

**Minutes of the Trust Board Meeting
Held on 4 April 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 Miriam Karp,	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mr Gordon Smyth	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:

Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Jacqui Kennedy	Director Human Resources/ Organisational Development
Mrs Bernie Owens	Director Unscheduled and Acute Care
Mrs Jennifer Thompson	Director Performance, Planning and Informatics (Interim)
Mrs Bronagh Dalzell	Head of Communications
Ms Ciara McClements	Service Manager, Connected Community Care
Mr Danny Wilson	Manager, Connected Community Care
Mrs Elizabeth Keown	Board Apprentice
Miss Marion Moffett	Minute Taker

Apologies

Dr Patrick Loughran	Non-Executive Director
Ms Claire Cairns	Head of Office of Chief Executive

Mr McNaney welcomed everyone to the meeting.

- **Service User Story – Connected Community Care**

Mrs Heaney explained the Connected Community Care (CCC) service is an innovative initiative, implemented in BHSCT by the Integrated Care Partnerships (ICPs) in January 2018 and introduced Ms McClements, Service Manager, CCC.

Ms McClements advised the CCC is an example of a new approach to developing a model for co-production that includes better coordination of services and improvement in relationships between the local health economy and communities. It delivers on the ambition set out in Health and Wellbeing 2026: Delivering Together. The ICPs developed the service in response to challenges i.e. NI has the fastest growing population in UK coupled with increasing multi morbidities; Belfast City Council area has the highest deprivation rates of any Local Government District in NI with 46% of the population estimated to be living with multiple deprivation; high levels of smoking; low levels of physical activity/poor diet and poor mental and emotional health in Belfast.

Ms McClements reported that Belfast ICP felt that older people and people with chronic conditions could be better supported in the community however, knowledge of local services was variable; access to services was disjointed; support was required earlier before a person's need became 'acute'; there needed to be greater levels of cohesive and connected working across sectors and a greater focus on early intervention and prevention

The Connected Community Care service was developed to be a single access point to services in the community for older people and people with chronic conditions that require further support to remain independent and maintain a good quality of life; and focus on early intervention/prevention – initiate, support and co-ordinate health promotion activities in the community to ensure impact at local level

Ms McClements played a video clip of a carer who commended the support she received from the CCC service to help her care for her husband who suffers from vascular dementia.

Ms O'Reilly welcomed the integrated service working across the Trust with the support of a range of stakeholders.

Mrs Heaney advised that consideration was being given to the future recommissioning of services through co-production with local communities.

In the discussion which followed members commended the CCS and acknowledged the need to involve Belfast City Council regarding community planning authority, to develop a more integrated strategic approach to support local communities. Mrs McKeagney undertook to follow up with Mrs Thompson.

Mr McNaney thanked Ms McClements and Mr Wilson and they left the meeting.

08/19 Minutes of Previous Meeting

The minutes of the previous meeting held on 7 February 2019 were considered and approved, subject to Dr Little's job title being added to Min. 05/19 b.

09/19 Matters Arising

No issues raised.

10/19 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interests reported.

b. Safety Quality Visits – Non Executive Feedback

Ms O'Reilly provided feedback on a Safety Quality Visit (SQ) undertaken on 10 July to Ward 3 B Cancer Centre accompanied by Dr Steve Austin, Deputy Medical Director.

Ms O'Reilly acknowledged areas of good team working and communication. However, she referenced the impact of delays in recruitment on staff morale.

Mrs Kennedy advised that whilst there were issues with HRPTS there were also delays by staff uploading information for BSO recruitment to process and systems were being put in place to improve this. However, she pointed out that it can be difficult to recruit to some posts.

Ms O'Reilly sought clarification on follow up actions in relation to issues raised during the SQ visits.

Dr Jack explained that an action plan is developed in relation to issues arising from SQ visits and progress monitored by the Safety and Quality Steering Group.

