Minutes of the Trust Board Meeting
held on 7 May 2020 at 9.00 am
via Microsoft TEAMS (due to COVID-19 guidance)

Present

Mr Peter McNaney	Chairman
Dr Cathy Jack	Chief Executive
Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Professor David Jones	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Dr Patrick Loughran	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children's Community Services
Mrs Maureen Edwards	Director Finance, Estates and Capital Development
Mr Chris Hagan	Interim Medical Director

In Attendance:

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 Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Mr Wesley Emmett	Management Consultant – Observing

Apologies

None

19/20 Minutes of Previous Meeting

The minutes of the previous meeting held on 5 March 2020, were considered and approved.

20/20 Matters Arising

No items raised.

21/20 Chairman's Business

a. Conflict of Interest

There were no conflicts of interest reported.

22/20 Chief Executive's Report

a. COVID-19

Dr Jack outlined the detail contained in the "Maintaining Good Governance, Quality and Safety during COVID-19 – Board Assurance" report, which had been revised to reflect current position.

Dr Jack referred to the Sitrep report, indicating the first COVID-19 surge is passing with the number of patients reducing. She explained consideration was being given to scaling back the Nightingale Hospital and consolidating Trust COVID-19 services on the Mater Hospital. The Trust is committed to continuing to provide support to the care homes and stepdown facility in the Ramada Hotel. It was noted the Trust would re-instate the Nightingale Hospital should there be a further surge of COVID-19. The Care of the Elderly Team will provide support to Acute Care at Home to prevent hospital admission and care for the frail elderly closer to their homes.

Members noted that ED attendances have been increasing; plans are being developed to turn on elective care services. However, this would depend on the availability of PPE and workforce. The Independent Sector (IS) will continue to be used for urgent low risk cancer surgery. Dr Jack advised the support and services required to extend virtual out-patient clinics is being explored.

In noting the position, Mr McNaney paid tribute to the huge amount of work on going in the Trust in respect of COVID-19 and wished to record members' appreciation to all staff.

b. Muckamore Abbey Hospital

Mrs Owens provided an update on Muckamore Abbey Hospital, advising there were 50 in-patients, with 2 on extended leave, at the request of families, with 2 patients on trial resettlement. She outlined arrangements in place in respect of COVID-19. Current nurse staffing levels are providing a safe level of care, with the support of agency and other staff.

Mrs Owens was pleased to report that RQIA had formally notified the Trust that all Enforcement Notices had been lifted.

Mr McNaney wished to record members appreciation to all staff involved in ensuring appropriate action was taken to ensure the lifting of the RQIA Enforcement Notices.

c. Neurology Review

Dr Jack advised that Trust was writing to all patients who had received epidural blood patch treatment regarding the review being undertaken by the Royal College.

d. IHRD

Mr Dawson advised there was nothing further to report in respect of IHRD as work had been paused due to COVID-19.

e. Infected Blood Inquiry

Mrs Leonard advised the public hearing had been deferred to September 2020 due to COVID-19

23/20 Performance Report

Ms Stoops advised that a review of management information is being undertaken to agree key data needed to assist with decision making and how activity can be presented to Trust Board to better reflect the Trust position.

Ms Stoops presented the Performance Report for the period April 2019 to February 2020, providing an update on activity in respect of 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 11 are being delivered or substantially delivered, 2 are to be confirmed and 21 are not currently being delivered i.e. HCAI – MRSA; 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; Direct Payments; AHP patient waiting longer than 13 weeks to first treatment; Carers Assessments; Complex patient discharge – 48 hour and 7 days and Core funded Out-Patient activity.

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 12 are being delivered, or substantially delivered, with 4 not currently being delivered i.e. Diagnostics 9 and 26 weeks; CAMHS 9 weeks and Cored funded Out-Patient activity.

Dr Loughran welcomed the improved position in relation to C.diff cases. However, he expressed concern at the fracture neck of femur 48 hour performance.

Mr Dawson explained in recent weeks there had been increased theatre capacity on the RVH site, which has seen an improved position in relation to neck of femur.

Dr Loughran referred to the vulnerable elderly requiring surgery to be undertaken as soon as possible in order to have the best outcome.

Dr Jack explained, as a result of a complaint, the Royal College had undertaken a clinical review of a compliant, which had identified weaknesses in the service delivery model. Mr Dawson advised that an action plan was being developed to address the issues raised by the Royal College.

Mrs McKeagney referred to new ways of working due to COVID restrictions and emphasised the importance of encouraging innovation to address waiting lists.

