and equitably. However, he pointed out that Trusts were not responsible for pay policy, which was an issue determined by the DoH and referenced the need for political support for pay parity and further investment in the Block Grant for Northern Ireland.

Mr Dillon said that he fully understood the frustrations on the part of staff and their unions that the Permanent Secretary, due to the current budget position, could not currently offer beyond 1% pay increase and that a political solution is required.

Mr McNaney thanked Mr McCusker and Ms Smith for coming along to Trust Board and stated that management was committed to continuing negotiations to resolve the position. In concluding, he paid tribute to the workforce for going the extra mile to provide safe patient care.

*Ms O'Reilly left the meeting.*

### **Services User Story – Learning from an Ombudsman Report**

Mrs Owens introduced Mrs Jackson and Ms Collin and explained they would be giving a presentation on learning from an Ombudsman Report.

Mrs Jackson advised in 2011 a patient, under the care of a Speciality Surgical team, transferred to a cardiology ward for monitoring. Issues arose regarding responsibility for reviewing the patient and communication with the patient's family regarding the treatment plan and ongoing care. Unfortunately, the patient died and the family submitted a complaint in relation to the care the patient had received.

Mrs Jackson explained that the Trust had investigated the complaint and met with the family to discuss the outcome. However, the family remained concerned and referred the case to the Ombudsman's Office. The Ombudsman's investigation resulted in a number of recommendations.

Mrs Jackson outlined action taken to address the learning and recommendations in relation to care of a patient outlying in another speciality; pain management training for staff; handling of complains that cross specialities. She explained the improvements implemented since 2011 to help prevent similar incidents occurring.

In response to a question from Mrs Karp, Mrs Jackson advised that the Patient Flow Team now identify the right speciality for patients and all patients are logged on an electronic system. Ms Collins advised that new pain management documents had been introduced with training sessions with all relevant staff, highlighting early warning in pain assessment.

Miss Creaney advised the new protocols included the National Early Warning scores for pain management and included escalation to a more senior level.

In concluding the discussion, Mr McNaney acknowledged the significant learning for the Trust and thanked Mrs Jackson and Ms Collins for their presentation.

**37/19 Minutes of Previous Meeting**

The minutes of the previous meeting held on 6 September 2019 were considered and approved.

**38/19 Matters Arising**

No items raised.

**39/19 Chairman's Business**

**a. Conflicts of Interest**

There were no conflicts of interest reported.

**b. Gordon Smyth – Re-appointment**

Mr McNaney was pleased to advise Mr Smyth had been re-appointed by the Department of Health to serve a further four years as Non Executive Director.

**c. Safety Quality Visits – Non Executive Director Reports**

**i. Ward 31, Children's ENT, RVH – 10 October 2019**

Mr. McNaney presented a report of a Safety Quality Visit he had undertaken to Ward 31, ENT, and RVH on 10 October 2019. He said he had witnessed a team totally focused and committed to the care of their patients.

Members noted the report.

#### **d. Children's home Visits – Feedback**

##### **i. Somerton Road – 19 June 2019**

Mrs. McKeagney presented a report of a visit to Somerton Road Children's Home on 19 June 2019, when Mr. Dawson had accompanied her. At the time of the visit, most of the children were at school.

Mrs. McKeagney said it was evident the staff were very committed and compassionate in caring for the children, who have very complex needs. The facility had had a successful RQIA inspection, however the sensory room had closed as it was deemed unfit for purpose – Mrs. McKeagney had suggested that consideration be given to applying to Charitable Trust Funds to have the room refurbished.

Mr. Dillon asked that consideration be given to the timing of visits to ensure there is an opportunity to meet with the children.

Members noted the report.

40/19

#### **Chief Executive's Report**

##### **a. Emerging Issues**

Mr. Dillon had no emerging issues to report.

##### **i. Mental Capacity Act**

Mr Dillon referred to the implementation of Phase 1 of the Mental Capacity Act (MCA) on 2 December and invited Mrs Diffin to brief members on the subject.

Ms Stoop explained the MCA will apply to all people who lack capacity to make decisions for themselves. The new legislation will involve changes in how support is delivered to patients and service users who lack capacity whilst they are in hospital or in a regulated care environment. MCA applies all individuals aged 16 years and above. Staff are at risk of acting unlawfully if the appropriate authorisations are not in place.

