Minutes of the Trust Board Meeting
held on Thursday 4 November 2021at 11.00 am
via Microsoft TEAMS (due to COVID-19 restrictions)

Present

Mr Peter McNaney	Chairman
Dr Cathy Jack	Chief Executive
Professor Martin Bradley	Non-Executive Director – Vice-Chairman
Mr Chris Hagan	Medical Director
Mr Gordon Smyth	Non-Executive Director
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
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

In Attendance:

Mrs Bernie Owens	Deputy Chief Executive
Dr Brian Armstrong	Director Unscheduled and Acute Care
Mrs Janet Johnson	Interim Director ACCTS and Surgery
Mrs Jacqui Kennedy	Director Human Resources/Organisational Development
Mrs Moira Kearney	Interim Director Mental Health & Intellectual Disability
Mrs Heather Jackson	Interim Director, Trauma, Orthopaedics, Rehabilitation, Maternity, Dental, ENT & Sexual Health
Mrs Caroline Leonard	Director Surgery and Specialist Services
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Ms Gillian Traub	Interim Director Adult and Primary Care
Mrs Bronagh Dalzell	Head of Communications
Miss Marion Moffett	Minute Taker

The Chairman welcomed everyone to the meeting, which was livestreamed to allow members of the public to observe virtually.

48/21 Minutes of Previous Meeting

The Minutes of the previous Meeting held on 2 September, were considered and approved, subject to the following changes –

- Min 43/21 Pg. 16 ". . . the mortality rate above 80%" be amended to read ". . . the survival rate in ICU is above 80%" …"

49/21 Matters Arising

a. Questions Submitted by members of the Public – Mr Stanford Smyth (Min 38/21)

Mr McNaney confirmed the Trust had responded to Mr Smyth regarding his submission to the previous meetings and a copy of the response had been shared with members as follows:

What is the current number of vacant nursing positioning throughout the Trust?

- Gross Nursing vacancies for July 2021 are 1,041

Could the director of cancer and specialist services update the public on the number of red flag cancer operations that have been cancelled since the second of June 2021?

- The table below relates to patients who had an admission date recorded on the Belfast Trust Acute Hospital Patient Administration System between 2 June and 24 August 2021. It excludes patients with procedures cancelled due to either confirmed or suspect Covid, Covid fears, the procedure having already been completed or no longer required.

Reason for Cancel	No of Patients
CANCEL BY HOSPITAL NOW SUITABLE FOR DAY OF SURGERY	1
CV19 PRESSURES	35
HOSP CANC ADMINISTRATIVE ERROR	4
HOSP CANC ANAESTHETIST UNAVAILABLE	8
HOSP CANC BED UNAVAILABLE	4
HOSP CANC CLINICALLY UNSUITABLE	29
HOSP CANC CONSULTANT UNAVAILABLE	20
HOSP CANC ED PRESSURES	1
HOSP CANC EQUIPMENT FAILURE	1
HOSP CANC LESS THAN 3 WEEKS NOTICE	13
HOSP CANC NO INTERPRETER AVAILABLE	1
HOSP CANC NO THEATRE SLOT DUE TO EMERGENCY	10
HOSP CANC NURSE UNAVAILABLE	7
HOSP CANC RADIOLOGIST UNAVAILABLE	1
HOSP CANC UNSUITABLE FOR DAY SURGERY	5
HOSPITAL CANC RED FLAG SLOT NEEDED	6
Grand Total	**146**

Of the 146 patients with a cancelled procedure:

Outcome	No of patients
Patient has been admitted	86
Patient still waiting a new admission date	31
Patient currently suspended from the waiting list	2

Patients have a new admission date in the future	17
Patient has been removed from the waiting list	10
Grand Total	**146**

Could the director also tell the public the total number red flag cancer patients currently waiting on surgery and the longest delay?

