

**Minutes of the Public Trust Board Meeting  
held on 13 January, 2022 at 11.30 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
Ms Miriam Karp	Non Executive Director
Professor Carmel Hughes	Non Executive Director
Dr Patrick Loughran	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Miss Brenda Creaney	Executive Director Nursing and User Experience
Mrs Carol Diffin	Executive Director Social Work/Children's Community Services
Mrs Maureen Edwards	Executive Director Finance/ Estates and Capital Development
Mr Chris Hagan	Executive Medical Director

**In Attendance:**

Mrs Bernie Owens	Deputy Chief Executive
Dr Brian Armstrong	Director Acute and Unscheduled Care
Mrs Paula Cahalan	Interim Director Child Health and NISTAR
Mrs Heather Jackson	Interim Director Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT, Sexual Health
Mrs Janet Johnson	Interim Director ACCTSS and Surgery
Mrs Moira Kearney	Interim Director Mental Health and Intellectual Disability
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Caroline Leonard	Director Cancer and Specialist Services
Ms Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Director Adult and Primary Care
Miss Marion Moffett	Executive Assistant – Minute Taker
Ms Sarah Christie	Board Apprentice
Ms Roberta Clarke	Public Appointment Mentoring Scheme

At the outset of the Chairman welcomed everyone to the meeting, which was being live streamed to allow members of the public to observe virtually. He also, introduced Professor Hughes, attending her first meeting following her appointment as QUB Non Executive Director representative on 1 January 2022.

## **01/22 Questions submitted by members of the public**

Mr McNaney read the following questions submitted by Mr Roberts

### **Question 1**

In relation to concerns arising from the Inquiry into Hyponatraemia Related Deaths report (IHRDNI) the Belfast Trust is required to consider any concerns regarding the conduct, health or performance of a doctor employed by the Trust within the framework of Maintaining High Professional Standards (MHPS). The Trust have sought and obtained legal advice which has confirmed that the Trust would be unable to progress investigations in relation to matters which are the subject of police investigation.

**a)** Given that the consideration of concerns arising from the IHRDNI report by the ongoing GMC and PSNI investigations, which to date have exceeded almost 4 years, are separate considerations from those of the Trust as employer, please confirm that when, in the interim period, an individual doctor leaves the employment of the Belfast Trust the Trust cease and close all investigations into the conduct of that individual.

**b)** When an individual doctor leaves the employment of the Belfast Trust before the completion of GMC and PSNI investigations do the Trust then conclude that no further action will be taken by the Trust unless the individual has committed and been convicted of a criminal offence in relation to the IHRDNI report findings?

### **Question 2**

Mr Justice O'Hara initially intended to publish his Public Inquiry report into Hyponatraemia Related Deaths (IHRDNI) before the end of 2014. The report was formally published on 31 January 2018.

Mrs Miriam Karp was appointed, as a Non-Executive Director, to the Belfast Trust Board on 1 September 2015. Mrs Karp has been a member of the General Medical Council (GMC) Medical Practitioners Tribunal Service since 2011. Dr Michael McBride was Belfast Trust Chief Executive and Northern Ireland Chief Medical Officer at the time of Mrs Karp's appointment to the Trust Board.

**a)** Prior to the appointment of Mrs Karp in 2015, has a member of the GMC Medical Practitioners Tribunal Service (MHPS) ever been appointed to the Belfast Trust Board?

**b)** Could it reasonably be thought that Mrs Karp's current role within the GMC Medical Practitioners Tribunal Service in conjunction with her role as a Non-Executive Director on the Belfast Trust Board represents a real or potential conflict of interest with regard to her independence or impartiality and duties as a GMC associate?

In particular, an interest which might influence, or be perceived to influence, the Trust decision making process in relation to ongoing Maintaining High Professional Standards (MHPS) investigations, or any potential interactions between Mrs Karp and the Trust Case Manager in the course of a Trust investigation, or with an individual employed by the Trust whose investigation has either concluded or is currently being considered?

Members noted the questions and Mr McNaney asked that relevant Directors co-ordinate written responses for his approval, copies of which will be shared with Trust Board members.

Mrs Karp stated that she has always been aware of the potential conflict or perception of conflict in her role as a Tribunal Member for the Medical Practitioners Tribunal Service, the independent tribunal that hears doctors' cases. The Medical Practitioners Tribunal Services is independent and operationally separate from the General Medical Council. However, Ms Karp stated she had taken a decision, prior to taking up her Non Executive Director role with Belfast Trust, that she would never sit on any doctors cases, who are Belfast Trust doctors, or doctors who have ever worked in the Belfast Trust. She advised the Medical Practitioners Tribunal Service and the Belfast Trust are aware of this decision. Ms Karp explained this is normal practice, because many of the other members' of the Tribunal Service (a UK wide operation) are Non Executive Directors in individual Trusts in the UK and it is standard practice. Ms Karp welcomed Mr Roberts question as it had given her the opportunity to clarify her position.