Ms Stoops advised that a review was underway across all specialities to reflect on learning from COVID. A template has been developed to capture the learning and help plan going forward in line with Right Time, Right Place, Right Care.

Mr McNaney referenced the need for a strategic reset and asked that when the learning has been captured that is presented at a Trust Board workshop.

Dr Jack advised that Mr Dawson was leading on an ImPACT, workstream for Out-patients, to validate waiting lists and review processes and capture learning from COVID-19. This work will inform planning for the future to reduce waiting lists.

Members noted the performance report.

24/20 Resources

a. Finance Report

Mrs Edwards presented the finance report for the period April 2019 to March 2020 indicating that the Trust had achieved its statutory obligations to breakeven and was reporting a small surplus of £97k. This assumes COVID costs will be funded by DoH; however, this has yet to be confirmed.

Members commended the financial position at year-end and noted this was subject to audit.

Mrs Edwards gave a presentation outlining the 2020/21 budget position. She explained the proposed budget settlement does not provide sufficient funding to maintain existing services. The residual funding gap to maintain existing services is estimated to be £34.6 million before any savings gap. It does not provide for New Decade New Approach (NDNA) priorities to be taken forward. It is recognised that based on the proposed budget outcome and in light of COVID-19, further monitoring and review will be required.

The Trust's savings/cost reduction target for 2020/21 is £72m. Mrs Edwards outlined the saving assumptions risks. It is assumed 2019/20 savings measures of £77m will be recurrent in 2020/21. At this time, it is estimated that only £26.5 million of the measures are recurrent and this represents a significant risk to the 2020/21 financial position. It is assumed £72m of additional savings/cost reduction/income generation measures will be achieved in 2020/21. The current COVID-19 pressures increases these risks as there will be little opportunity to focus on and progress savings.

Mrs Edwards highlighted further risks for 2020/21 and advised those projects with inescapable costs, which cannot be met, will see transformation posts ceased, with HR and other issues to be managed locally. There will be a level of disappointment across the system that funding is not available centrally for a number of projects in which colleagues have devoted significant resources to developing and implementing.

In noting, the position members expressed concern at the projected budgetary position and emphasised the need for funding to be allocated as soon as possible to mitigate risk of incurring costs into 2020/21.

b. Property Disposal – 33 Wellington Park

Mrs Edward presented a proposal to dispose of property at 33 Wellington Park, which is surplus to the Trust's requirements.

Members approved the disposal of the property.

c. Charitable Trust Funds

Mrs Edwards presented the following Charitable Trust Fund applications for approval:

i. Royal Jubilee Maternity Hospital – to purchase 2 ultrasound scanners
ii. Cancer Centre – refurbishment of a Brachytherapy suite
iii. Cross Cutting – Falls Prevention Co-ordinator

Mrs McKeagney advised that all applications had been considered and supported by the Charitable Trust Funds Committee.

Members approved the applications.

d. Major Capital Projects Update

Mrs Edwards presented an update in respect of the major capital projects, and pointed out that COVID had impacted on timescales for some schemes –

- Maternity Hospital – contractor had re-opened the site on 26 April with a reduced workforce, due to COVID, a revised programme is awaited to establish the impact of the delay
- Children's Hospital – enabling works contract has been delayed
- RVH Car Park – Children's Hospital planning approval conditions, including ring fencing car park spaces, have led to the business case needing to be reviewed
- RVH Infrastructure – outline business case is with Director of Finance for approval

Mr McNaney expressed concern at the delay in the planning approval for the Children's Hospital.

Mrs Edwards advised the Trust was continuing to liaise with the Planning Department to reach agreement on the matter.

e. Everton Complex – Business Case for GP Relocation by HSCB

Mrs Edwards presented a Business Case for the HSCB to develop a facility on the Everton site to relocate two GP practices. She advised the HSCB would be funding the development and the Trust had no plans for the proposed site within the Everton complex.

Members approved the business case.

25/20 Audit Committee

Mr Smyth presented the minutes of the Audit Committee meeting held on 11 February, for information.

Members noted the minutes.

26/20 Any other Business

a. Captain Tom's Fund

Mrs Edwards advised the Trust via NI NHS Charity Fund would be receiving 3 tranches of funding from the Captain Tom's Fund, and consideration was being given as to what the money could be used in the best interest of patient/staff comforts.

Members welcomed the donation.

27/20 Date of Next Meeting

Members noted the next meeting was scheduled for 2 July 2020.