- Please see summary table below:

Specialty	No Waiting
Breast Services	11
Ear Nose & Throat	59
Gastroenterology	10
General Surgery	102
Gynae Oncology	97
Gynaecology	3
Hepatology	10
Ophthalmology	1
Plastic Surgery	36
Radiology	135
Thoracic Surgery	9
Urology	15
Total	488

- On 2nd September the longest delay recorded on PAS was 346 days. This patient declined an offer of a date for surgery in the independent sector and attended for pre-operative assessment at the Belfast Trust on 25 October 2021.

Currently what is the total number of staff off sick or self-isolating within the Trust?

- On 2nd September there were 1036 staff off sick and 120 staff self-isolating.

At the public Board meeting in June 2021, it was revealed there was 2 WTE nurse specialist; 4 WTE clinical psychologists; 1 WTE social work; 7 mental health practitioners vacancies at CAMHS, have these positions been filled yet ?

- 2 WTE (whole time equivalent) nurse specialist. To date, there has been 1.0 WTE successful candidate - commencing the post in mid-September - 1.0 WTE being re-advertised.
- 4 WTE clinical psychologists. To date there have 2.0.WTE successful candidates - commencing posts in mid-September - 2.0WTE being re-advertised.
- 1 WTE social work. This post has been reconfigured to a mental health practitioner. 1.0 WTE to be advertised.

- 7 mental health practitioners. To date there have been 3.0WTE successful candidates and a further 1.0 WTE awaiting confirmation is on the waiting list.

How many vacancies are there at CAMHS at present?

- 11.0 WTE vacancies across CAMHS teams in Belfast and South Eastern Trusts,
  7.0 WTE posts to be re-advertised, 3.0 WTE vacancies due to retirement, reduction in hours, left service

50/21 Chairman's Business

a. Conflict of Interest

There were no conflicts of interest reported.

b. Non Executive Director Safety Quality Visits

Members noted the following Safety Quality Visit reports which had been undertaken virtually:

- **ED and General X-Ray Dept, RVH Imaging Centre** - Mrs Karp
- **Pharmacy, MPH** - Professor Bradley reported the visit was positive, however there was difficulty in completing recruitment in a timely fashion. The Trust is in competition with the commercial market and should there be a delay in recruitment then the pharmacists are lost to the commercial market.

- **Haematology Ward 10 North, BCH** - Mrs McKeagney advised the ward was impressive, Covid free and reports from patient experience were consistently at 99-100%. There were concerns around the potential impact on haematology with the proposed removal of respiratory and cardiology services from the BCH site. The Haematology team are planning to reduce waiting times to 2 hours post pandemic. This change has proved to be more efficient with time and resources.

  Mr Hagan advised he and Mrs Leonard were due to meet with the JACIE (Joint Accreditation Committee IST CT-Europe and EMBT) to discuss the reconfiguration of services and undertook to follow up with Mrs McKeagney after the meeting.

c. Maintaining High Professional Standards (MHPS)

Mr McNaney advised that DLS would be facilitating a training session for Non Executive Directors in respect of MHPS. He explained Non Executive Directors will be notified of arrangements when confirmed.

51/21 Chief Executive's Report

a. Emerging Issues

i. Children's Community Services

Dr Jack advised Children's Community Services is currently under severe pressure. She explained an action plan has been developed and Trade Unions are working with the Directorate to address the workforce shortages.

ii. Emergency Departments

Dr Jack advised the Emergency Departments (EDs) are currently also under significant pressures and have been the subject of recent media coverage. The Trust is working to maximise capacity and reduce delays to treatment to ensure optimal care. There is some capacity in the Independent Sector Care Homes which could support discharge and help address the delays in ED. In the weeks ahead the Trust will focus on 'operational discharge' which will necessitate working with the community, patients and families regarding discharge arrangements. She explained if the patient no longer requires a hospital bed it is advised that they move to a domiciliary care package or residential/nursing home. The Discharge Team had commenced work on operational discharge on 1 November and funding was in place to accommodate patients in care homes.

iii. Muckamore Abbey Hospital

Mrs Kearney provided an update in respect of Muckamore Abbey Hospital (MAH). There are currently 42 inpatients, some of whom had been admitted under the Mental Health Act. This required them to be accommodated in an inpatient setting within an 8 hour period. The matter was risk assessed and discussed with HSCB and DoH in order to meet the needs of the individuals. Arrangements are being finalised to recruit to the divisional nurse vacancy. In relation to Adult Safeguarding there were pressures in MAH. There were no Covid outbreaks as the team continue with real time feedback.