Mr McNaney thanked Mrs Karp for the clarification. He asked that the relevant Directors co-ordinate a written responses for his approval, copies of which will be shared with Trust Board members.

## **02/22 Minutes of Previous Meeting**

Members considered and approved the minutes of the previous meeting held on 4 November 2021.

## **03/22 Matters Arising**

No items raised.

## **04/22 Chairman's Business**

### **a. Conflicts of Interest**

There were no conflicts of interest reported.

### **b. Non Executive Director Appointment**

Mr McNaney noted Professor Carmel Hughes appointment as the Non Executive Director QUB representative with effect from the 1 January, 2022.

He also took the opportunity to pay tribute to Professor Hughes predecessor, Professor David Jones for his expertise and contribution to the Trust during his term in office.

## **05/22 Chief Executive's Business**

### **a. Covid-19 Update**

Dr Jack advised there continues to be relentless pressure in the system due to the ongoing Covid-19 pandemic and the new Omicron variant, in an already pressurised system that struggles each Winter.

There are well recognised workforce challenges due to the pandemic. At the moment the Trust has over 1000 staff absent with Covid related illnesses, 148 inpatients and a large proportion of Care Homes in the Belfast locality are in a declared outbreak. There are ongoing discussions within the organisation with staff, Trade Union colleagues, other Trusts and the HSCB regarding mitigating pressures and risks which we are currently facing. The BHSCT has activated the Business Continuity Plan as this is the best way to deliver the most essential services over the next few weeks. It allows the Trust to better prepare for the challenges ahead when the peak of the Omicron surge is expected, this will also set out how the Trust will balance the pressures in the system and better serve the needs of the public.

Dr Jack explained some services like routine outpatients will be downturned to free nurses and other staff to support essential services for those most in need. The Trust has given a commitment to the staff and patients that the emergency flows will be protected along with the acute and community emergency service, children's community, district nursing and also try and protect the time critical surgery and the Belfast City Hospital site.

### **b. Muckamore Abbey Hospital (MAH)**

Mrs Kearney presented an update report in respect of MAH, there are currently 38 patients requiring resettlement and work is ongoing in relation to this. The DoH has commissioned a review on the resettlement work led by Ms Bria Mongan and Mr Ian Sunderland. There continues to be challenges in relation to staffing levels which is continuously monitored. There continues to be regular meetings with the social work team regarding safeguarding. There has been outbreaks of Covid-19 within MAH, however this has been managed very successfully and safe staffing levels were maintained. The Trust continues to monitor and safely care for the patients within the MAH site.

The family involvement in the Real Time feedback on site is continuing, care and engagement involvement sessions are also continuing both on site and in the community.

Mrs Kearney advised the HSCB is commissioning a review of the Advocacy Service within MAH.

Mr McNaney sought clarification on the timeframe for the resettlement business case.

Mrs Kearney advised current indications are that one of the facilities will not be available until after 2024/25. A further business case is also being developed in relation to a forensic unit. The Trust is working with the region in relation to planning where this unit will be situated, i.e. linked to the mental health model or a separate model.

### **c. Cardiothoracic Surgery**

Mr Hagan provided a brief update on progress in respect of the Royal College's recommendations following their review of Cardiac thoracic Surgery in 2020. The majority of actions have been completed. RQIA had recently carried out an unannounced inspection to the Cardiac Unit with verbal feedback being very positive of the changes that have been made to date and the improvements in the culture within the team.

An inspection has also been completed by Northern Ireland Medical Dental Training Agency and they also provided good feedback and highlighted some issues to work on further. A further stakeholder meeting with the DoH, HSCB and other interested parties is planned for the end of January 2022.

Members noted the position.

### **d. International Nurse Recruitment**

Mrs Edwards, on behalf of Miss Creaney, presented an update in respect of International Nurse Recruitment (INR). The Trust is slightly behind in terms of recruiting INR, primarily due to some of the countries listed on the red list for travel. Central Nursing have been working extremely hard to catch up and anticipate there will probably be a shortfall against the earlier predicated numbers. Although still hoping to recruit 300 nurses by the end of the year and recruiting a further 700 Nurse in 2023 to meet the overall target. She advised there is focus on induction, training and simulation into the workforce for the INR.

In response to a question from Mr McNaney, Mrs Edwards that the majority of INR were from India and the Philippines.

*Miss Creaney joined the meeting.*

Miss Creaney advised Trust has recruited 142 international nurses, 141 having taken up post within the Trust. The Trust also has bespoke INR for Critical Care, Theatres and Recovery, with interviews scheduled for 31 January 2022.