Dr Jack advised that SQ visits were being extended to the Corporate Services. Also during visits staff would be asked to nominate a colleague for outstanding service and on a quarterly basis these staff will be invited to have afternoon tea with the Chairman and Chief Executive to acknowledge their commitment.

11/19 Chief Executive

a. Emerging Issues

Nothing to report.

b. Review Updates

i. Muckamore Abbey Hospital – Update

Mrs Heaney provided an update in respect of governance and patient safety on the MAH site. She advised that regular reviewing of contemporaneous CCTV footage continued and no further patient safety issues had been reported and patients continue to receive safe, compassionate care.

Miss Creaney provided assurance that MAH wards were staffed appropriately with staffing rotas agreed and daily monitoring arrangements in place. She advised meetings had been scheduled with the HSCB and PHA to discuss the nursing workforce model and additional investment required for MAH.

In response to a comment from Professor Bradley, Dr Jack advised that a range of supports were in place for MAH staff and the Head of Clinical Psychology, was developing an Action Plan in relation to supporting staff, for consideration by the Assurance Group. Mrs Heaney advised that support was also available for staff currently suspended.

Mrs Karp acknowledged the enormous amount of work being undertaken in relation to MAH and welcomed the detailed progress outlined in the Action Plans, which provided assurance that appropriate action was being taken and that patients were safe.

In response to a question from Mrs Karp, Dr Jack advised the Seclusion Policy was currently being revised in line with Mersey Care NHS Foundation Trust. The use of seclusion was being closely monitored and protocols followed.

Mr Dillon advised that in the Trust continued to liaise closely with the PSNI in relation to MAH.

Mrs Heaney advised that the Trust had established monthly meetings with DoH to keep DoH colleagues fully apprised of the MAH position.

Mrs Heaney advised that the Community Services and Discharge Planning group, involving NHSCT and SEHSCT meet regularly to discuss discharge planning arrangements for current MAH patients. She advised the Trust's statutory supported housing scheme Cherryhill was undergoing registration with RQIA. BHSCT has discharge plans in place for 16 patients in the coming months.

Members noted the position.

ii. Neurology

Mr Dillon advised the Neurology Patient Recall had been completed with all of the 2529 patients having been reviewed or offered a review. In relation to the discharged patients, 99.9% of the 1000 patients have been followed up.

Mr Dillon advised the HSCB/PHA were drafting the Outcomes report. The Trust is finalising a data validation exercise in relation to patient information for submission to the HSCB/PHA.

Members noted that the report on the RQIA Review of Governance in Out-patient Departments was awaited. The RQIA Review of Deaths team had been established.

The Trust continues to submit relevant information to the Independent Inquiry and staff continue to be interviewed.

Mrs McKeagney referred to the need to strengthen governance arrangements in respect of lone workers.

Mr McNaney pointed out that all Trusts would need to be involved in this work.

Dr Jack stated that a scoping exercise was currently underway in the Trust involving all medical staff.

Mr McNaney advised that he and Ms O'Reilly were meeting with NI Neurological Alliance on 16 April, 2019. He asked what psychological support services were presently available to patients who had been called back. Mrs Owens advised a Trust bid to the HSCB for additional funding for psychological support had been successful and the recruitment process was currently underway.

Mrs Owens advised the Trust was progressing an investigation within the MHPS framework, the latest indication was that this will be completed in April 2019.

Members noted the report.

iii. IHRD

Mr Dillon provided an update in respect of the ongoing work in respect of the IHRD recommendations. He advised the GMC had indicated that they were again reviewing 2 doctors' cases. Dr Jack advised the doctors concerned had been contacted directly by the GMC and were being supported.

Members noted the position.

c. EU Exit Update

Mrs Kennedy provided an update on the contingency plans in place in preparation for a 'no deal' scenario whereby the UK would leave the EU without a deal on 12 April, 2019.