Members noted a carer engagement/involvement officer has been appointed and has met with families in MAH to plan a way forward with service users and families. Mrs Kearney had met with the chairs of the Advocacy Review; the timescale for the review was 3-4 months.

Mrs Kearney advised funding had been approved for a unit in NHSCT and there is concern regarding staff possibly leaving MAH to work in the new facility as this would adversely affect MAH.

Ms Kearney advised discussions are ongoing with the DoH regarding resettlement and associated costs. There are also discussions in relation to developing a forensic unit, possibly on the Knockbracken Healthcare Park site.

Members noted the Public Inquiry had commenced on 12 October 2021. Responding to Mr McNaney regarding the timescale of the Public Inquiry, Mrs Kearney advised that the timescale was not known at this stage; however, the Chair of the Public Inquiry had visited the Trust. Mrs Sarah Templar has taken up her post as service manager for the Inquiry.

Ms O'Reilly reported that she had attended a positive and constructive meeting with the staff team at MAH. Ms O'Reilly had also met with the engagement/involvement officer who is now committed to engage more fully with families. Ms O'Reilly advised she was assured by the expertise of the post holder being able to navigate constructively the relationships regarding transition and the plans for the MAH site and community. There was a dedicated focus on family involvement, in both meetings.

Mrs Kearney advised she would liaise with Ms O'Reilly and provide an update on family engagement to a future meeting.

iv. Covid-19 Update

Mrs Owens advised the Covid-19 update would be provided within the QMS report

52/21 Safety and Quality

a. BHSCT Winter Service Plan – October 2021

Ms Stoops reported that the Winter Service Plan had been published on the DoH website on 22 October and was being presented to Trust Board for noting. The plan sets out the additional pressures expected this winter, recognising that this is a cumulative effect of the usual unscheduled demands alongside a further potential surge in Covid from October to March. The key challenges relate to workforce in respect of maintaining safe staffing levels across all areas, and providing a safe environment for patients which is the Trust's absolute priority and aligned with Covid guidelines. The plan also highlights the funding needed to support the actions taken in relation to the continued outbreaks in hospitals and care homes and covers winter pressures, Covid surge and the delivery of the key regional priorities for which all Trusts are working together. The Trust has engaged widely in relation to bed modelling across all services with regional and primary care colleagues and Trade Union colleagues. It was noted that equality screening is undertaken for any temporary changes.

Ms Stoops explained a number of planning assumptions have been agreed regionally regarding bed modelling. It was expected that the unscheduled care pressures during the period October to March, are likely to be at normal winter levels i.e. 2019/20 where there was 95% bed occupancy rate. It was assumed that Covid levels will be at a similar level as September 2021 when the Trust reached 148 inpatients. Elective care modelling was based on the beds needed to deliver the SBA agreement but she noted that historically it has been difficult to achieve the SBA levels. However, a change is now

needed as a result of a change in patient pathways and working practices. The Trust's position as set out in the plan is for 1178 beds across hospital sites which includes 56 ICU beds. Demand was determined to be 989 beds for unscheduled care, 390 beds for elective (if the SBA is delivered), and 148 for Covid. The plan is to mitigate the shortfall within resources, which provides for 293 additional beds to deliver elective surgery. While this has closed the gap, it leaves a shortfall of 118 and 317 beds. Actual levels are tracked against the modelling and the situation will be brought to the daily Charles Vincent Safety Huddle for decision making.

Professor Bradley thanked Ms Stoops for the update and referred to the Ministerial approval for the protection of the BCH site for complex cancer and urgent surgery. He asked if this was likely to change over the winter and also if BHSCT will receive support from other Trusts. Dr Cathy Jack advised BHSCT was operating and negotiating via a regional hub regarding how best the Trust can protect the regional cancer work and time critical regional work. The Trust has been able to secure a number of protected beds for regional work (10), however this number will depend on the pandemic. Currently 35 beds are required for Covid and activity may increase. The Trust was working with the region and Dr Jack paid tribute to colleagues for the protection of this work.