Professor Bradley asked if BHSCT was competing with other Trusts for INR.

Ms Creaney advised BHSCT was part of the regional INR plan. However the bespoke recruitment plan, which is part of the Nursing Workforce Strategy is solely for BHSCT.

In response to a question from Professor Bradley, Miss Creaney advised the recruitment process had improved considerably. However the process is dependent on local managers uploading their requisitions on to the system. Central Nursing works closely with Divisional Nurses to agree the allocation of staff to be most effective and utilised across each area. Also the Trust utilises the required quarantine time for the individuals to complete their relevant training, working very closely with education providers, the pass rate is excellent and this is thanks to the Clinical teams, education teams and Ulster University.

Professor Bradley asked if BHSCT is targeting the universities' in terms of attracting students due to qualify. Miss Creaney advised the BHSCT receives the majority of students from QUB due to the location and their run through training schedules, however the Trust targets all universities.

Mr McNaney acknowledged the continued work and expressed appreciation to all staff involved, stating that these are vital posts and it is essential that BHSCT utilises all methods of recruitment and supports the individuals that are recruited.

## **06/22 Safety and Quality**

### **a. Interim Discharge of Statutory Functions Report Incorporating the Corporate Parenting Report – 1 April to 30 September 2021**

Mrs Diffin advised the reports she was presenting had been considered by the Social Care Committee (SCC) prior to presenting to Trust Board. She explained the SCC act on behalf of the Trust Board to seek assurance from the relevant programmes of care in respect of how they have discharged their statutory functions. Overall BHSCT has demonstrated reasonable compliance across the full range of delegated statutory functions in all programmes during the period 1 April to 30 September, 2021. However at the end of the last reporting period there were a number of challenges in a number of areas, and she would be focusing on those areas.

Mrs Diffin explained the Interim Statutory Functions Report (ISFR) provides an update on the action taken to address issues BHSCT reported at the end of last year. This work is outlined in the HSCB action plan developed at the end of the last reporting period and outlines action taken to address areas of non-compliance. BHSCT has held regular meetings with the HSCB in relation to progress against these actions.

Mrs Diffin outlined the following in respect of areas that continue to be a challenge:

- **Implementation of the Mental Capacity Act – Phase 1**

BHSCT reported a significant number of legacy cases to complete and assess within the required legal timeframe. In order to address the deficit Mrs Kearney established a central team to manage this work and appointed additional social work practitioner's. This has allowed the team to take over responsibility for all the legacy cases and complete this piece of work. BHSCT continues to work to fully implementing the legislation, although there are challenges in delivering some of the sections in respect of the short-term detentions and the panel applications due to other staffing priorities. There continues to be ongoing discussions with the HSCB regarding the funding required to fully implement this legislation.

- **Domiciliary Care Packages**

There had been unmet need regarding domiciliary care packages across Older People services and Learning Disability, however, at the end of the last report period there had been significant progress. Since then there has been a significant increase in demand through hospital admissions and the need to discharge patients into the community. As a consequence, the increase in demand for domiciliary packages has resulted a further increase in unmet need. BHSCT is working to build capacity in the independent and statutory sectors including the implementation of a pilot to support increased access to direct payment.

- **Older People's Services – Annual Reviews**

In respect of annual reviews in Older Peoples services at the end of March 2021 there was a significant backlog as a result of many reviews being stood down during the pandemic last year with agreement from the DoH. Whilst it was hoped that the backlog would have been addressed by December 2021, there are still a significant number outstanding. The service has confirmed that service users and residents have continued to receive contact from their key workers, however their formal reviews are outstanding. A number of measures have been put in place to address the backlog through data cleansing to ensure information is accurate, additional social worker posts have been recruited and the high risk cases continue to be prioritised.

- **Historical Hospital Cases**

Recording of all historic cases within the hospital social work service was outstanding at the end of the last reporting period as some of this work had been stood down to help with the flow through the hospital. Good progress continues to be achieved in respect of writing up case records with the aim of the completion of outstanding records within the current year.

- **Adult Safeguarding Across the Trust**

Work continues in respect of raising awareness of safeguarding across the Trust. There has been good progress in respect of completion of action plans to address any deficits highlighted through RQIA inspections, these have been shared with the HSCB. During the summer of 2021 both the RQIA and the DoH undertook an audit of the adult safeguarding within Muckamore Abbey Hospital. The HSCB also requested that the Trust undertake a review of the effectiveness of safeguarding procedures across Learning Disability

based on some workforce pressures which the Trust had been experiencing. An action plan has been completed in response to both the RQIA Inspection and the DoH Audit, this will inform the broader review which has been delayed to take account of these other pieces of work. It is anticipated the report will be submitted to the HSCB in the next few weeks. Further work has been planned to ensure all staff are fully aware of their safeguarding responsibilities both within Learning Disability and across the Trust.