Ms Stoops outlined the following challenges:

- Ensuring sufficient staff trained to undertake the various aspects of this new legislation across hospitals and community services
- The impact on service delivery whilst staff are learning how to complete the range of new forms and becoming familiar with new processes
- Tracking of patients across hospital sites where Deprivation of Liberty has had to be put in place
- Issue of liability for staff if they do not implement the legislation
- Increased numbers of cases potentially being referred to tribunals

Mrs Diffin referred to the tight timescale for implementation of Phase 1 of MCA given the number of staff to be trained. The additional administrative task for professionals completing the relevant paperwork will impact on the delivery of care. The volume of authorisation estimated by the DoH/HSCB is significantly lower than Trust estimates. Trusts have estimated the cost of implementation to be significantly higher than HSCB/DoH funding allocation.

In noting, the position members acknowledged the onerous responsibility on staff and the time it will take for people to become competent and experienced in the process.

## **ii. EU Exit**

Nothing further to report at this stage.

## **b. Review Updates**

### **i. Muckamore Abbey Hospital**

Mr Dillon advised that there were currently 55 patients in Muckamore Abbey Hospital (MAH), 2 patients had been readmitted due to a breakdown in their trial resettlement. He advised the weekly safety report, which detailed performance against key safety quality measures also demonstrated significant improvements in care delivery with no seclusion in the last 3 weeks and reducing numbers of restrictive practices. Weekly contemporaneous CCTV viewing highlights areas of good practice with no areas of concern.

Mr Dillon referred to the challenge sustaining the MAH workforce given the number of suspensions and high vacancy rates, alongside a number of staff resignations to take up posts elsewhere within the HSC.

In relation to the RQIA Enforcement Notices (EN) Mr Dillon advised the Trust continues to implement the required actions to restore compliance. A nursing model has been developed, which provides real time information by ward. It had been planned to share with RQIA on 31 October however RQIA had cancelled the meeting and it had rescheduled for 22 November, 2019.

Members noted the timescale for responding to the ENs was 15 November and Dr Jack advised that she was confident the Trust could provide evidence of significant progress. She advised it was anticipated RQIA would undertake a further inspection in MAH before lifting the ENs.

Members emphasised the importance of working proactively with RQIA to have the ENs lifted and asked for a follow up report at its next meeting.

**iii. Neurology Patient Recall**

Mr Dillon provided an update in respect of discussions with the DoH regarding the publishing of the Outcomes Report, compiled by HSCB/ PHA.

Members noted the position.

**iv. IHRD**

Mr Dillon provided an update in respect of IHRD.

Members noted a Stocktake Event was planned for 25 November 2019 involving a wide range of staff across the Trust.

**v. Infected Blood Inquiry**

Mr Dillon reported the Infected Blood Inquiry (IBI) public hearings from the infected and affected concluded on 1 November 2019. There were 2 witnesses heard from Northern Ireland, who gave evidence on the first day.

Members noted the next hearings were scheduled to commence on 24 February 2020 in London and will comprise evidence from the Panel of Experts appointed by the IBI who will comment on the themes identified from the evidence given by the affected and infected.

41/19

**Safety and Quality**

**a. Discharge of Statutory Functions**

Professor Bradley, on behalf of Ms O'Reilly advised the Social Care Committee (SCC) had recently considered the reports in detail. He wished to thank Mrs Diffin and her staff for the strategic format of the reports.

**i. Children's Residential Annual Report 2018/19**

Mrs Diffin presented the Children's Residential Annual Report for 2018/19. The report outlined the context of the 9 children's residential care homes situated across Belfast, 2 of which are specialist regional homes managed by BHSCT. She pointed out the report highlighted the ever changing profile of the complex needs of the young people in residential care, the challenges that young people's complexities pose for resource and workforce management, and how children's residential care is delivering responsive, safe, quality and compassionate care planning.

Professor Bradley referred to the challenging behaviour of young people and the increasing issues with mental health and drug addiction and said he would welcome further discussion at a future workshop. Mrs Diffin undertook to follow this up.

Following consideration members approved the report.

**ii. Children's Disability Residential Annual Report 2018/19**

Mrs Diffin presented the Children's Disability Residential Annual Report for 2018/19. The report outlined the role of the 3 residential facilities for children with a learning disability and behavioural difficulties.

Mrs Diffin expressed concern at the lack of a clear strategic plan for children with disabilities, which has been raised with the HSCB. She stated that demand was outstripping capacity.

Members considered and approved the report.