Professor Bradley asked if there was still access to Whiteabbey hospital for symptomatic Covid patients. Dr Cathy Jack replied that Whiteabbey Hospital no longer has Covid beds and the agreed bed modelling for additional capacity should be utilised.

Mr McNaney sought an update on the recent modelling in respect of Covid. Dr Jack advised that the current situation was in a steady state which was relatively high. There were approximately 100 Covid inpatients. She advised the recent easing of restrictions in society may have a bearing on patient activity. She also referenced the need for individuals to take responsibility to reduce the incidence of cross infection by adhering to Covid regulation i.e. mask wearing, utilising ventilation, etc.

In response to a question from Dr Loughran regarding patients requiring time critical surgery, Mr Hagan advised that the time critical surgery list was being addressed. The BCH ICU was no longer being used for Covid patients and now has increased capacity. However, new patients continue to be added to this list, therefore progress was slow. Meetings were held with HSCB regarding prioritisation and there was a new approach to orthopaedic waiting lists which were extremely lengthy. There were approximately 3000 P2s waiting for orthopaedic surgery and different solutions were now being explored regarding the way forward for managing this list.

Dr Patrick Loughran asked if the other Trusts were assisting the BHSCT regarding the waiting lists. Mr Hagan advised a small number can be done in other Trusts e.g. Lagan Valley Hospital for day case surgery. However, there are some surgeries that can only be done in BHSCT. In addition there is now

a regional review of general surgery which will provide equity in regional waiting lists going forward.

Mrs McKeagney referred to the community nurse in-reach and asked if this related to additional discharge work. Dr Jack replied that the community in-reach team provide treatments e.g. antibiotics and supplements to discharged patients in the community. The Trust is exploring opportunities to co-locate this service in order to be more efficient with time and resources.

Mrs McKeagney also asked about the Post Anaesthetic Care Unit (PACU). Dr Jack explained this was a model of care which developed in BCH and is basically a step-down facility which is being managed for complex post-operative patients. There may be a possibility to expand this facility to the region.

Ms O'Reilly welcomed the section in the papers regarding communication planning and indicated this was a regional issue (in the context of No-More Silos and local implementation groups that deal with urgent and ED attendance, patient flow, discharges and GP access). She emphasised the importance of accurate communication and messaging to the public. Ms O'Reilly referenced the WHSCT, currently working on a pilot regarding messages to the public relating to ED and primary care re out of hours.

Ms O'Reilly sought assurance that public commutations would be formally added as an agenda item to the Local Implementation Groups. Dr Armstrong undertook to action this.

b. Quality Management / Performance Report

Ms Stoops shared a presentation regarding the Quality Management System (QMS) report, which provides an overview against the range of quality parameters within the quality system and an update on the Phase 6 Delivery Plan, Commissioning Plan targets. The QMS framework summarises the reporting arrangements around QMS at each level in the Trust for assurance and accountability purposes.

Covid - since July there has been significant growth in patient numbers. There were currently 103 in patients in BHSCT. The figures were similar to October 2020. There were significant pressures in ICU and a number of care homes were in outbreak. There were 3,470 inpatients treated due to Covid, 265 admissions to critical care (8% Covid inpatients); 84% of those patients had been discharged. There have been 257,000 vaccinations delivered. There are also significant workforce pressures across all areas. Currently here are 386 staff off work (a reduction from the previous month).

Waiting Lists - there are growing waiting lists inpatient, daycase and outpatients; 47,329 patients were waiting on an in-patient, day-case appointment and 63% were waiting over 52 weeks. At end September there were 113,537 waiting on consultant led outpatient appointment. There was a slight improvement in the community re psychiatry of old age and learning

disability. However, the most concerning was the increasing waiting times for mental health and CAMHS (296 waiting over 9 weeks for MH appointment and 186 for CAMHS). There are also increasing waiting lists for AHP appointments, with a slight improvement in OT and podiatry compared to April.