- **Community placements for adults with Learning Disability**

Mrs Kearney advised the community placement plans for adults with learning disability are being developed. The HSCB had asked for them to be updated in line with the statutory functions report.

- **Children's Community Services**

There continued to be an increase in the number of children requiring to be looked after, as of the end of Sept 2021 there were 905, an extra 30 from the end of March 2021. As of the 3 January 2022 this figure has risen to 917 children. This is the highest number the Trust has ever experienced and the highest number for a Trust in Northern Ireland. Having to manage this substantial increase is putting huge pressures on existing resources. There has not been the level of investment in frontline social work to match these growing levels of demand and need. In addition to this, the current workforce pressures, as well as the impact of the pandemic, has resulted in further challenges to deliver the Trust's statutory functions in respect of this group of children.

At the end of this reporting period the Trust continued to have challenges allocating a named social worker to a small number of looked after children to ensure they all received at least a single visit within the statutory timescales. Whilst children will have had a visit it may not have been within the timescales. Also ensuring all statutory reviews are also undertaken within the timescales has not been achieved. The Trust committed two years ago to funding an additional social work team to respond to this increase in LAC numbers. The team is not yet fully staffed despite significant efforts to do so. A funding bid for this team has been submitted to the HSCB in response to the increase and complexity of the young people. The Trust has reconfigured the children's homes to cater for the younger age group and increased the staffing levels where required.

The Trust is continuing to have challenges in respect of allocation of personal advisor's for the leaving and aftercare population. It was hoped the situation would improve over the last 6 months, unfortunately by the end of September 2021 there were 96 young people who did not have a personal advisor, although they had a social worker. The Trust had 52 young adults who did not have a social worker at that time, although they did have a personal advisor, this has since been rectified. There has been an increase in young people entitled to leaving and after care services, this is linked to the increased number of cared for children entitled to this service which grew from 395 to 409 and is largely due to the growing number of children entering and remaining in the care system.



Also there are a significant number of unaccompanied asylum seeking children across the region, BHSCT has the larger number of these children due to where they enter into the country. These children are subsequently looked after and remain in our system.

The Trust is continuing to recruit personal advisors to address this problem and is also putting in place a number of high cost support packages to support some of the more complex young adults in the community given the high level of risks that are presented.

- **Children with Disabilities Placement Options**

The Trust continues to experience difficulties in securing a sufficient number of places for children with complex needs and abilities, who cannot unfortunately remain living at home. This is a regional issue experienced across all Trusts. All Trusts have worked with the HSCB to develop a strategic framework which addresses the need for the service at an earlier stage and also the need for additional residential placements. This framework has been submitted to the DOH who is considering its recommendations currently. The lack of provision has resulted in the Trust having to use short break facilities for full time placements which has had an adverse effect on families needing the placements for short breaks.

- **Early Years Inspections**

During the pandemic these inspections were paused with the agreement from the HSCB, subsequently there was a backlog of 355 inspections at the end of the reporting period. Good progress has been made in addressing this backlog and it is anticipated that these inspections will be up-to-date at the end of the next reporting period.

## **Workforce**

There continues to be significant workforce issues across Children's Community Services and the situation in respect of delivering the statutory functions in the next 6 months is likely to deteriorate in some areas. Having a sufficient workforce has been a challenge right across the Trust for quite a number of years. The Trust is working with the DoH and HSCB to address this the Trust has:

- Participated in the first regional recruitment campaign for social workers which was led by the DoH in the early summer, whilst the Trust secured quite a number of filled posts the uptake for staff applying for the areas where there is higher vacancies was much lower than hoped. This will affect the Trusts ability to deliver the statutory functions in those areas which have been highlighted previously. The Trust is working with the DoH and HSCB and have an action plan to mitigate the risks to ensure the most vulnerable high risk individuals continue to receive the highest quality of care.
- Held fortnightly recruitment meetings within Children's services to anticipate when vacancies are going to arise. The Trust has a regional rolling advertisement and devised clips for social media to promote social

work within the BHSCT. A workforce steering group has been established and a senior practitioner will be recruited for a 6 month period to focus on supporting and retaining staff.

Mrs Diffin paid tribute to staff who have been working extremely hard and have gone above and beyond of what is expected from them, they have continued to work from home without team support due to the pandemic. She wished to acknowledge the professional leadership of Deputy Executive Directors of Social Works and Divisional Social Workers, the Collective Leadership Teams in Older People Services, Mental Health, Learning Disability and Children's Community. Mrs Diffin also thanked the respective Directors in ensuring that their focus remains on the statutory functions despite the difficulties and challenges involved.