Members noted the key areas for consideration have been identified as Workforce, Service Delivery, Movement of Patients and Service Users, Data

sharing and processing, GP Out of Hours Pressures, Non-clinical supplies, medical devices and clinical consumables and ICT.

Mrs Kennedy advised the Trust had developed a Business Impact Analysis document, which summarises the potential impact of a 'no deal' and the associated contingency arrangements.

The Trust will be required to complete a daily Situation Report by 12.30 each day (Monday – Friday at this point) to the HSCB. The SitRep will highlight any issues identified relating to a 'no deal' exit and the actions being taken to address the issues. The HSCB will provide a composite report to the DoH who feed into the Civil Contingencies Group for Northern Ireland and ultimately to the Cabinet Office. These arrangements commenced on 25 March 20`9, but have now been stood down until Monday 8 April 2019.

A staff information notice has been issued which provides staff with advice on Driving Licences, Vehicle Insurance, Common Travel Area, the EU Settlement Scheme and the Recognition of Professional Qualifications.

Mrs Kennedy advised the situation remains fluid and the Trust will continue to keep its contingency plans under review. The Trust continues to participate in regional forums and will act on guidance and instructions from the DoH as they are issued.

In noting the position members expressed concern at the potential impact on workforce, research/clinical trials and community networks.

12/19 Safety and Quality

a. BHSCT Arts in Health Strategy

Mrs Thompson presented the BHSCT Arts in Health Strategy for approval. She explained the process of developing the strategy has involved consultation with staff, patients and service users. A facilitated workshop for staff and stakeholders specifically addressed the vision, objectives and outcomes.

Members noted the strategy would ensure that the Trust is well placed to progress the recommendations made by the All Party Parliamentary Group on Arts Health and Wellbeing's Report "Creative Health: The Arts for Health and Wellbeing".

Following consideration members approved the Arts in Health Strategy.

b. Performance Report

Mrs Thompson presented the Trust Performance report for the period April 2018 to February 2019, with Section A "Safety Quality and Experience" (SQE) providing an overview of performance in relation to a range of key safety, quality and experience indicators, and Section B "Service Delivery" providing

an update of the performance against key DoH Commissioning Plan Direction (CPD) standards and targets.

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.

Dr Jack referred to the current lack of Coders and advised a Business Case had been developed for additional posts to address the shortfall.

In relation to crude mortality, Dr Jack advised that the Trust continued to be within the top 20% of organisations it benchmark against.

Members commended the 99% performance in respect of Mortality.

In response to a comment from Ms O'Reilly, Dr Jack advised the Safety Quality data would be included in the Annual Quality Report and would include data relating to community services.

Mrs Thompson advised that of the 19 CPD standards and targets, 9 were being delivered or substantially delivered and 10 were not currently being delivered. She pointed out the CPD standards/targets not being achieved were HCAI; ED triage; diagnostic urgent tests; Outpatient Waiting Times; Inpatient and Day-case Waiting times; AHP Waiting Times and Complex Discharges. Of the 18 performance trajectories measured, 12 are being delivered or substantially delivered, with 6 not currently being delivered i.e. ED 4/12 hours RVH and MIH; Cancer urgent 62 day pathway and CAMHS and Adult Mental Health waiting longer than 9 weeks to access services.

Mrs Karp expressed concern at the CAMHS and Adult Mental Health waiting times.

Mrs Thompson explained that it was hoped a recruitment exercise would improve the position and performance would be back on track in 2019/20.

Mrs Heaney advised that the Trust was working with GPs to redesign the care pathway to help cope with the increasing level of demand.

Miss Creaney provided an update in respect of HCAI performance with the Trust already exceeding the Cdiff and MRSA targets for 2018/19 to date. She pointed out that the Trust was not outwith the regional position.

Miss Creaney reported on environmental issues in respect of HCAIs and concern that fundamental basic procedures were not being followed. A review of cleaning products and procedures was being undertaken with a view to providing additional training around cleaning of equipment.