Delivery Plan – there has been good progress across many areas of the Phase 6 Plan. There continues to be particular challenges in delivering elective care activity considering the impact of Covid, which requires the redeployment of theatre nursing staff to support ICU.

Classic Safety Thermometer - performance against the indicators continues within control limits. Regarding maternity, there was reduced performance in safety thermometer indicators in harm-free care and under medications there was a shortfall in targets i.e. in patients with allergies. There was real improvement in indicators in mental health in harm-free care and, according to a survey, 100% of patients were feeling safe

The mortality rate following elective surgery is 0.17% against the peer target of 0.19% and in relation to emergency surgery is 1.32 % against peer of 1.67%. These percentages show the Trust performance is better than the peer group.

Readmission Rate – for the period September 2020 to August 2021 is 7.9%, against a peer figure of 9.3% which is an important indicator of healthcare quality.

Clinical Coding - over the past year there has been a focus on clinical coding with the Trust now achieving 98% within 3 months of discharge.

HCAI - the Trust continued to perform well against targets during the pandemic. However, recently there has been a higher number of C Difficile and MRSA cases compared to the same period last year.

Patient Experience - 98.6% of 586 patients surveyed in September were extremely likely or likely to recommend the ward they were in to their family and friends. There continues to be engagement through Regional Care Opinion with 293 stories reported to date and 393 staff having responded by September and with very positive feedback alongside some areas for improvement. The outcome of real time patient feedback in MAH indicates overall 71% satisfaction rate and in domiciliary care there was 97% overall satisfaction. This provides excellent information to identify areas of focus for improvement.

Staff Experience Survey - completed by 2,095 of staff and provides a benchmark against a number of key indicators which will enable progress to be tracked

Effectiveness and Timeliness - overall there continues to be increased pressures to meet Covid demands, resulting in a reduction in elective inpatients/daycase and diagnostic activity. Overall length of stay (LOS) has increased with a reduction in LOS associated with elective inpatients.

Mr McNaney asked for the figures to be contextualised regarding the increased numbers of attendance at ED.

Dr Armstrong reported 1539 patients were waiting in ED over 12 hours during the month of September 2021. The same month last year it was 794 and the year before it was 485. Over the three years activity has doubled; there were record attendances regarding patients waiting over 12 hours and many were waiting over 24 hours. There has been insufficient patient flow, which created an exit block and this is due to delayed discharges etc. which has put extraordinary pressure on the system. There are worrying triggers regarding falls and missed medications etc. and also an increased number of deaths of patients in ED while waiting for inpatient bed. He emphasised it is unprecedented and worrying times and staff are doing their upmost to maintain patient safety.

Mr McNaney inquired on the reasons for the increase in numbers. Ms Stoops reported there is an understanding that people did not attend ED for a period of time last year and currently patients are presenting with more complex illnesses. Mr McNaney stated that the more we understand the reasons for the increase in numbers the more we could develop specific initiatives to address them. Ms Stoops said that the reason for attendance at ED will be captured in the information/data.

Dr Armstrong said hospital staff were working in a pressurised system and this was a regional issue; he stressed the need for Trusts to work together to address the high patient numbers. Dr Cathy Jack outlined a range of issues which had caused the high pressure in ED and indicated that it is for this reason the Trust wants to explore and work in partnership with care homes in relation to improving the discharge pathway. Therefore the appeal to patients and families is that if an inpatient bed is no longer needed a domiciliary care package will be sought and funded by the Trust in order to create capacity in the system. A team of staff have been assigned to this task.

Outpatient Referrals - Ms Stoops reported that Outpatient referrals had increased consistently since April 2020 and the Trust was continuing to see 11,000 consultant led outpatient appointments per week. Overall outpatient activity had returned to pre pandemic levels. The outpatient waiting lists were included in the Outpatient Modernisation. Workstreams were delivering on outpatient initiatives and there was a comprehensive programme of work progressing.

Hip Fractures - the target is that 95% of patients, where clinically appropriate, should not wait longer than 48 hours for inpatient treatment. During September the Trust performance fell to 56%.