Ms O'Reilly, Chair SCC, advised the reports were a very comprehensive assessment of the risks and mitigations in place, whilst there has been made great progress it is acknowledged there are still significant challenges across services. She provided assurance that the SCC had scrutinised the issues and have been fully sighted and alerted to them at all times. She stated Mrs Diffin had demonstrated in her leadership that the Trust is making a thorough assessment of social work and social care oversight in children, adults, social work and social care within the Belfast Trust.

- **Data 10 Report**

Mrs Diffin presented the DSF Data 10 report for the period 1 April to 30 September 2021.

Mr McNaney asked how the Trust is risk stratifying our resources and what assurances are there that the Trust is prioritising those children most at risk?

Mrs Diffin advised the Trust has adopted a dynamic risk assessment approach and have reviewed all of the young people and identified their level of risk and prioritising accordingly to this in terms of the level and type of visiting the each child might receive. These children are kept tightly under review by the PSWs/ASMs who are familiar with the cases. There is a weekly review of the staffing capacity every Monday with the senior team, which allows them to match the capacity and availability of staff to the level of the Business Continuity Plan. The service is also recruiting temporary staff at a lower banding to help free up the social workers.

Mr McNaney asked if all Trusts' are collaborating in highlighting the issues at a regional level with the HSCB and the DoH and are advocating for regional solutions.

Mrs Diffin advised the workforce challenges are being felt across each Trust and have been discussed with the HSCB and DoH. She advised she meets with her Director colleagues on a weekly basis to agree a regional approach, a very detailed business continuity plan has been developed in respect of how these challenges will be managed in the coming weeks and months.

Professor Bradley thanked Mrs Diffin for her comprehensive report and acknowledged the difficulties and asked if the challenges were being risk managed. Mrs Diffin provided assurance that the cases were being prioritised according to the level of presenting risk and that appropriate monitoring arrangements were in place. In relation to looked after children at times they may not have had a named social worker, however this does not mean they are not being looked after, the children are placed in either foster care or residential placements.

Professor Bradley asked if the Trust received feedback from these placements when issues arose.

Mrs Diffin advised that most of the foster care families have both a frontline social worker and also a foster care support social worker to discuss any concerns they may have.

In response to a further question from Professor Bradley, Mrs Diffin advised the DoH is leading on a regional workforce review. The HSCB is to undertake a further piece of work to consider how to develop skill mix within the social work/social care workforce.

Mr McNaney acknowledged the children's services is under significant workforce pressures and noted Mrs Diffin and colleagues had mitigations in place to manage the risks associated with vacant posts. However, he asked if there is a medium/long-term solution to address the workforce issues?

Mrs Diffin advised the number of social work university places had been reduced a few years ago. There is now a recommendation that they be increased. What is an acceptable workload for a social worker has never been fully detailed, the DoH have agreed to prioritise this piece of work. Mrs Diffin advised that Trust staff continue to raise issues relating to their heavy workload and in particular the lack of a work life balance. The DoH are leading on a review of Children's Services across the region which will be completed within 18 months of its commencement date in February.

Mrs McKeagney acknowledged the very detailed reports, and noted the pressure the workforce is under. However, workforce is only one element of the pressures, it is clear in discussions at SCC that the children being referred into the service have very complex needs and need more intensive support, she asked that Trust Board receive regular updates.

Mr McNaney wished to record members' appreciation to Mrs Diffin and asked her to reflect back to all the staff Trust Board members' gratitude for their commitment and flexibility to the children the Trust serves and looks forward to further updates.

Members approved the Interim Discharge of Statutory Functions Report, incorporating the Corporate Parenting Report for the period 1 April to 30 September 2021.

## **b. Adoption and Permanence Service Report 2020/21**

Mrs Diffin presented the Adoption and Permanence Service Report for 200/21. She explained the pandemic had impacted on the Courts ability to complete hearings. This has impacted on the number of Adoption Orders granted, although there has been an increase in more recent months as the Courts begin to reopen face to face hearings.

There has been a significant increase in numbers of adults wishing to avail of the adoption support service and there is continuing work with families in terms of promoting indirect or direct contact.

Members accepted the report.

## **c. Children's Residential Child Care Services Report –2020/21**

Mrs Diffin presented the Children's Residential Child Care Services Report for the period 2020/21. The Trust had 9 mainstream children's homes at the start of the period, however as the result of a decision taken by HSCB Donard, a regional facility on the Glenamona site, closed in September 2020. Mrs Diffin pointed out the children within the homes have experienced huge trauma in their lives, it is concerning that there has been an increase in complexity in regards to child sexual exploitation, drug and alcohol misuse and patterns of missing from care.