**iii. Adoption Services Annual Report 2018/2019**

Mrs Diffin presented the Adoption Services Annual Report for 2018/19. The report provides an overview of the ongoing work involved in recruitment, assessment, matching, and placement of children, training and support to adoptive carers. Evidently, it demonstrates how permanence planning is integral to each of these processes in order to achieve improved outcomes, not only in service delivery, but more importantly, for the lives of children.

Members considered and approved the report.

**iv. Regional Emergency Social Work (RESWS) Annual Report 2018/19**

Mrs Diffin presented the Regional Emergency Social Work Services (RESWS) Annual Report for 2018/19, which provided an overview of the activity levels of RESWS across Trusts and across programmes of care. It also demonstrates ongoing improvements in Information technology systems, which will in turn improve data collection and analysis for future service improvements.

Mrs Diffin referred to the RQIA Inspection report and advised all recommendations had been addressed. She also advised responsibility for the homeless would be transferring to the NI Housing Executive in the New Year.

Members considered and approved the report.



## **b. Annual Quality Report 2018/19**

Mr Dillon, on behalf of the Dr Jack, presented the Annual Quality Report for 2018/19.

Dr Loughran commended the significant valuable information within the report.

In response to members' comments, Ms Stoops undertook to consider how the Trust position against "Top 20%" matrix could be presented to Trust Board.

Members considered and approved the report.

## **c. Performance Report**

Ms Stoops presented the Performance Report for the period April to September 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 12 are being delivered or substantially delivered, 2 are to be confirmed and 20 are not currently being delivered i.e. HCAI – MRSA and C.Difficile; 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 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.

Dr Loughran expressed concern at the large number of patients on waiting lists and asked if there were monitoring arrangement in place to prioritise those in greatest need. Ms Stoops advised the Trust communicated with GPs to keep them advised of the waiting list procedure. The Trust relied on GPs highlighting urgent referrals.

There followed a lengthy discussion with members expressing concern at the unacceptable waiting lists and the need for investment to create

capacity to address the issues. Members also expressed concern at the risk being carried by the Trust in relation to waiting lists and stressed the importance of the need for additional investment to be highlighted at a political level. Members also expressed the view that the Trust itself should be sharing best practice in initiatives to reduce waiting lists across the Trust.

Ms Stoops stated work is ongoing on this issue and a report would shortly be brought to Trust Board.

Members noted the performance report.

42/19

## Resources

### a. Finance Report

Mrs Edwards presented the Finance Report for the period April to September 2019, including an update on financial planning for 2019/20.

Members noted the Trust was considering measures to address the £8m deficit and achieve financial balance by year-end.

Mrs Edwards referenced growing financial challenges including the increase in agency spend and the implementation of the Mental Capacity Act.

Members noted the position.

### b. Capital Scheme Update

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

- **Acute Mental Health** – a few residual building related issues to be addressed.
- **Maternity Hospital** – the Trust continues to liaise with DoH to secure additional contingency monies
- **Children's Hospital** – the Trust continues to seek assurances for CPD around the management of the design team and co-ordination of all aspects of the project
- **Critical Care Building** – theatre programme of works due to be completed in January 2020, there is a two week delay in the hybrid theatre, which the contractors are trying to recover
- **Helipad** – Trust meeting with NIFRS and HES to agree final issues regarding the One Shot firefighting system and test flights
- **RGH Energy Centre** – significant delays in the planning approval process have had an impact on the programme.
- **Glenmona** – works in on-going with the landowner's design team to develop plans for submission of full planning permission.

Members noted the report.

Mrs Edwards left the meeting.

**43/19**

**Audit Committee**

**a. Minutes – 4 June 2019**

Mr Smyth presented the minutes of the Audit Committee of 4 June 2019 for information.

Members noted the content of the minutes.

**b. Annual Self-Assessment**

Mr Smyth presented the Audit Committee Annual Self-Assessment for information.

Members noted the content of the document.

**c. Terms of Reference – Annual Review**

Mr Smyth advised the Audit Committee Terms of Reference (ToR) had been subject to annual review, with no revisions.

Members considered and approved the revised ToR.

**44/19**

**Social Care Committee Minutes**

Professor Bradley, on behalf of Ms O'Reilly presented the minutes of the Social Care Committee – Children's Services meeting of 23 May 2019.

Members noted the minutes.

**45/19**

**Any Other Business**

There were no further items of business raised.

**46/19**

**Date of Next Meeting**

Members noted the next meeting was scheduled for 10.00am on 9 January 2020.