Renal Transplants - there was a need to reduce the number of transplants during the pandemic, however there were higher levels currently - 66 transplants between April and Sept 21.

Orthopaedics – Mrs Jackson reported the division was working to address performance levels using different solutions to increase. Discussions are ongoing with HSCB and regional colleagues for support. There were 35 theatre lists per week and demand was outstripping capacity. Earlier the dashboard indicated 48 cases of trauma were waiting over the recommended time for treatment. This is being discussed with HSCB and DoH. Dr Jack indicated this performance cannot be allowed to continue and needs to be addressed.

Direct Payments - Ms Stoops reported that patient flow was continually being reviewed to ensure discharge levels are as good as possible. The direct payments target was achieved.

Children's Community Services - there had been an increase in the number of children referred to social services, a 6% increase on the number of children on the child protection register compared to previous year. There continues to be an increase in looked after children - more than 900 looked after children since August 2021.

Efficiency - sickness and absence figures have been higher than previous due to Covid. Re statutory/mandatory training, there has been an increase in compliance against 2 of the 10 core areas. However, there was less than 50% compliance in two main areas. The QMS reporting is picking up on this at division level.

Finance – month 6 position is a £26.2m deficit with a forecast year end deficit of £46m, which is a slight reduction since the draft financial plan to reflect additional income provided by HSCB for pressures. The spend this year to date for Covid is £41m. The ongoing pressure on workforce continues and this is reflected in agency spend which is £3.27m higher than the first 6 months of the previous year.

Equity - the Trust continues to see the highest priority patients and may refer to the independent sector. Every option is being explored in order to reduce waiting times. Equality screening regarding services changes was reported in the Annual Quality report.

Commissioning Plan Delivery (CPD) - there are 35 regional targets and it is planned to have a new strategic outcome framework for NI which means a more outcome focus going forward. There are 22 targets rated red, 7 in amber, 2 in green, others were outside the control of the Trust.

Mr McNaney thanked Ms Stoops for the detailed presentation.

Dr Loughran referred to a previous presentation and discussion regarding unexpected still births / safety thermometer and asked if this still being

monitored and, if so would it be possible to see an ongoing analysis. Mr Hagan replied that this would be a run chart which could be adapted to the safety thermometer. It was agreed that this should be included in the QMS reporting process. Members noted that an update on still births will be given at the December meeting.

b. Annual Quality Report

Mr Hagan explained all Trusts and the PHA are required to submit a Quality Report on an annual basis, with a standard format. Mr Hagan indicated the preferred format would be the QMS style report. He pointed out the QMS, Charles Safety Huddles etc. were embedded in the Quality Report.

Ms O'Reilly commented on the significant amount of effort and energy which had gone into the preparation of the report, any change that can strengthen the approach would be a good. She noted, over the years, the Trust is truly integrated in quality reporting and it is evident that staff are committed to improvement and safety and quality.

Mr McNaney indicated that the Quality Report evidenced the enormous efforts and commitment of staff to provide high quality safe care to patients and service users.

Members approved the report.

52/21 Resources

a. Finance Report

Mrs Edwards presented the finance report for the period ending September 2021. She indicated the projected deficit had been reduced from £46m, which reflects more anticipated slippage and a further reduction in business as usual spend due to the pandemic. It was assumed that in-year Covid spend, projected to be around £90m, will be funded this year albeit only half has been secured to date. It was not known at this stage how October monitoring will affect the HSC financial balance. There are a number of emerging pressures including rising energy costs, however additional funding was received to address this increase. Mrs Edwards highlighted increasing pressure in CCS which has been raised with HSCB. The Trust was continuing to see high levels of vacancies and sickness absence and this was contributing to high agency staff costs. She noted that the nursing workforce strategy is aimed at addressing the issue in nursing.

b. Outline Business Case for Replacement of the RVH Managed Equipment Service for Imaging Centre, Theatres and Critical Care

Mrs Edwards provided a high level summary on the Outline Business Case (OBC) for the replacement of the RVH Managed Equipment Service for Imaging Centre, Theatres and Critical Care.