The Trust has also seen a continued decrease in the age range of the children admitted into residential homes due to their behaviours being so complex they cannot be managed safely within foster placements. This year the Trust has reconfigured a second residential home for this younger age group. This has put pressure on other homes as the numbers being admitted into these Homes has had to be increased to ensure sufficient numbers of placements remain available. There is a lot of support for these children from therapeutic, drug and alcohol support workers. The Trust also provide support to staff caring for these children with complex needs.

Members accepted the report.

## **d. Children with Disabilities Services Residential and Short Breaks Annual Report –2020/21**

Mrs Diffin presented the Children and Disabilities Services Residential and Short Breaks Annual Report 2020/21. The Trust has continued to struggle with having sufficient numbers of placements. There are 5 placements in Somerton Road shared with SEHSCT, which is not a sufficient number to meet need. Willow Lodge has had to be utilised on occasions for more permanent placements, which impacts on families who are in need of short break placements. There are 6 beds available within Forest Lodge, again shared with SEHSCT for children with complex health care needs. Due to the pandemic, families had not always wanted to avail of their short breaks due to the risk for their child.

Members accepted the report.

#### **e. Regional Emergency Social Work Report 2020/21**

Mrs Diffin presented the Regional Emergency Social Work for the period 2020/21. This is the eighth year of the service, which BHSC Trust manages on behalf of all of the Trust across NI. The service had managed to work successfully during the pandemic with staff able to work from home. There had been a slight decrease in referrals during the year.

Professor Bradley commended the sustained service during a very difficult period.

Members accepted the report.

#### **f. Quality Management System Report**

Ms Stoops presented the Quality Management System (QMS) report, which provides an overview of the current position against a range of metrics under each of the 6 quality parameters, together with an update on the Delivery Plan and the Trust performance in respect the Commissioning Plan targets.

Ms Stoops noted there had been significant growth in the Covid-19 cases between Christmas and New Year, with 78 people admitted to hospital on Christmas Eve increasing to 140 on the 4 January 2022. Currently there are 148 Covid patients, which is at a similar level to December 2020. The numbers of patients in ICU have decreased slightly within the same period, currently there are 5 Covid patients in ICU as well as 7 patients on CPAP.

In relation to Care Homes on 3 January 2022, there were 31 homes with a confirmed outbreak, a sharp rise from 11 reported on Christmas Eve. There continues to be significant pressures on the system, impacting on patient hospital discharges. The Trust has delivered 320,000 vaccinations a very successful programme which is ongoing. There continues to be significant workforce challenges, as of 12 January there were 1058 staff absent with Covid-19 related illnesses, which does not include general staff absenteeism. At the end of November 2021 the Trust had treated 3937 inpatients due to Covid-19 and 285 admissions to Critical Care. There had been 3037 admissions, 84% had been discharged safely. The impact of the pandemic on services has been growing waiting lists for inpatients day cases and outpatients

Members noted a total of 111,742 patients waiting on a first Consultant led outpatient appointment, an increase of over 8% compared to the end of December 2019 and of those patients 49% have been waiting over 52 weeks.

In the community there has been a further improvement in the waiting list for Psychiatry of Old Age and there has been a levelling of waiting lists in psychological therapies. There has been a reduction in those waiting over 9 weeks for a mental health appointment from 330 in August to 81 in November

2021. There is concern of the increasing number of patients waiting within the CAMHS service, 550 patients on the list with 192 waiting over 9 weeks for an appointment.

Waiting lists across the Allied Health services reduced slightly overall from 10,138 in September 2021 to 9,255 in November 2021, there has been growth in Dietetics and Physiotherapy when reviewed on an individual basis.

Progress has been made against the activity set out in the Phase 7 delivery plan. The Trust is making good progress although there has been some shortfalls, there is ongoing monitoring of activity. There will continue to be particular challenges in the delivery of elective care which has continued throughout the pandemic.

In relation to safety, performance against the safety thermometer indicators continue to be within the control limits. There had been a reduced performance in maternity against a number of indicators including harm free care. Two new trend graphs have been introduced to recognise the importance of perception of safety and women raising concerns during labour and birth. Under medication the Trust continue to fall short against some of the targets especially with the percentage of patients with medicine allergy status, being documented. There has been an improvement in the percentage of patients with an omitted dose and the timing of medicine reconciliation. Trend graphs have also been included following discussion at the previous Trust Board meetings, to demonstrate progress on critical medicines omission and the breakdown of the reasons for the omissions.

There has been a real improvement against the indicators within Mental Health with 93.75% achieved in harm free care and 100% of patients reporting feeling safe. The trend graphs reflect progress on those 2 domains and show a much more stable position than in 2021.