Professor Bradley said it would be interesting to include data in respect of the number of admissions and activity alongside the HCAI figures.

Mrs Thompson undertook to follow this up.

In response to a query from Professor Bradley regarding diagnostic reporting, Mrs Owens advised that there are currently a number of staff vacancies impacting on the Trust performance.

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

13/19 Resources

a. Finance Report

Mrs Edwards presented the Finance Report for the period ending 28 February 2019, indicating a £102k deficit with a forecast breakeven position by year-end. She pointed out that whilst the Trust is forecasting a breakeven position for 2018/19, much of the in-year reduction in the opening financial deficit is attributable to one-off, non-repeatable measures, including over £48m of additional non-recurrent funding. As a result, the Trust is facing a recurrent underlying funding deficit of £73.3m after accounting for recurrent savings commenced in 2018/19. This is the opening deficit before accounting for new pressures in 2019/20 including inflationary, demographic growth and other inescapable cost pressures, estimated at £16.5m, pay uplifts or new developments.

In relation to the 2019/20 position, the Trust's opening deficit, along with the known or expected pressures, has been shared with the DoH and HSCB. The DoH has briefed Trusts on the budget allocations, with an anticipated regional gap of £80m prior to any 2019/20 pay award shortfall. The Trust has not yet been advised of its share of the new funding for 2019/20 and consequently its share of the overall deficit.

Mr Smyth sought an update on the Transformation funding.

Mrs Edwards advised the Trust has currently 112 schemes. The amount of funding received and anticipated for 2018/19 is £20.8m, this includes £11.3m for elective assess. It is anticipated that expenditure on these projects in-year will be £15.8m, with circa £5m slippage. This position has been reported to project leads at HSCB/PHA and to HSCB finance. Mrs Edwards explained that there was no revenue funding for these projects.

Mrs Thompson advised the schemes were being categorised for further consideration by the Project Owners, she advised that recruitment had been paused pending clarification on the funding allocation.

b. Major Capital Projects Update

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

- **Critical Care Building** - an issue has arisen around air ventilation, appropriate guidance had been followed when the building had been designed in 2001, however new guidance introduced in 2007 means the number of air changes is below current guidance. She advised an urgent meeting was planned with relevant Trust staff, CPD and independent experts to assess the position.
- **Maternity Hospital** - post Grenfell the design team have been asked to consider a number of options in relation to the cladding system for the new facility, which will potentially delay the project by 6 months
- **Acute Mental Health** – plans in place for services to transfer to the new unit in June
- **Children’s Hospital** – presented for planning approval in March, decision deferred pending a site visit by council members, due back with Planning Committee in April.

Members noted the report.

c. Charitable Trust Fund Applications

Mrs Edwards sought approval for expenditure from Charitable Trust Funds for the following equipment:

- Pet Scanner to upgrade the current Cyclotron Synthesise Unit, based on the Royal site
- 10 Incubators, for the Neo Natal unit, RJMS

Mrs McKeagney confirmed the Charitable Trust Funds Committee had endorsed the proposals.

Following consideration members approved the proposal.

14/19 Any Other Business

a. RQIA Unannounced Visit – RBHSC

Mr McNaney provided positive feedback following a meeting he and Professor Bradley had attended with RQIA during an unannounced visit to the RBHSC on 2 April 2019.

b. Mrs Jennifer Thompson, Interim Director of Performance, Planning and Informatics

Mr McNaney acknowledged this would be the last meeting Mrs Thompson would attend as Interim Director of Performance, Planning and Informatics and wished to record member’s appreciation to her for covering the vacant position.

Mrs Thompson said she had welcomed the opportunity and looked forward to supporting the new Director, when returns to her substantive Co-Director role.

15/19 Date of Next Meeting

Members noted the next meeting was scheduled for the morning of 6 June 2019.