Members approved the OBC.

c. Revenue Business Cases

Mrs Edwards referenced the governance process for revenue business cases (RBC) above £1m.

Members approved the follow RBCs

- Bed Capacity Co-ordinator/Additional Nurses
- Corporate Costs and Losses associated with the Pandemic
- Infrastructure and Supply costs associated with the Pandemic
- Managing Nurse Critical Care Capacity PPE
- Mental Capacity Act
- Whole Genome Sequencing
- Emerging Care Village/Expansion of RESUS Beds in RVH from 4 to 8 and Development of an Urgent Care Centre, RVH
- Oncology-Haematology Stabilisation – Haemophilia Consultant

Prof Martin Bradley commented on the number of early alerts relating to equipment issues and the need for capital investment for replacement.

Mrs Edwards advised there were particular concerns regarding the building for radiopharmacy. She explained the capital planning process whereby all directorate capital bids are presented and prioritised on the basis of risk and service need but the limited general capital budget means that not all can be funded.

Professor Bradley asked about the washers for sterilised instruments and the impact on surgery. Mrs Edwards advised that work was planned over the weekend to provide a temporary solution pending a more permanent solution through capital funding. She also advised the issue had been raised with the DoH.

d. Charitable Trust Fund Applications

Mrs Edwards presented the Charitable Trust Fund Application (CTFA) to the DOH staff support fund for the international nurse recruitment project. She explained the project aims to address the longstanding registrant nursing vacancy issue within BHSCT.

Mrs McKeagney advised the application had been considered and approved by the Charitable Trust Funds Committee.

Members approved the CTFA.

e. Charitable Trust Funds - £3m DoH charitable Donation Task and Finish Group Assessment Criteria for Grants

Mrs McKeagney explained that in March 2021 the DoH had made a donation of £3m to each of the five main HSC Trusts' charitable funds. The donation was made with the following guidance: *Whilst not specified, it was clear that the Minister would like this to be aimed at supporting staff and the £3m was to be further split £2m for general support and £1m for support to nursing.*

The BHSCT Charitable Funds Advisory Committee (CFAC) had established a task and finish group to consider how the donation could be used to best effect, in line with both Minister's wishes and the established charitable purposes of the BHSCT Charitable Trust Funds.

Mrs McKeagney sought approval for the assessment criteria developed by the task and finish group.

Members approved the assessment criteria.

Mrs Edwards thanked Mrs McKeagney for her advice and guidance in the development of the criteria.

f. Procurement Board Annual Report

Mrs Edwards presented the Procurement Board annual report for 2020/21, which provided an overview of key procurement activities, achievements and challenges during the period.

Members noted that the report provided assurance that the Trust's procurement strategy and providers (BSO PALS) had achieved compliance.

Mrs Edwards noted BSO had won awards in UK and had helped enormously during the pandemic. Within each directorate there is a procurement team which has provided input to this service. Directors were continuing to seek improvements in procurement, for example by increasing standardisation of products etc. to make best use of HSC monies.

Members noted the report.

53/21 Audit Committee

a. Minutes – 8 June 2021

Professor Bradley (on behalf of Mr Smyth due to technical issues) presented the minutes of the Audit Committee (AC) meeting held on 8 June 2021. He noted the annual private meeting with the external and internal auditors had been held immediately prior to the AC meeting. He was pleased to advise the feedback from PwC and Internal Auditors had been incredibly positive. PWC had commended the Trust staff for their assistance in completing the audit.

Members noted the minutes.

b. Self-Assessment of Effectiveness 2020/21

Professor Bradley (on behalf of Mr Smyth) presented the AC Self-Assessment of Effectiveness report for the period 2020/21.
Members noted the report.

Professor Bradley pointed out that AC members were of the view that someone from the private sector would be better placed to scrutinise and give an independent view in respect of the digital strategy. Mrs Edwards undertook to follow this up.

54/21 Any Other Business

No items raised.

55/21 Date of Next Meeting

The next meeting is scheduled for 13 January 2022.