The Trust Mortality rate after elective surgery is 0.3% in line with a peer figure of 0.2% and in relation to emergency surgery the rate is 1.1% against a peer figure of 1.7%. The Trust index value is 97 for the period from September 2020 to August 2021. This shows that mortality rates are 3% less than they were expected to be in the statistical model. The statistical variation shows the Trust is within normal levels of variation against the rest of Northern Ireland.

The Trust's readmission rate for the period from October 2020 to September 2021 was 7.8% compared to the peer figure of 8.8% this is a very important indicator of the quality of care.

Over the past 18 months there has been a particular focus around Clinical Coding within the Trust now achieving 98% of coding within 3 months of patient discharge. The focus is now on the depth and accuracy of the clinical coding, there has been improvements in the key elements in line with the peer figures the Trust has further work to be completed.

The Trust has continued to perform well against the Healthcare Associated Infections (HCAI) target during the pandemic. However, in more recent weeks there has been a higher number of C-Difficile cases. MRSA cases in November 2021 have increased although still slightly less than the same period last year.

In relation to patient experience 98.5% of the 545 patients surveyed in November 2021 were reported as likely or extremely likely to recommend the ward that they were admitted to their family and friends. The Trust is continuing to see more engagement through the regional care opinion with 277 stories reported to date. Over this period of time 426 staff have been mentioned in responses with very positive feedback alongside some areas for improvement.

Real time patient feedback in Muckamore Abbey Hospital indicates overall satisfaction rate of 85% was achieved. The Domiciliary Care Survey has been paused for review, it is planned to recommence over the next few weeks. The real time feedback provides excellent information to identify areas of focus for improvement.

Ms Stoops noted the Staff Experience Survey was completed by 2095 staff providing a benchmark against a number of indicators which will enable the Trust to track the progress going forward.

In relation to effectiveness and timeliness overall there continues to be increased pressures to meet Covid-19 demands, resulting in a reduction in elective inpatients/daycase and diagnostic activity. Overall the length of stay has increased with a reduction associated with elective inpatients. An Elective Care Framework Action Plan is in place to assist with planning going forward.

In respect of Cancer Access, over the last year since the initial drop in red flags in Surge 1 the Trust has seen a steady increase in September 2021 with 1869 red flag referrals compared to 1642 last year. The Trust has continued to achieve 100% against the 14 day target and 88% against the 31 day target. In October, 45% of patients had been treated within the 62 day target. Whilst there are improvements in diagnostic activity levels it continues to be challenging to meet the Commissioning Plan Direction targets around the timing of reporting and the length of wait for patients to be seen.

Ms Stoops advised there has been a fall in activity associated with the GP Out-of-Hours (GPHOH) Covid Centre, and a general increased pressures in EDs. Adult ED attendances peaked in May with a 42% increase compared to the same week in 2020. ED performance is suffering as a result of increased demands with performance against the 4 hour target being 43.5% in September 2021, which is the lowest the Trust has seen since April 2018. The performance in November increased to 50.8%. Similarly the last 6 months has seen the highest number of patients waiting in excess of 12 hours.

Outpatient referrals have increased consistently from April 2020 before the outset of the pandemic with 18,179 referrals received in November 2021. Approximately 11,000 Consultant Lead outpatient appointments are delivered every week in BHSCT, overall outpatient activity in November 2021 was very similar with pre-pandemic activity.

The target for Hip Fractures is 95% of patients who are clinically fit should wait no longer than 48 hours for inpatient treatment. During November 2021 the Trust's performance was 88% during 2021-2022 the Trust has an average of 78% which is a decrease from the average of 94% during 2020-2021.

In respect of MAH, the number of patients including those on trial resettlement has decreased overall by 3 since the previous report at 15 December 2021 there were 39 patients and residents with an additional 4 patients on trial resettlement placements. A very detailed sit rep report continues to be developed to ensure a continuous focus is on performance in MAH including reporting on adult safeguarding. The number of weekly referrals continues to vary widely and the 8 week average is currently increasing, the use of physical intervention appears to have increased over the same period this relates to a very small number of patients who had been admitted for assessment and treatment.

There is continued daily focus on patient flow reviewing complex and delayed discharges and the Trust continues to achieve the direct payments targets.

The number of children referred to social services in 2020-2021 has been higher than average, with a 6% increase in the children on the register compared to this time last year. There continues to be a rise in the number of looked after children with almost 920 as at the 6 December 2021.

In relation to efficiency workforce sickness and absenteeism has been higher due to Covid-19. There has been improvement in statutory mandatory training against 6 of the 10 core areas since March 2021. However there continues to be less than 50% compliance in 2 of the core areas in regards to equality and manual handling. The QMS reporting provides an added focus on mandatory training through directorate and divisional team meetings.

Ms Stoops stressed the Trust continues to focus on treating the absolute highest priority patients and this has been established as a regional position for elective care. She explained the QMS report had been further developed to capture the many areas of focus on equity, the Trust continues to quality screen any service changes and to report this through the annual equality and directorate QMS reporting. Of the 35 CPD targets there are 20 rated red which will be a challenge to achieve by year end, 9 are amber, 2 are green and the remaining 4 are due to resettlement and funding issues.

Professor Bradley thanked Ms Stoops for the comprehensive report, indicating. He commended the high vaccination uptake with only 01.5% wastage. He sought clarification on the phrase "Mothers separated from their



babies” reference in the Maternity section. Ms Stoops undertook to provide clarity on the definition for the next meeting.

In response to a further query from Professor Bradley in relation to harm free care on the maternity safety thermometer reporting Dr Jack advised this relates to the processes, the Trust wants to mitigate, it does not mean that patient care was compromised.

In noting the baseline staff experience survey Professor Bradley noted that the responses reflect how staff are exhausted and overwhelmed working through the pandemic.

Dr Jack advised the survey was carried out over the summer. She explained, most Trusts have noted a decrease in the staff experience attributed to the pandemic. It had been planned to rerun the survey in January but due to the Trust being in business continuity this has been postponed to February. In the mean time she and Director colleagues will focus on getting out and about and supporting staff with active listening.

Mr McNaney noted the issues with flow, complex discharges are blocking the system and the number of infections in Care Homes is limiting the Trusts ability to discharge resulting in having to open step down beds.

Dr Jack advised in order to decongest the ED and keep patients safe it is necessary to actively manage the situation. She pointed out that the Trust does not have the capacity to meet some of the targets. She emphasised the need to focus attention on tackling the waiting lists.

## **07/22 Resources**

### **a. Finance Report**

Mrs Edwards presented the Finance Report for the period April to November 2021. She explained the report indicated shows where the Trust started off this year, where there have been changes in funding and expenditure projections and where the Trust is expected to be by the end of the year. After the Christmas reporting period the Trust was advised they would be receiving quite a significant allocation of funding in the region of £27m from the HSCB, this was a review of expenditure and funding as part of the January 22 monitoring review. This should allow the Trust to breakeven by year end, although there are a number of risks, not least the fact that the pandemic is still ongoing.

Mrs Edwards explained the focus going forward is on the 2022/23 budgets, whilst there been no indication of the Trusts allocation, from media reports it has been indicated there is likely to be larger allocations for Health than in previous years. She explained that 90% of last year’s allocation was non-recurrent and there has been a lot of non-recurrent allocations throughout the year. The Trust will start off with a re-curent underlying deficit not fully addressed and heavily reliant on the non-recurrent income coming in next

year with no guarantees because of monitoring returns across the rest of the public sector. There are huge financial challenges ahead.

Mrs Edwards advised the Trust anticipates to breakeven on the capital plan.

Ms O'Reilly referred to previous announcements of investment of approximately £20m in social care and asked if this funding was included in the allocation?

Mrs Edwards advised this funding would be part of the overall HSCB budget allocation it will be earmarked by the DoH for social care and form part of the Trusts allocation. The Trust expects this to be short of what is needed within social care and also what Health needs.

Members note the position.

### **b. Charitable Trust Fund Applications**

Mrs Edwards presented the following Charitable Trust Fund Applications (CTFA) which had been considered and approved by the CTF Committee:

- a. Bereavement Services
- b. Horatio's Garden

Members approved the CTFA.

### **c. Revenue Business Cases**

Mrs Edwards referenced the governance process for revenue business cases (RBC) above £1m and presented a report of the following:

- Covid Response – Equipment and Supply Costs
- Covid Response – Drive Through Testing/Swabbing Centre
- Covid Response – Additional Medical Payments
- Beech Hill Primary Care Covid Centre
- Covid Response – Whole Genome Sequencing Pillar 2
- Oncology – Haematology Pressures Funding
- Infrastructure
- No More Silos 1,2,3,4,5,8
- No More Silos 6,7,8,9,10
- Resettlements and Complex Delayed Discharge Patients
- Orthopaedic Integrated Clinical Assessment
- Workforce
- Managing Nurse Critical Care Capacity PPE

Members approved the RBCs.

## **08/22 Social Care Committee (SCC)**

Ms O'Reilly presented the minutes of the following meetings for information:

- Social Care Committee – Children – 20 May 2021
- Social Care Committee – Adults – 20 May 2021

She noted that the SCC had met in December and it had been agreed to invite the Chair and the Chief Executive to particular meetings in respect to assurance and accountability, to ensure they were fully sighted on the issues.

Mr McNaney thanked the SCC members for their work.

## **09/22 Date of Next Meeting**

Members noted the next public meeting was scheduled for 3 March 2022.